

DACOWITS



**Defense Advisory
Committee on Women
in the Services**



2024 Annual Report



Cover photo captions

First row

U.S. Army Corps of Engineers, Baltimore District Commander Col. Estee Pinchasin participates in a press conference on May 21, 2024, in Baltimore, Maryland, following the re-float and removal of the M/V DALI. Wreckage removal continues at the site of the Francis Scott Key Bridge collapse in order to fully reopen the Fort McHenry Federal Channel. (U.S. Army Corps of Engineers photo by Thomas I. Deaton)

Second row, Left

U.S. Air Force Airman 1st Class Serena Smith, a public affairs specialist who serves on the wing staff of the 129th Rescue Wing, California Air National Guard, is photographed with her camera, March 2, 2023, at Camp Roberts, California, during Exercise Rescue Warrior II. (U.S. Air National Guard photo by Staff Sgt. Crystal Housman)

Second row, Middle

U.S. Air Force Staff Sgt. Hannah Mastroionni, aircraft armament specialist with the 127th Aircraft Maintenance Squadron, inspects weapons mounting stations on an A-10C Thunderbolt II aircraft at Selfridge Air National Guard Base, April 11, 2024. (U.S. Air National Guard photo by Tom Demerly)

Second row, right

Petty Officer 2nd Class Marian Tyler, a U.S. Coast Guard Reserve machinery technician at U.S. Coast Guard Station Honolulu, tends a U.S. Coast Guard Station Maui 45-foot Response Boat-Medium line on Maui, Hawaii, Aug. 24, 2023. (U.S. Coast Guard photo by Petty Officer 1st Class Matthew West/Released)

Third row, left

Maj. Gen. Lorna M. Mahlock, Commander, Cyber National Mission Force, greets Barracks Marines during a Sunset Parade at the Marine Corps War Memorial, Arlington, Va., June 18, 2024. (U.S. Marine Corps photo by Lance Cpl. Iyer P. Ramakrishna)

Third row, middle

LTJG Annika Acuna, a native of San Diego, California, monitors surface contacts on the bridge of the San Antonio-class amphibious transport dock ship USS Somerset (LPD 25) in the South China Sea, May 24, 2024. (U.S. Navy photo by Mass Communication Specialist 2nd Class Evan Diaz)

Third row, right

U.S. Space Force Spc. 4 Alondra Howell-Vasquez, 2d Space Warning Squadron, participates in SPACE FLAG 24-1 at Schriever Space Force Base, Colo., April 17, 2024. (U.S. Space Force photo by Judi Tomich)

The estimated cost of this report or study for the Department of Defense is approximately \$1,280,000 in Fiscal Years 2024 - 2025. This includes \$552,000 in expenses and \$728,000 in DoD labor. Generated on 2025Jan06 RefID: A-782281C

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List of DACOWITS Members

Vice Admiral Robin R. Braun, USN, Retired (Chair effective August 2024, Vice Chair through July 2024)

Ms. Shelly O'Neill Stoneman (Chair) (Departed April 2024)

Dr. Elizabeth P. Van Winkle (Vice Chair effective August 2024)

Colonel Nancy P. Anderson, USMC, Retired

Captain Kenneth J. Barrett, USN, Retired

Major General Peggy C. Combs, USA, Retired

Dr. (Captain) Catherine W. Cox, USNR, Retired

Major General Mari K. Eder, USA, Retired

Dr. Trudi C. Ferguson

Command Master Chief Octavia D. Harris, USN, Retired

Dr. Kyleanne M. Hunter, USMC Veteran

Ms. Robin S. Kelleher

Ms. Marquette J. Leveque, USN Veteran (Departed February 2024)

Sergeant Major Angela M. Maness, USMC, Retired

Brigadier General Jarisse J. Sanborn, USAF, Retired

Honorable (Colonel) Dawn E.B. Scholz, USAF, Retired

Lieutenant General Mark C. Schwartz, USA, Retired

Dr. (Captain) David G. Smith, USN, Retired

Commander Patti J. Tutalo, USCG, Retired

Dr. (Colonel) Samantha A. Weeks, USAF, Retired (Departed November 2024)

Report Contributors

DACOWITS Staff

Colonel Seana M. Jardin, USA, Military Director and Designated Federal Officer (Arrived June 2024)

Colonel Samantha J. Frazier, USA, Military Director and Designated Federal Officer (Departed June 2024)

Ms. Jessica C. Myers, Program Support Strategic Advisor

Mr. Robert D. Bowling II, Operations Officer

Master Sergeant Courtney N. Reid, USAF, Superintendent

Westat

Mr. Jordan W. Stangle

Dr. Jennifer L. Edwards

Dr. Sidra J. Montgomery

Ms. Rachel E. Neenan

Ms. April S. Fales

Signature Pages

**Defense Advisory Committee on Women in the Services
2024 Annual Report Signature Page
December 10, 2024**

We, the appointed members of the Defense Advisory Committee on Women in the Services, do hereby submit the results of our findings and offer our recommendations to the Secretary of Defense for consideration.




Vice Admiral Robin R. Braun
USN, Retired
Chair



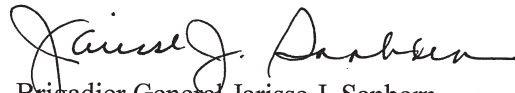
Dr. Elizabeth P. Van Winkle
Vice Chair



Captain Kenneth J. Barrett
USN, Retired
Recruitment and Retention
Subcommittee Chair



Command Master Chief Octavia D. Harris
USN, Retired
Employment and Integration
Subcommittee Chair



Brigadier General Jarisse J. Sanborn
USAF, Retired
Well-Being and Treatment
Subcommittee Chair



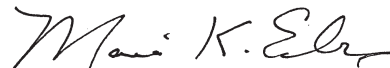
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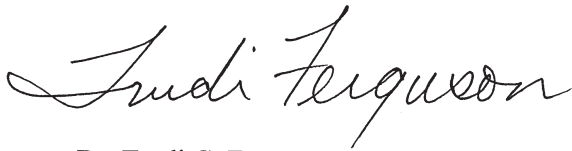


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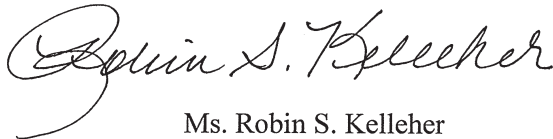
Signature Pages



Dr. Trudi C. Ferguson



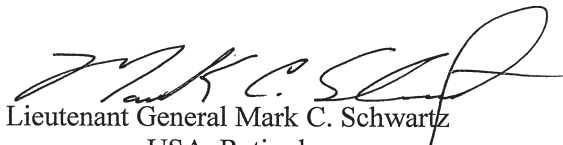
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USMC, Veteran



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USAF, Retired



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USA, Retired



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USN, Retired



Commander Patti J. Tutalo
USCG, Retired



Dr. (Colonel) Samantha A. Weeks
USAF, Retired

Prior to their departure, Ms. Shelly O'Neill Stoneman, Ms. Marquette J. Leveque, and Sergeant Major Angela M. Maness, USMC, Retired contributed to the work and recommendations of the Committee.

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*U.S. Army Soldiers with Bravo Company,
29th Brigade Engineer Battalion, 3rd Infantry
Brigade Combat Team, 25th Infantry Division,
conduct waterborne operations training on
Bellows, Air Force Base, Hawaii, April 30, 2024.*



Executive Summary

Executive Summary

The Defense Advisory Committee on Women in the Services (DACOWITS) (hereafter referred to as the “Committee” or “DACOWITS”) was established in 1951 with a mandate to provide the Secretary of Defense (SecDef) with independent, bipartisan, advice and recommendations on matters and policies relating to the recruitment of servicewomen in the Armed Forces of the United States. Since its inception, the Committee’s charter has expanded to include a focus on recruitment and retention, employment and integration, and the well-being and treatment of U.S. servicewomen. The Committee is authorized up to 20 members who are appointed by the SecDef and serve in a voluntary capacity for a 4-year term, which is renewed annually.

Each year, the SecDef, via the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), provides the Committee study topics to examine during the research year. In 2024, DACOWITS studied six topics. The Committee gathered information from multiple sources in examining these topics—for example, briefings and written responses from Department of Defense (DoD) and Service-level military representatives, data collected from focus groups and interactions with Service members during installation visits, and peer-reviewed literature. Based on the data collected and analyzed, DACOWITS identified 28 recommendations and 2 topics of continuing concern.

Table E.1 lists each recommendation approved by the Committee this year, along with a brief synopsis of the supporting reasoning. In many cases, the synopsis of the supporting reasoning addresses more than one recommendation. A detailed description of the reasoning supporting each recommendation is provided in the full annual report for 2024, which is available on the DACOWITS website (<https://dacowits.defense.gov>). Additionally, each study topic header in the table links directly to the associated section of the full annual report.

Table E.1. 2024 DACOWITS Recommendations by Study Topic

Recruitment Barriers
Recommendation 1: The Secretary of Defense should expand health care practitioner resources and accelerate the deployment of creative strategies (including artificial intelligence) at Military Entrance Processing Stations to ensure female applicants remain engaged and are not discouraged due to lengthy medical processing times in this competitive civilian job market.
Recommendation 2: The Secretary of Defense should provide detailed waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.

Recommendation 3: The Secretary of Defense should update early pregnancy loss accession policies to be based on the recommendation of an applicant's health care provider rather than on fixed timelines that vary across the Military Services.

Synopsis: Recruitment and accession processes are vital to maintaining a robust All-Volunteer Force. In recent years, some of the Military Services have struggled to meet their recruiting goals, partially because of an increasingly competitive civilian job market.^{1,2} Medical accession standards and policies ensure applicants can meet the demands of military service, including deployments on a moment's notice to austere environments. However, with the recent modernization efforts to incorporate electronic health records into medical processing, timelines for medical processing at Military Entrance Processing Stations (MEPS) have lagged, leaving the military at risk of losing top female talent. While the DoD is taking steps to address delays and build efficiencies into medical processing, innovative strategies such as using artificial intelligence to reduce review timelines, are warranted to avoid losing female applicants. Additionally, the Committee believes expanded waiver guidance and updates to female-specific disqualifying conditions, including early pregnancy loss, are necessary to reduce medical processing delays resulting from disparate or outdated policies and guidance.

Retention Initiatives

Recommendation 4: The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for geographic stability efforts to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.

Recommendation 5: The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for co-location efforts, including inter-Service co-location, to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.

Recommendation 6: The Secretary of Defense should expand the co-location policy (Department of Defense Instruction 1315.18) to include any active duty military parent, regardless of marital status, who shares parental custody of a minor child(ren) and desires to be assigned within the same geographic location as the co-parent for the benefit of the minor child(ren), similar to the Air Force's Court-Ordered Child Custody Assignment or Deferment Consideration Program.

Synopsis: Geographic stability and co-location provide opportunities for Service members and their families to have greater stability at home while still meeting the needs of their Service. Proportionally, more women are in dual-military marriages than men, and therefore geographic stability and co-location policies have a disproportionate effect on servicewomen.³ Efforts to maximize geographic stability and co-location are likely to support and improve retention, especially for servicewomen. DACOWITS builds on its 2017 recommendations through this year's recommendations by continuing to encourage the expansion and clarification of guidance, oversight, and measures of effectiveness for both co-location and geographic stability. The Committee believes the DoD and the Military Services must evaluate the implementation of these policies to understand their impact on retention. Additionally, the Committee believes Service members who share parental custody, regardless of the marital status among co-parents, should have the opportunity for co-location because that stability will benefit both the Service member and their child(ren).

Implementation of Women, Peace, and Security (WPS) Requirements

Continuing Concern: WPS

Synopsis: The Committee continues to be concerned with the status of the implementation of DoD WPS requirements. Because the DoD Instruction (DoDI) describing the implementation of WPS is currently in development to accompany the 2023 U.S. Strategy and National Action Plan on WPS, there may be a delay in the Military Services' ability to implement WPS directives. While DACOWITS attempted to research the first Defense Objective identified in the 2020 DoD WPS Implementation Plan, the Committee believes that additional exploration will need to be conducted after the release of the DoDI.

Impact of Key Influencers on Servicewomen's Career Paths

Recommendation 7: The Secretary of Defense should direct the Military Services to establish educational programs that inform entry-level women (enlisted and officer candidates) about the career opportunities that were opened to women in 2016. This effort should include clear metrics to review the effectiveness of these educational programs.

Synopsis: DACOWITS commends the Military Services' progress on gender integration since 2016, when all positions were opened to women. However, the Committee continues to be concerned with the relatively low percentage of servicewomen choosing to enter these previously closed career fields and the lack of specific reporting on the progress of integrating servicewomen into these positions. The Committee recognizes there are many challenges servicewomen face when joining these previously closed positions and believes that key influencers at Military Service Academies (MSAs), Reserve Officer Training Corps (ROTC), and Office Candidate School (OCS / Officer Training School (OTS)) should play a critical role in addressing these challenges and informing women of these opportunities.

Recommendation 8: The Secretary of Defense should direct the Military Services to incorporate best practices from previous integration efforts to increase women's participation in career fields that were opened to women in 2016.

Synopsis: DACOWITS remains concerned about the percentage of servicewomen in career fields that were previously closed to women. The Committee believes this low rate is related to various factors that negatively influence servicewomen's entry into previously closed positions, including the climate and culture of these previously closed fields, and the lack of female representation. The Committee believes the Military Services should review past integration efforts to identify best practices and lessons learned to address challenges women face joining previously closed positions and improve female representation.

Intimate Partner Violence and Domestic Abuse

Recommendation 9: The Secretary of Defense should include "restricted" reports in the calculation and reporting of total domestic abuse incidents to provide more accurate, comprehensive, and transparent reporting of domestic abuse incidents.

Recommendation 10: The Secretary of Defense should (i) define the "reasonable suspicion" standard and criteria used to screen initial domestic abuse reports and (ii) institute a quality control process to ensure Family Advocacy Program officials are correctly and consistently applying the standardized criteria.

Recommendation 11: The Secretary of Defense should eliminate the use of the "met criteria" algorithm as a means of excluding domestic abuse reports.

Recommendation 12: The Secretary of Defense should (i) standardize the domestic abuse–related fatality review process to ensure consistent, reliable data collection and reporting across all Military Services and (ii) require the reporting and disclosure of all domestic abuse–associated suicides, of both victims and offenders, in Service to the DoD’s reporting and the DoD’s annual report to Congress.

Recommendation 13: The Secretary of Defense should track the utilization rates of installation/Service domestic abuse hotlines to improve reporting and better assess staffing and resource requirements.

Recommendation 14: The Secretary of Defense should address the significant Family Advocacy Program position staffing shortages by, among other means, setting competitive pay rates, grading positions sufficiently and consistently, and identifying other benefit or incentive programs to bolster the recruiting and retention of family advocacy and clinical provider professionals.

Synopsis: DACOWITS believes action is needed to ensure domestic abuse cases are not screened out inappropriately, resulting in underreporting. In addition, DACOWITS is concerned about addressing staffing shortages and ensuring resources are allocated appropriately to support the needs of domestic abuse victims. The Committee believes the DoD needs to define what constitutes “reasonable suspicion” and eliminate the use of the “met criteria” algorithm, both of which can be used inappropriately to screen out reports of domestic abuse. To ensure more comprehensive reporting, DACOWITS recommends that restricted incident reports be included when reporting on domestic abuse incidents. Finally, the Committee believes that initiatives and incentives are needed to address Family Advocacy Program (FAP) staffing and resource requirements.

Recommendation 15: The Secretary of Defense should expedite the completion of the ongoing project to design, develop, and implement a single, comprehensive, integrated, centralized domestic abuse database to track all allegations of domestic abuse, including fatality incidents, from the first report (both restricted and unrestricted) through final disposition.

Recommendation 16: The Secretary of Defense should revise and expand Directives Division (DD) Form 2697 to capture all data required to comprehensively assess reports of domestic abuse, including information on the nature of the abuse, the victim, the alleged offender, medical services offered/required, services offered/referred (to include referrals to civilian resources), victim safety assessment (to include offering and/or acceptance of a military protective order), investigative information, and case outcome information.

Recommendation 17: The Secretary of Defense should use relevant, existing, regularly fielded scientific DoD surveys to identify and assess the prevalence of domestic abuse and intimate partner violence in the military population.

Recommendation 18: The Secretary of Defense should develop and implement a method to track domestic abuse offender treatment and outcomes to include whether offenders opt to receive treatment (or not), the type of treatment intervention received, whether they completed treatment (or not), and outcomes in terms of recidivism.

Synopsis: Tracking of Service and DoD data related to domestic abuse remains fragmented, disparate, and incomplete despite repeated congressional mandates and U.S. Government Accountability Office (GAO) recommendations to address data deficiencies. DACOWITS believes that expedient action is needed to standardize data collection to ensure all necessary information related to domestic abuse is captured in a consistent manner, and this data should be entered into a single, comprehensive, centralized database to follow the case in its entirety, from first report through final disposition. The Committee also believes the DoD needs to develop a method to track offender treatment and outcomes to determine the effectiveness of interventions. Finally, to understand the true extent of domestic abuse occurring in the military population, and not just the number of incidents reported by victims, the DoD should use existing scientific surveys to identify and assess the prevalence of domestic abuse and intimate partner violence.

Family Planning

Recommendation 19: The Secretary of Defense should conduct a needs assessment to determine demand, optimal operating hours geared to Service member availability, and staffing requirements for walk-in contraceptive clinics (WiCS) to ensure timely access to Service members' contraceptive methods of choice.

Recommendation 20: The Secretary of Defense should implement the 2016 and 2017 National Defense Authorization Act mandates requiring (i) Service members to receive comprehensive contraceptive counseling and (ii) the DoD to track whether the counseling was received.

Recommendation 21: The Secretary of Defense should ensure that primary health care providers are properly educated on all contraceptive options available for Service members and trained to provide compassionate, unbiased, comprehensive, and patient-centered counseling about available options.

Synopsis: Consistent access to a Service member's contraception of choice is crucial to ensuring an individual's health needs are met and maintaining a ready force. Most Service members are between 20 and 30 years old, which are common childbearing and family formation years. In recent years, the DoD improved access to contraceptive care, including removing copays for contraception and establishing WiCS. While many Service members report positive benefits from these changes, some servicewomen continue to face challenges in timely access to their contraceptive method of choice. DACOWITS recommends the DoD conduct a needs assessment to better assess demand, operating hours, and staffing requirements for WiCS. In addition, the Committee recommends further bolstering current efforts to conduct comprehensive contraceptive counseling, data tracking, and more robust provider education to ensure participants are properly counseled and provided all contraceptive options.

Recommendation 22: The Secretary of Defense should accelerate and expand the availability of telehealth options for Service members to access reproductive health care, family planning, and infertility treatment information and counseling.

Synopsis: DACOWITS recognizes that multiple legislative mandates have come out in recent years to increase the use of telehealth within the Military Health System (MHS). However, the Committee believes telehealth appointments are still not leveraged within the DoD to the extent possible to increase access to reproductive health care services. The Committee believes that increasing the availability of telehealth appointments for reproductive health care services would increase the ability of Service members to receive the treatment and counseling they require. While the Committee understands that MHS must consider multiple barriers, such as cybersecurity and licensing requirements, those barriers should not preclude it from expanding telehealth options. Telehealth has proven to be an option that is effective both in cost and care and should be offered to all servicewomen seeking reproductive health care when appropriate.

Recommendation 23: The Secretary of Defense should direct a needs assessment to determine appropriate staffing and requirements for women's health care providers to improve access to and the availability of women's health care resources.

Recommendation 24: The Secretary of Defense should direct servicewomen's health care training, adequate to achieve proficiency, for all primary care managers, unit-embedded health care providers, and deployable health care providers to improve access to and the availability of women's health care resources.

Recommendation 25: The Secretary of Defense should modify policy to (i) exempt obstetrics/gynecology (OB/GYN) care from the primary care manager referral requirement and (ii) allow active duty servicewomen to choose a provider (including off-base referrals) for OB/GYN care to reduce wait times and improve access to and the availability of women's health care resources.

Recommendation 26: The Secretary of Defense should direct the Military Services to allow servicewomen in deployable units to choose a health care provider in another unit for women's health care to promote professional decorum and preserve intra-unit relationships.

Synopsis: DACOWITS commends the DoD for directing the establishment of various studies related to the health care workforce and barriers women face accessing care in the military. However, the Committee remains concerned that many of the barriers servicewomen face accessing care still exist, including provider shortages at MTFs, inadequately trained routine and specialty care providers, unnecessary referral wait times for OB/GYN appointments, and maintaining professional decorum in units when receiving sensitive women's health care services from embedded providers. The Committee believes each of these barriers can be addressed through studies to better understand the barriers, improved training to ensure the health care workforce's ability to provide women's health care services, policy updates to remove the requirement for referrals to OB/GYNs and guidance allowing servicewomen to request providers from another unit to provide sensitive women's health care services.

Recommendation 27: The Secretary of Defense should identify the demand for and current use of fertility services (covered and noncovered) and investigate options to expand fertility service coverage for all Service members, including cryopreservation, regardless of whether the need is due to a service-related injury or illness.

Recommendation 28: The Secretary of Defense should make information on fertility services readily available through Military OneSource to enable the robust use of such services and promote understanding of the resources offered.

Synopsis: DACOWITS commends the DoD for its recent policy updates established in February 2023 to extend the timeframe in which Service members must inform their commanders about their pregnancy status, allow for administrative absences to access noncovered reproductive health care services, and provide travel and transportation allowances when noncovered reproductive health care services are not available in a Service member's location. DACOWITS believes these policies will improve access to care and treatment in the military for servicewomen who are pregnant. However, the Committee believes additional efforts are needed to address servicewomen's access to covered reproductive health services, especially those focused on addressing infertility, whether due to a service-related injury or not. Therefore, DACOWITS recommends the DoD investigate the demand for and current utilization of covered and noncovered reproductive health services to determine options for expanding TRICARE coverage. Additionally, DACOWITS recommends DOD utilize Military OneSource to make information on the coverage and availability of fertility services readily available to Service members.

Continuing Concern: Career Progression

Synopsis: DACOWITS is dedicated to ensuring servicewomen who choose to have children can continue to progress in their military careers. DACOWITS remains concerned that having a child during military service may negatively affect servicewomen's career prospects and promotability. This can occur when pregnant servicewomen are placed on limited duty assignments that prevent them from meeting career milestones and qualifications. In 2023, the Committee made two recommendations related to the impacts of pregnancy on career progression, neither of which have been implemented. The Committee believes the DoD will continue to lose talented servicewomen who wish to continue their service unless these issues are addressed.

U.S. Marine Corps 2nd Lt. Audra Curtin, a motor transport officer with Headquarters & Support Company, Battalion Landing Team 1/8, 24th Marine Expeditionary Unit (MEU), poses for a photo during Realistic Urban Training (RUT) Exercise on Fort Barfoot, Virginia, Jan. 12, 2024.



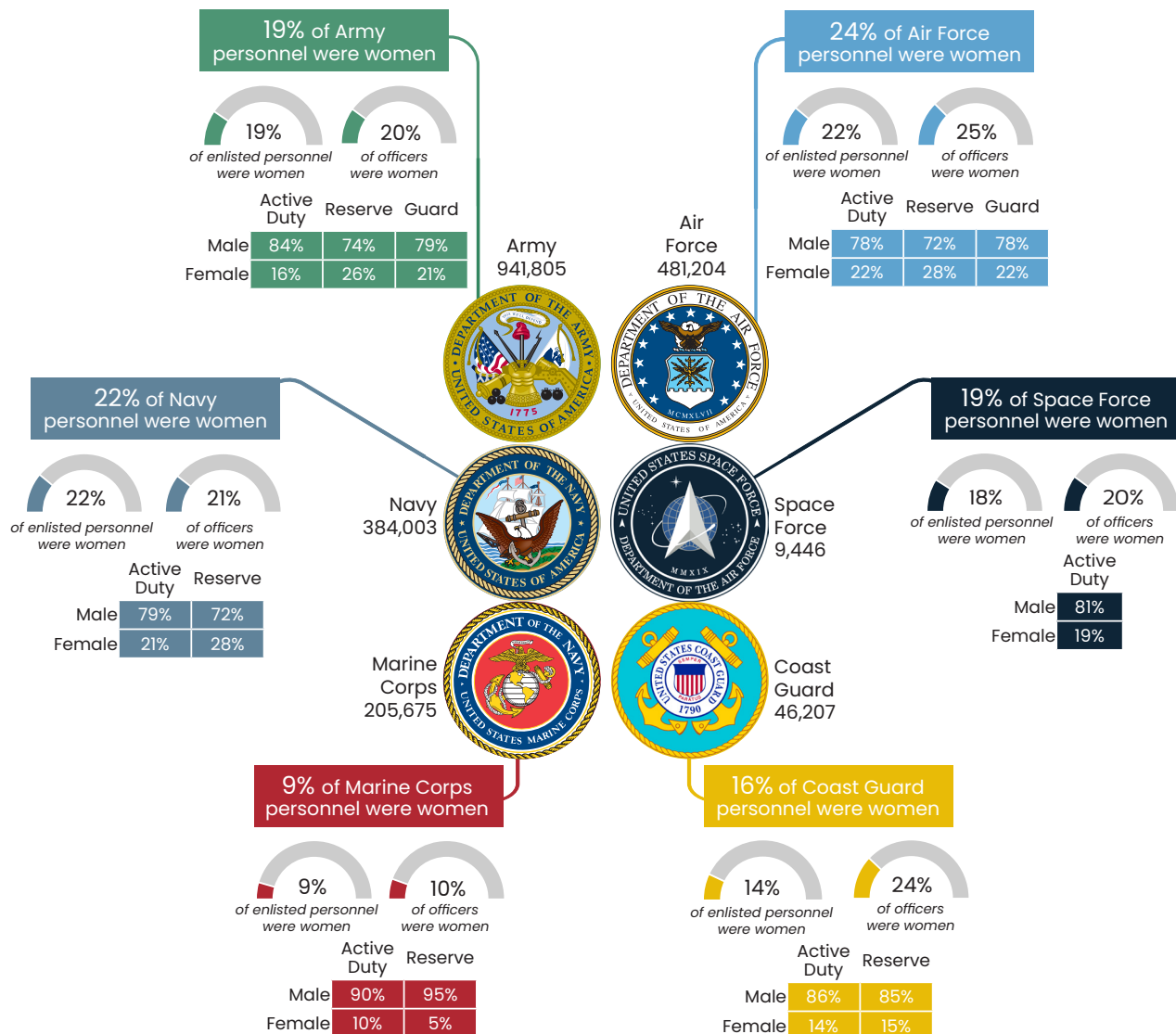
Chapter 1

Introduction

Chapter 1. Introduction

The Defense Advisory Committee on Women in the Services (DACOWITS; referred to here as “the Committee” or “DACOWITS”) was established in 1951 with a mandate to provide the Secretary of Defense (SecDef) with independent advice and recommendations on matters and policies relating to the recruitment of servicewomen in the Armed Forces of the United States. Since its inception, the Committee’s charter has expanded to include a focus on the recruitment, retention, employment, integration, well-being, and treatment of U.S. servicewomen (see Appendix A for a copy of the Committee’s charter). 20 percent of the Total Force was female as of 2024; the representation of women varied by Service (see Figure 1.1).

Figure 1.1. Gender Representation in the Armed Forces, 2024



Source: Defense Manpower Data Center, 2024⁴

DACOWITS is a Federal Advisory Committee operating in accordance with the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92–463). Committee members serve as individuals, not as official representatives of any affiliated group or organization. Between 1951 and 2024, DACOWITS made more than 1,000 recommendations to the SecDef, and approximately 95 percent of them were either fully or partially enacted.

The selection of Committee members is based on experience working with the military or with workforce issues related to women. Members include prominent civilian women and men with backgrounds in academia, industry, public service, and other professions. Members are appointed by the SecDef for a 4-year term, which is renewed annually, and perform a variety of duties that include visiting military installations annually, reviewing and evaluating current research on military women, and developing an annual report with recommendations on these issues for the SecDef and Service leadership. The Committee is authorized to include up to 20 members. See Appendix B for 2024 DACOWITS member biographies.

The Committee is organized into three subcommittees: Recruitment and Retention, Employment and Integration, and Well-Being and Treatment. Each September, the SecDef, via the Under Secretary of Defense Personnel and Readiness (USD(P&R)), provides the Committee study topics to examine during the following year. In 2024, DACOWITS studied six topics, and the Committee’s research informed the development of 28 recommendations and two continuing concerns, presented in Chapters 2 through 4 of this report. Table 1.1 lists the study topics examined during 2024 and the number of related recommendations.

Table 1.1. DACOWITS 2024 Study Topics and Corresponding Number of Recommendations

Study Topic	Number of Recommendations
Recruitment and Retention	
Recruitment Barriers	3
Retention Initiatives	3
Employment and Integration	
Implementation of DoD Women, Peace, and Security Requirements	0
Impact of Key Influencers on Servicewomen’s Career Paths	2
Well-Being and Treatment	
Intimate Partner Violence and Domestic Abuse	10
Family Planning	10

Note: Many recommendations made under other study topics are related to the retention of servicewomen.

The Committee engages in a range of activities each year to explore its directed topics and, ultimately, inform its recommendations. Each research year, DACOWITS receives briefings from the Department of Defense (DoD) and Service representatives in response to requests for information (RFIs) presented at the Committee's quarterly business meetings (QBMs), reviews written RFI responses from the Military Services submitted before QBMs, conducts formal literature reviews and ad hoc analyses carried out by its research contractor, and incorporates findings from focus groups with Service members. More detailed information about DACOWITS' research methodology can be found in Appendix C. Figure 1.2 depicts the data sources that informed the Committee's 2024 annual recommendations.

Figure 1.2. Data Sources That Informed DACOWITS' Annual Recommendations



Chapters 2 through 4 present the Committee's 2024 recommendations, organized by subcommittee. Following each recommendation is a summary of the supporting evidence and a detailed outline of the evidence the Committee examined.

Appendix A provides the Committee's charter, Appendix B presents biographies for current DACOWITS members, Appendix C describes the Committee's research methodology, and Appendix D lists the installations DACOWITS members visited in 2024 to collect focus group and survey data. Additionally, Appendix E shows the percentages of women in each Service in 2024, Appendix F lists the abbreviations and acronyms used in the report and appendices, and Appendix G provides the reference list for the report.

Recruits conduct physical fitness training at Marine Corps Recruit Depot Parris Island, S.C., Jan. 16, 2024. The training helps maintain physical fitness and combat readiness.



Chapter 2

Recruitment and Retention Recommendations

Chapter 2. Recruitment and Retention Recommendations

This chapter presents the DACOWITS' 2024 recommendations related to recruitment and retention, organized by study topic. Each recommendation or set of recommendations is followed by a short synopsis of the topic and an explanation of the Committee's reasoning for presenting the recommendation, which is based on its investigation of the topic. Recommendations 1 through 3 address the Recruitment Barriers study topic, while recommendations 4 through 6 address the Retention Initiatives study topic.

Recruitment Barriers

Recommendations 1–3

Recommendation 1

The Secretary of Defense should expand health care practitioner resources and accelerate the deployment of creative strategies (including artificial intelligence) at Military Entrance Processing Stations to ensure female applicants remain engaged and are not discouraged due to lengthy medical processing times in this competitive civilian job market.

Recommendation 2

The Secretary of Defense should provide detailed waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.

Recommendation 3

The Secretary of Defense should provide detailed waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.

Synopsis

Recruitment and accession processes are vital to maintaining a robust All-Volunteer Force. In recent years, some of the Military Services have struggled to meet their recruiting goals, partially because of an increasingly competitive civilian job market.^{5, 6} Medical accession standards and policies ensure applicants can meet the demands of military service, including deployments on a moment's notice to austere environments. However, with the recent modernization efforts to incorporate electronic health records into medical processing, timelines for medical processing at Military Entrance Processing Stations (MEPS) have lagged, leaving the military at risk of losing top female talent. While the DoD is taking steps to address delays and build efficiencies into medical processing, innovative strategies such as using artificial intelligence to reduce review timelines, are warranted to avoid losing female applicants. Additionally, the Committee believes expanded waiver guidance and updates to female-specific disqualifying conditions, including early pregnancy loss, are necessary to reduce medical processing delays resulting from disparate or outdated policies and guidance.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the academic literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- A written response from USD(P&R) on the Military Accession Record Pilot, including accession rates by gender (December 2023, RFI 1)⁷
- A briefing from the United States Military Entrance Processing Command (USMEPCOM) and the Military Services' Medical Waiver Review Authorities on average MEPS times, medical waiver processing times, female-specific medical conditions affecting eligibility for service, potential barriers for female applicants, and dependent policies for enlistment (June 2024, RFIs 1.1, 1.2, and 1.3)⁸
- A written response from the Military Services' Medical Waiver Review Authorities on the loss rate for applicants awaiting waiver(s), average wait times to see a specialist for female-specific conditions, and waiver rate information for the top five female-specific disqualifying conditions (September 2024, RFI 1)⁹
- Findings from 20 focus groups with Service members on the topic of recruitment and retention (Focus Group Report 2024)¹⁰

DACOWITS continues to be concerned about potential recruitment barriers inhibiting the accession of women into the Armed Forces. The Military Services cannot afford to miss recruiting top female talent given today's competitive civilian job market. To join the military, applicants must meet certain medical, physical fitness, and aptitude requirements. Medical accession standards ensure applicants meet the minimum requirements for service and are medically qualified and able to be deployed to austere environments on a moment's notice. In 2024, DACOWITS examined medical accession processes at MEPS and the status and effect of recent modernization efforts on medical processing and female-specific disqualifying conditions. The reasoning supporting DACOWITS' 2024 recommendations on medical recruitment barriers follows.

MEPS and the Accessions Process

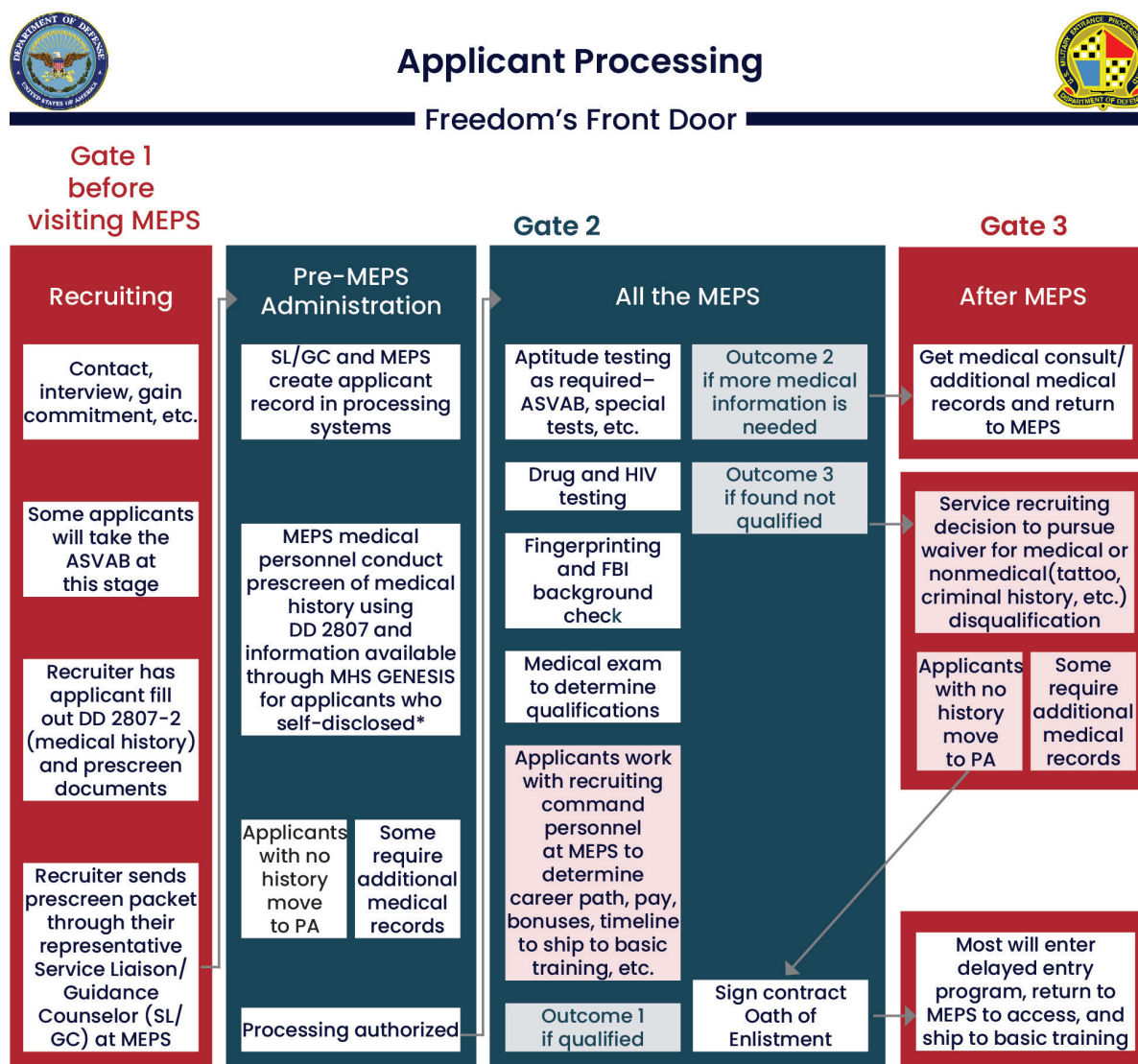
Most applicants are screened and processed through MEPS operated by USMEPCOM. Other applicants, such as those for the Military Service Academies (MSAs), Uniformed Services University of the Health Sciences, Reserve Officer Training Corps (ROTC) programs, and other programs assigned by the Assistant Secretary of Defense for Health Affairs, are processed through the Department of Defense Medical Examination Review Board (DoDMERB).^{11, 12} DACOWITS' 2024 research focused on medical accessions processing at MEPS.

Applicants complete five basic steps at MEPS: (1) aptitude testing, (2) medical examination, (3) job search, (4) background screening, and (5) the oath of enlistment.¹³ During a March 2024 visit to Baltimore MEPS, DACOWITS received an overview of the Baltimore MEPS process for applicants, as depicted in Figure 2.1.



Automated Logistical Specialists(92As) assigned to E Company, 3-82 General Support Aviation Battalion, 82nd Combat Aviation Brigade, 82nd Airborne Division organize materials for future missions on March 12, 2024.

Figure 2.1. MEPS Applicant Processing at Baltimore MEPS



Note: ASVAB = Armed Services Vocational Aptitude Battery; DD = Directives Division; FBI = Federal Bureau of Investigation; MEPS = Military Entrance Processing Stations; PA = processing authorization

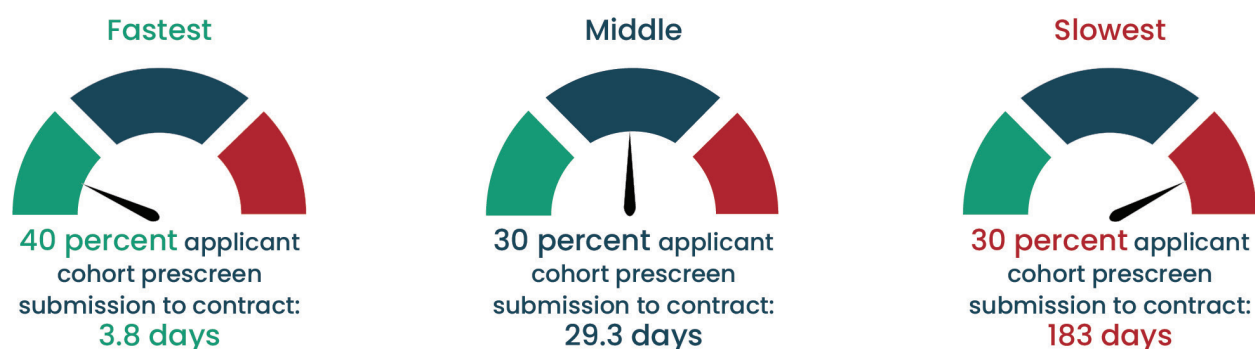
* Per Department of Defense Instruction 6130.03 v1

Source: DACOWITS visit to Baltimore MEPS, March 2024¹⁴

Applicants make their first MEPS visit between 48 to 72 hours after scheduling their MEPS appointment, also known as “projection.” Exceptions include when MEPS has reached their maximum daily capacity, whereby the MEPS floor count for medical exams and contract actions exceeds the number of employees capable of completing that workload in a single day. USMEPCOM notes this is an infrequent occurrence, estimating that it may occur roughly 15–20 times per year across all MEPS, or a .0012 percent occurrence rate annually.¹⁵ Figure 2.2 shows the range of days from the time a recruiter submits an applicant for evaluation to the time that the applicant signs a contract, known as “contact to contract,” between June 2023 and June 2024.

**Figure 2.2. Timelines for Prescreen Submission to Contract
by Fastest, Medium, and Slowest Cohorts**

Overall average prescreen submission to contract: 74 days



Source: MEPCOM response to RFI 1, June 2024¹⁶

In addition to the data in Figure 2.2 that highlights significant delays in moving from an applicant's cohort prescreen submission to contract, 2024 focus group participants also recommended making the overall MEPS experience more efficient.¹⁷

MHS GENESIS: Medical Modernization at MEPS

In 2021, the DoD began incorporating an electronic health records system called the Military Health System (MHS) GENESIS (MHSG) into MEPS medical processing procedures in response to a congressional mandate. By March 2022, the DoD had deployed MHSG at all 67 MEPS.¹⁸ This marked a major change in medical record processing for accessions; MHSG expanded the DoD's ability to identify the medical history of applicants before they joined the military and throughout their time in the military, including through retirement.¹⁹ The use of MHSG at MEPS increased the availability of applicants' health information through the use of a Health Information Exchange (HIE), rather than a reliance on applicant self-reporting and/or submitting hard copies of medical documentation related to a health condition. While the use of HIE helped ensure more accurate and comprehensive health information was available to support medical processing at MEPS, it resulted in an overwhelming amount of readily available health information that providers then had to review and investigate for each applicant.²⁰

The DoD acknowledged issues created by the transition to MHSG, stating: "To more fully understand the impact of MHSG on the workload of the accession process and applicant wait times, DoD plans to evaluate the impact of the HIE implementation to date and determine whether any additional actions are necessary."²¹ A 2024 DoD report, *Military Medical Standards for Accession*, delivered to the Committees on Armed Services of the Senate and House of Representatives, noted a need for increased staff at MEPS across the country, including medical providers, technicians,

and onboarding specialists, due to the increasing demand for investigation into applicants' medical history.²² USMEPCOM responded to the report by creating talent acquisition initiatives; conducting pay initiatives/overrides; and expanding Army, Navy, and Air Force surge providers.²³

At the June 2024 DACOWITS quarterly business meeting, the Military Services briefed the Committee on their strategies for addressing backlogged applicant medical accessions waiver requests at the Service level due to the implementation of MHSB. Army, Navy, and Air Force briefers reported providing more doctors, nurse practitioners, and/or physician assistants to assist with the screening process as appropriate. Additionally, the Navy briefer explained that the Navy launched an initiative called "Battle Stations" to reduce its applicant medical accessions waiver request backlog by providing surge medical provider support where necessary. The Battle Stations initiative helped reduce the backlogged waiver requests from 7,032 pending cases in March 2024 to fewer than 400 cases in May 2024.²⁴

DoD Instruction 6130.03 and Medical Waivers

Accession and retention standards are found in DoD Instruction (DoDI) 6130.03, which is divided into two volumes. Volume 1, "Military Medical Standards: Appointment, Enlistment, or Induction," addresses accessions and "assigns responsibilities and prescribes procedures for physical and medical standards for appointment, enlistment, or induction into the Military Services," including the Coast Guard, the Reserve Components, and the Merchant Marine Academy.²⁵ Volume 2, "Medical Standards for Military Service: Retention," addresses medical standards for retention.²⁶ Per DoDI 6130.03 Volume 1, USMEPCOM and the DoDMERB render medical qualification decisions.²⁷

The DoDI 6130.03 policy is reviewed periodically; the current version of Volume 1 was published on March 30, 2018, and the most recent change was issued on May 28, 2024.²⁸ For each policy review, the DoD brings together medical and military personnel experts who understand the mission of military service but also make evidenced-based practice decisions for accession and retention standards to ensure "personnel can perform their assigned duties, assuring a cost-efficient force of healthy members in service, capable of completing training, functioning throughout their initial military commitment, and maintaining worldwide deployability."²⁹ Policy reviewers also take into account data from the Medical Standards Analytics and Research (MSAR) program, which provides accession, retention, and disability analytics that inform evidence-based DoD policy decisions.^{30, 31}

During the accession process, applicants are required to provide their full medical history including supporting documentation before their physical exam. If an

applicant does not meet current medical standards, the Military Services may approve a waiver for an applicant. In granting waivers, the Military Services must balance several factors, including the applicant's medical condition and Service needs. Service medical waiver authorities may request additional documentation from applicants or specialty consultations to inform whether a waiver will be provided. Every medical standard has an associated internal administrative code, allowing the Department to track performance and outcome data.³²

Medical Accession Records Pilot Program

The DoD instituted the Medical Accessions Records Pilot (MARP) program in 2023 to reduce medical waiver requirements for new accessions by instituting time limitations on when medical conditions are considered disqualifying.³³ The MARP program reduced disqualifying timelines for 38 health conditions initially and has grown to include nearly 50 conditions that previously resulted in automatic disqualifications for applicants if they had that condition at any point during their lives. The MARP program assigns timeframes (e.g., 0.5, 3, 5, or 7 years) to certain medical conditions; if an applicant had a disqualifying condition 10 years ago, but the new timeframe assigned to this condition is only 3 years, the applicant would be eligible to join the military without a waiver. Additionally, MARP takes into consideration whether a recruit is no longer on medication or does not have symptoms of the condition for it to be waived. For example, applicants who have attention deficit hyperactivity disorder (ADHD) can join the military if they have not taken medication for the condition within a certain timeframe.^{34, 35, 36} The MARP program is limited to applicants processing through USMEPCOM and does not apply to applicants processed through the DoDMERB.³⁷ The Committee commends the implementation of the MARP program, as any attempts to reduce the wait time for medical waiver processing help create a more efficient accession process for applicants, potentially helping to keep their interest in joining the military after initial application. The DoD is now tracking Service members who enlisted under the MARP program to see whether they completed their initial enlistment contract, which is typically about 4 years, and other outcomes information from Service members in this cohort.³⁸

"The establishment of the MARP [project] and findings derived from the pilot will be used to inform policy with respect to needed changes. A majority of the changes implemented in the MARP pertain to the recency of various medical conditions, particularly with respect to certain conditions that may have occurred in early childhood. Data gleaned from the MARP will be used to inform policy. In addition to the MARP, the Department has begun another review of DoDI 6130.03, Volume 1, in accordance with established processes."

—Department of Defense, Military Medical Standards for Accession, Report to the Committees on Armed Services of the Senate and House of Representatives, March 2024

Army Pilot Program for Medical Waivers

Most recently, the Army instituted a promising new pilot program granting Army doctors broad authority at MEPS to grant waivers for 147 low-risk medical conditions, providing Army applicants who would have been previously disqualified a second chance at entering the service.^{39, 40} The 147 low-risk medical conditions the Army identified, including mild asthma, abnormal Pap smears without cancer indicators, past gestational diabetes, and managed endometriosis and polycystic ovarian syndrome, are typically approved for waivers at a rate greater than 95 percent.⁴¹ The pilot program provided additional guidance for medical providers on how to make decisions for consults and requests for more medical information. Initial data, as of June 2024, suggested the Army pilot program resulted in a 20 percent increase in same-day approval rates for waivers and a 20 percent decrease in the number of applicants required to obtain further medical documentation or specialty consults.⁴² With the success of this pilot, the Army re-engaged applicants who had recently been denied medical waivers and reported 271 applicants returned to MEPS to resume the accession process under the pilot program.⁴³ DACOWITS commends the Army for this pilot program, which could prove to be a successful strategy, in conjunction with hiring additional medical providers, to reduce wait times and backlogs for applicants' medical waivers.



Soldiers from Alpha company, 2nd squadron, 17th Cavalry Regiment, 101st Combat Aviation Brigade, 101st Airborne Division (Air Assault) and 4-2 Attack Battalion, 2nd Combat Aviation Brigade, 2nd Infantry Division, conduct a gunnery range, Jan 30, 2024, Fort Campbell, KY.

USMEPCOM Strategies for Improving Medical Processing Times

In June 2024, USMEPCOM reported to DACOWITS the following policy and process changes to improve medical processing times since the implementation of MHSG:⁴⁴

- 1 MARP Program
- 2 Conditional Delayed Entry Program (DEP)
- 3 Prescreen Support Coordination Center (centralized virtual prescreen review team)
- 4 Joint Longitudinal Viewer Natural Language Processor (JLV NLP; a filter algorithm that limits the records a USMEPCOM provider must review to only those containing words associated with disqualifying conditions)
- 5 Prescreen Pilot (modifies business rules to enable 48-hour projections based on JLV NLP filtered encounter counts; the intent is to accelerate prescreen review and processing authorized decisions while improving the predictability of exam outcomes)
- 6 Limiting providers to no more than two records requests
- 7 Suspension of shipper medical inspection exams
- 8 Defense Enrollment Eligibility Reporting System (DEERS) update capability at USMEPCOM HQ, which allows for corrections to applicant demographic data mismatches
- 9 Applicant attestation of no records
- 10 Service medical surge support
- 11 On-demand MHSG training for Service waiver authorities

Furthermore, USMEPCOM identified the need for more MEPS personnel, such as medical providers and technicians at some stations, and also indicated it is in the process of onboarding specialist positions for internal consultations, including behavioral health providers. USMEPCOM is also expanding the use of natural language processing, a form of artificial intelligence, to more efficiently review an applicant's medical records.⁴⁵ The use of artificial intelligence is increasing in various medical settings to increase the efficiency of tasks such as diagnosing patients, transcribing medical documents, engaging and communicating with patients, and performing

administrative activities.^{46, 47} DACOWITS recommends the SecDef expand health care practitioner resources and accelerate the deployment of creative strategies, including artificial intelligence, to ensure female applicants remain engaged and are not discouraged due to lengthy medical processing times, particularly because of the competitive civilian job market seeking top female talent.

Female-Specific Disqualifying Conditions at MEPS

While DACOWITS is encouraged by the steps USMEPCOM has made to improve medical accession processes at MEPS, some policies and procedures specifically related to female applicants warrant further attention.

The most frequent medical conditions that disqualify women and men from joining the military are similar, including eye/vision disorders, musculoskeletal conditions, and psychiatric disorders. These common conditions also represent the largest number of requested and approved waivers.⁴⁸ Staff at the Baltimore MEPS informed the Committee during its March 2024 site visit that the top five female-specific disqualifying conditions were abnormal uterine or vaginal bleeding, abnormal Pap test, endometriosis, polycystic ovarian syndrome, and pregnancy (see Table 2.1). However, some of these conditions are subsequently waived once properly adjudicated.

Table 2.1. Top Five Female-Specific Disqualifying Conditions and Guidance on Whether these Conditions Should be Waived

Disqualifying Condition	Notes About Disqualifying Criteria
Pregnancy	Temporary disqualification only that delays accession until at least 6 months postpartum
Abnormal uterine or vaginal bleeding	Regulation adjusted in the updated version of DoDI 6230.03 to reflect only life-impacting bleeding in the last 6 months; disqualification is removed if the condition is resolved for 6 months
Abnormal Pap smear	Disqualifying factor if ongoing surveillance or treatment is recommended more frequently than every 6 months
Endometriosis	Updated regulation specifies current, life-impacting symptoms are disqualifying, but the disqualification is removed if the condition is resolved
Polycystic ovarian syndrome	Only disqualifying if there are metabolic complications

Note: DoDI = Department of Defense Instruction
Source: DACOWITS visit to Baltimore MEPS, March 2024⁴⁹

Medical conditions that specifically disqualify women from military service are mostly unique when compared with other conditions because disqualifying criteria are often based on recent symptomatology and their impact on activities of daily

living; therefore, when symptoms resolve, the condition is no longer disqualifying. Other disqualifying medical conditions, nonspecific to women, typically require long timelines to work toward resolution or are more permanent in nature.⁵⁰ Table 2.2 presents the number of waivers requested versus how many were granted for the top five female-specific conditions across the Military Services for fiscal year (FY) 22 and FY23.

**Table 2.2. Waiver Status for the Top Five Female-Specific Disqualifying Conditions
Waiver in FY22 and FY23, by Military Service**

	Waiver Requested	Waiver Granted/ Recommended	Waiver Acceptance Rate (%)
Abnormal uterine/vaginal bleeding			
Department of the Air Force (DAF)	220	168	76
Army	225	130	58
Coast Guard	12	12	100
Marine Corps	73	50	68
Abnormal pap smear/test			
DAF	8	5	63
Army	76	41	54
Coast Guard	6	5	83
Marine Corps	3	1	33
Endometriosis			
DAF	70	15	21
Army	61	27	44
Coast Guard	6	1	17
Marine Corps	2	0	0
Polycystic ovarian syndrome			
DAF	34	25	74
Army	42	20	48
Coast Guard	0	0	N/A
Marine Corps	5	3	60
Pregnancy			
DAF	47	39	83
Army	74	44	58
Coast Guard	1	0	0
Marine Corps	8	7	88

Note: The Navy did not provide waiver status information separated for each condition, but noted “aside from pregnancy, the listed conditions are generally waived immediately unless they are creating another medical condition.”

N/A = not applicable

Source: Military Service responses to RFI 1, September 2024^{51, 52, 53, 54}

Identifying Waiver Considerations for the Top Five Female-Specific Disqualifying Conditions: A Marine Corps Best Practice

During the June 2024 DACOWITS quarterly business meeting, the Marine Corps briefed the Committee on a potential best practice for reviewing medical waiver requests called the Service Medical Waiver Review Authority (SMWRA) approach. Under this model, the Marine Corps outlines specific conditions and guidance for medical providers to consider when exercising their judgment about an applicant's waiver status. These considerations are based on assessing functional measures and mitigating factors, including whether the applicant's condition has mild or resolved symptoms, with no adverse impact on a physically active lifestyle, and whether a primary care manager (PCM) can provide ongoing treatment without frequent specialty care visits.⁵⁵ DACOWITS applauds this as a best practice and notes standardizing this approach for the top five female-specific disqualifying conditions across the Military Services could reduce the contact-to-contract timeline significantly for female accessions. Table 2.3 provides the Marine Corps guidance on situations under which the top five female-specific disqualifying conditions should be approved for a waiver.⁵⁶

Table 2.3. Marine Corps' SMWRA Approach for Waivers for the Top Five Female-Specific Disqualifying Conditions, as of June 2024

Disqualifying Condition	Consideration 1	Consideration 2	Consideration 3
Pregnancy (within 6 months)	Typically, if more than 3 months postpartum	Returned to high-intensity exercise	No complications
Abnormal uterine or vaginal bleeding	Basic workup complete; stable on treatment, if needed	No prolactinoma, anemia, thyroid, or eating disorder	No performance issues in school, work, or sports
Abnormal Pap smear	Low-risk findings	If higher risk findings, treatment completion	If higher risk, had a reassuring follow-up appointment
Endometriosis	No chronic pelvic or abdominal pain	No required surgery or Lupron	Asymptomatic with oral contraceptive pills (OCP), intrauterine device (IUD), or implant
Polycystic ovarian syndrome	No metformin or glucagon-like peptide needed to meet weight and body composition	No elevated hemoglobin A1c or metabolic syndrome	Asymptomatic with OCP, IUD, implant, or spironolactone

Note: SMWRA = Service medical waiver review authority
Source: Marine Corps response to RFI I.3, June 2024⁵⁷

DACOWITS recommends the SecDef provide detailed waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.

Inconsistencies Across Military Service Policy for Pregnancy and Early Pregnancy Loss in MEPS Medical Processing

USMEPCOM states that, in accordance with DoDI 6130.03, Volume 1, a 6-month waiting period is required before joining the military, no matter how the pregnancy ended, to allow time for any complications to resolve. Furthermore, USMEPCOM states it is up to “the Accession and Retention Medical Standards Working Group (AMRSWG) ... to review this standard against current medical knowledge and best practices and make any recommended changes in accordance with current regulations.”⁵⁸

In response to DACOWITS’ June 2024 RFI, briefers from the Military Services indicated that timelines for when women can apply to join the military following the end of a pregnancy vary among the Military Services, ranging from 3 to 12 months postpartum.⁵⁹ Additionally during the March 2024 DACOWITS site visit to the Baltimore



A U.S. Marine deadlifts while other service members cheer her on during the 2024 Joint Women's Leadership Symposium (JWLS) in Arlington, Virginia, June 26-28, 2024.

MEPS, the Committee learned from military recruiters about variation across the Military Services with regard to medical waivers for post-pregnancy applicants. In FY23, USMEPCOM reported 428 servicewomen (or 0.78 percent of all female applicants) were disqualified for pregnancy during their initial medical examination at MEPS, and an additional 164 (0.49 percent) were disqualified for pregnancy when tested at shipping inspection.⁶⁰

This variance of policy implementation across the Military Service unnecessarily increases contact-to-contract timelines for female applicants, makes clear there is not an agreed-on standard for when female applicants should be ready to return to the application process following a pregnancy event, and in some cases introduces stricter standards than those documented on DoDI 6130.03. Additionally, current policy and practice are based on instructional guidance rather than on the advice of an applicant's health care provider who would have more specific knowledge of the applicant's readiness to begin initial entry training and serve in the military. A woman whose pregnancy ended early may be ready to return to the application process quicker than applicants who carried their babies to term. Making these female applicants wait, potentially up to 12 months following the end of their pregnancy, even if the ending occurs within the first trimester, harms the Military Services' ability to recruit and retain female applicants in the accession process. Active duty servicewomen who experience an end to their pregnancy in an early timeframe are afforded the opportunity to return to duty once a DoD health care provider determines "appropriate medical care and the necessary recovery period are complete," and the Committee believes this process should be similar for previously pregnant female applicants.⁶¹

Therefore, DACOWITS recommends the SecDef update early pregnancy loss accession policies to be based on the recommendation of an applicant's health care provider, rather than on fixed timelines that vary across the Military Services, to increase the Military Services' ability to retain female applicants in the accession process.

Additional Resources and Strategies for USMEPCOM Consideration to Improve the Female Applicant Experience at MEPS

Based on feedback from DACOWITS' 2024 focus groups,⁶² the Committee's visit to Baltimore MEPS in March 2024, and RFI responses about the MEPS process,^{63, 64, 65} DACOWITS believes additional resources and strategies could improve the experience of female applicants and ensure they can more easily complete the MEPS medical process. The Committee recommends the following resources and strategies as potential options for consideration:

1	Mandating annual gender-awareness training for staff at MEPS that includes gender sensitivity, unconscious bias, and cultural competency to help create an environment where female applicants feel respected and understood ⁶⁶
2	Increasing the number of female staff members at MEPS to provide a more welcoming and comfortable environment for female applicants
3	Improving privacy for women to ensure that physical examinations and other sensitive procedures are conducted in private, secure areas, helping to maintain the dignity and comfort of female applicants
4	Creating more comfortable and gender-sensitive waiting areas with amenities that cater to the needs of female applicants
5	Offering flexible appointment times that accommodate the schedules of female applicants, particularly those with caregiving responsibilities; this could include Saturdays ⁶⁷
6	Improving communication with female applicants about what to expect during the MEPS process, addressing common concerns and misconceptions upfront
7	Establishing mentorship programs that connect female applicants with current servicewomen who can provide guidance and support throughout the MEPS process
8	Ensuring access to female health care providers or specialists who can address gender-specific health concerns during the medical evaluation
9	Implementing a strong feedback system that enables female applicants to provide input on their MEPS experience whereby the data is used to make continuous improvements
10	Conducting regular audits of the MEPS process from a gender perspective to identify and address any systemic issues that may discourage female applicants
11	Creating educational materials that address common myths and provide detailed information on the enlistment process from a female perspective

By implementing additional resources and strategies, MEPS can create a more inclusive and supportive environment for female applicants, potentially reducing the likelihood of losing them during the recruiting process.

Summary

To enhance the strength and diversity of the Armed Forces and maintain recruiting goals, the SecDef should address unnecessary medical accession barriers that may prevent female applicants from entering the military. This need includes ensuring medical processing timelines are as efficient as possible and reviewing and updating female-specific medical standards that are outdated or overly stringent. DACOWITS believes addressing these barriers will enhance the overall readiness and effectiveness of the military and ensure a strong force by enabling the military to remain competitive in acquiring top female talent.

Retention Initiatives

Recommendations 4–6

Recommendation 4

The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for geographic stability efforts to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.

Recommendation 5

The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for co-location efforts, including inter-Service co-location, to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.

Recommendation 6

The Secretary of Defense should expand the co-location policy (DoDI 1315.18) to include any active duty military parent, regardless of marital status, who shares parental custody of a minor child(ren) and desires to be assigned within the same geographic location as the co-parent for the benefit of the minor child(ren), similar to the Air Force's Court-Ordered Child Custody Assignment or Deferment Consideration Program.

Synopsis

Geographic stability and co-location provide opportunities for Service members and their families to have greater stability at home while still meeting the needs of their Service. Proportionally, more women are in dual-military marriages than men, and therefore geographic stability and co-location policies have a disproportionate effect on women.⁶⁸ Efforts to maximize geographic stability and co-location are likely to support and improve retention, especially for servicewomen. DACOWITS builds on its 2017 recommendations through this year's recommendations by continuing to encourage the expansion and clarification of guidance, oversight, and measures of effectiveness for both co-location and geographic stability. The Committee believes the DoD and the Military Services must evaluate the implementation of these policies to understand their impact on retention. Additionally, the Committee believes Service members who share parental custody, regardless of the marital status among co-parents, should have the opportunity for co-location because that stability will benefit both the Service member and their child(ren).

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the academic literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- A briefing from the Military Services on annual retention rates (by gender, pay grade, and occupation), Service efforts to improve retention, and the top 10 reasons that Service members leave the military by gender and rank (December 2023, RFI 2)⁶⁹
- A briefing from the Military Services on geographic stability policies, co-location policies for dual-military couples and nonmarried Service members with shared parental custody of a child, and other retention initiatives and a written response from the Office of People Analytics via the Defense Manpower Data Center on the number and percentage of dual-military couples by Service for FY19 to FY23 (March 2024, RFI 1)⁷⁰
- A written response from the Military Services on geographic stability and co-location requests and accommodations for dual-military active duty couples for FY21 through FY23 and more information from the Air Force on its Court-Ordered Child Custody Assignment/Deferment Program (June 2024, RFI 1)⁷¹

- A briefing from the Marine Corps on the implementation of the dual-military coordinator, including processes for assignment coordination, lessons learned, and future plans (September 2024, RFI 2)⁷²
- Findings from 20 focus groups with Service members on the topic of recruitment and retention (Focus Group Report 2024)⁷³

DACOWITS continues to be concerned with the retention of servicewomen and believes expanded geographic stability and co-location policies for dual-military couples could help improve retention, especially for servicewomen. In 2017, DACOWITS made several recommendations to SecDef about co-location policies, including (1) revising active duty dual-military co-location policies to ensure additional higher-level authority oversight on denied accommodation requests; (2) updating DoD policy to mandate assignment managers/detailers work across Military Services for inter-Service co-location; and (3) expanding co-location policies to include any active duty dual-military parents, regardless of their marital status, who share parental custody of a minor child(ren).⁷⁴ While some progress has been made, DACOWITS believes more can be done to support servicewomen and their families in this area.

The Committee believes the Military Services must remain focused on meeting their retention goals in such a challenging recruiting environment. While retention remains high overall in the military, the Services report varying rates of decline in retention over the past several years despite some Services and career fields offering sizable bonuses for retention.^{75, 76, 77, 78, 79, 80, 81} Most of the Military Services try to use geographic stability (policies that allow Service members to stay longer at an assignment location) and co-location of dual-military couples (stationing both members of a dual-military couple within a certain mileage range of each other) as incentives to retain both members. However, the Military Services do not have methods to measure the effectiveness of these policies, and some Services are not capturing relevant data in this area.^{82, 83, 84, 85, 86, 87, 88} DACOWITS believes that the expansion of DoD assignment policies to offer greater access to geographic stability and co-location opportunities, as well as the integration of measures to gauge the effectiveness of these policies, will improve the retention of women and ultimately aid in recruiting more men and women who believe they can successfully serve while raising a family. The reasoning supporting DACOWITS' 2024 recommendations on these retention initiatives follows.

Retention of Servicewomen

Given the persistent challenges Military Services face recruiting women for military service, DACOWITS believes the Services and the DoD should focus resources and

programs on retaining women who have committed to serve and are doing so successfully. For example, Service members reported to DACOWITS during 2024 focus groups that improved work-life balance and resources that make it possible for servicewomen and their partners to raise a healthy family while serving in the military would likely boost retention rates.⁸⁹

In a May 2020 report, the U.S. Government Accountability Office (GAO) found that the likelihood of separation for servicewomen is 28 percent higher than for servicemen. GAO's literature review of selected studies on reasons that women separate from the military identified recurrent themes, including the challenges of family planning and dependent care, as influencing separations.⁹⁰ Relatedly, the Navy and Air Force briefers reported work-life balance and impact on family as two of the top reasons women and men reported leaving those Services.^{91, 92}

A 2021 National Defense University *Joint Force Quarterly* article reinforced the necessity for the retention of servicewomen, identifying it as a key joint readiness issue. The authors argue that "maintaining women in the ranks is a vital element of continuing readiness and operational effectiveness in a complex environment that focuses on the current battlespace while preparing for the fight over the horizon."⁹³ The authors note that a variety of legacy issues continue to affect retention for servicewomen, including persistent issues related to family planning and the availability of family support. The article points out family planning "quickly becomes a readiness issue due to deployment cycles and frequent moves and changes in duty station."⁹⁴ The Committee agrees with the article's conclusion that "the U.S. military must proactively address the distinct needs of women to improve retention and ensure the joint force is able to draw from all segments of the society it serves."⁹⁵ The Committee believes maximizing opportunities for geographic stability and co-location will provide pathways for improved retention of all Service members, but especially servicewomen, due to the positive impacts on family planning.

Geographic Stability

Geographic stability, also known as "homesteading," a term that may have negative connotations in some Military Services, refers to the opportunity for a Service member to stay in a geographic area for a period of time longer than normal assignments. This may involve the Service member extending their current orders or changing commands or installations within the same geographic area rather than executing a Permanent Change of Station (PCS) move to another geographic location.⁹⁶ Geographic stability may also occur as a byproduct of other DoD or Military Service programs or policies, such as the Exceptional Family Member Program (EFMP), humanitarian or compassionate assignment orders, pregnancy deferment, or dual-

military co-location processes. Service members with high school seniors or those planning to separate or retire in the near future also benefit from policies allowing geographic stability.⁹⁷

The Military Services have varying policies for when, why, and how Service members can request geographic stability, as Table 2.4 describes. The variety of programs, methods, and criteria the Military Services use to facilitate geographic stability makes it difficult to collect consistent data across the Services to evaluate what impacts, if any, these policies have on retention rates.

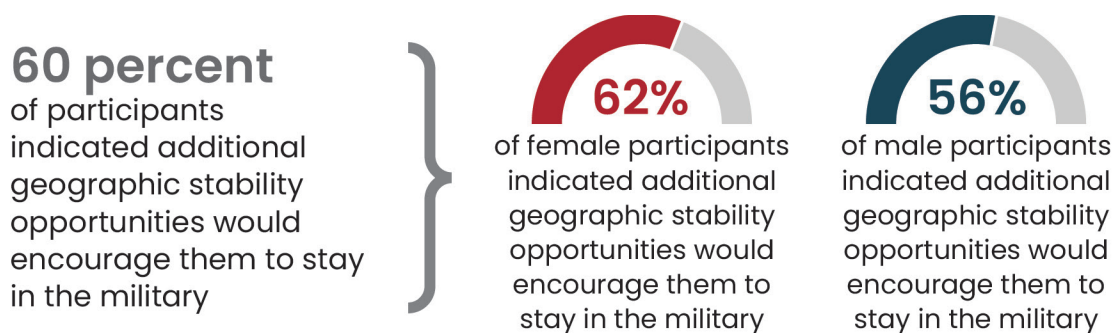
Table 2.4. Select Military Services Geographic Stability Policies

Military Services	Geographic Stability Policy
Army	The Army has voluntary and automatic stabilization options for many situations. For example, Soldiers can request 24 months of stabilization when reenlisting and making a PCS move. In FY23, nearly 19 percent of all Soldiers who reenlisted chose the stabilization assignment option to remain in the same geographic area.
Navy	The Navy has a policy for geographic stability for Sailors with children who are high school seniors (DGM 0405-1609) and some informal incentives for geographic stability offered on a case-by-case basis.
Marine Corps	The Marine Corps uses co-location of dual-military couples as a geographic stability tool, but it is unclear whether or not the Service uses other avenues to facilitate geographic stability.
Department of the Air Force (DAF)	The DAF does not have an assignment option by which Airmen/Guardians can request geographic stability. Requests are made as an exception to policy and are considered on a case-by-case basis. The Air Force has increased the duration of its assignments inside the contiguous United States (CONUS) from 3 to 4 years and is testing a policy change that allows for assignment stabilization for in vitro fertilization (IVF)/fertility treatments. The Air Force also briefed the Committee that assignment stability is the most requested accommodation for both officer and enlisted personnel, and the Service is focused on using stability as a retention tool.
Coast Guard	The Coast Guard uses an assignment continuum when making assignments, evaluating Service needs first, then assignment priorities and geographic stability, and finally career enhancement and family well-being. The Coast Guard said geographic stability was the number one reason women (both enlisted and officers) reported leaving the Service.

Source: Military Service responses to RFI 1, March 2024^{95, 96, 97, 98, 99, 100}

In addition to citing inconsistent policies and programs, Service members participating in the 2024 DACOWITS focus groups frequently reported a lack of knowledge about whether their Service had a formal geographic stability policy, and if they reported knowing about the existence of the policy, many did not know what the policy entailed. However, despite this lack of clarity, Service members frequently indicated a desire for greater geographic stability options. For example, 60 percent of all focus group participants reported geographic stability options would encourage them to remain in the military beyond their current service obligation (see Figure 2.3).¹⁰⁴

Figure 2.3. Proportion of Participants Who Indicated Geographic Stability Would Encourage Them to Stay in the Military After Their Current Service Obligation



Source: 2024 DACOWITS Focus Group Report¹⁰⁵

Challenges of Frequent PCS Moves Highlight the Importance of Geographic Stability

PCS moves present significant challenges for family and Service member stability. The Military Family Advisory Network's 2023 Military Family Support Programming Survey gathered inputs from more than 10,000 military-connected respondents and highlighted aspects of PCS moves that negatively affect family well-being.¹⁰⁶ For example, the report found families that moved duty stations within the last 2 years were more likely to report poor family health than those who had not moved during that timeframe. Additionally, many families reported unreimbursed moving expenses from \$500 to \$1,000, which put additional financial strain on families and could affect family health. The report also indicated spouse employment may be a contributing factor to family well-being, but nonmilitary spouses often face challenges maintaining employment due to frequent PCS moves.¹⁰⁷

Additionally, the recent Suicide Prevention and Response Independent Review Committee's (SPRIRC) report on preventing suicide in the U.S. military highlighted the extreme levels of stress frequent PCS moves have on Service members and their families. The SPRIRC completed its comprehensive review of suicide prevention and

response programs and provided a comprehensive set of recommendations to SecDef in December 2022, including the recommendation to reduce the frequency of reassignments and PCS moves. This report highlighted that frequent PCS moves cause instability for Service members and the Military Services, and less frequent moves could reduce instability, stating, “less frequent moves can increase social stability, promote unit cohesion, and provide greater financial stability, particularly impactful for dual-military families. It would also reduce burden on already strapped DoD business operations that are understaffed and difficult for Service members to navigate.”¹⁰⁸

In its continued efforts to make the lives of military families better, the DoD asked the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct a study of military families, which resulted in the book *Strengthening the Military Family Readiness System for a Changing American Society*, published in 2019. The National Academy concluded,

“Family well-being is essential to the U.S. Department of Defense for multiple reasons. Family members provide support to Service members while they serve or when they have difficulties; family problems can interfere with the ability of Service members to deploy or remain in theater; and family members are central influences on whether members continue to serve. Military families also raise a disproportionate number of future military Service members, so the well-being of today’s military family is important for future Service members too. In addition, Service members’ psychological or physical difficulties can reverberate within families, potentially generating costs for DoD.”¹⁰⁹

The information the Committee gathered and reviewed makes it clear that providing more geographic stability for Service members will have a positive effect on retention at a time when retaining talent is crucial and will also improve the well-being of Service members and their families. DACOWITS recommends the SecDef expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for geographic stability efforts to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.

Variation Among the Military Services' Co-Location Policies

As with geographic stability policies, each Military Service has its own co-location policies and programs that station dual-military couples in or near the same geographic location while meeting the needs of the Service. The Military Services' policies have similarities across the Services, such as the existence of valid staffing requirements (grade and occupational specialty) at the relevant location for each Service member being co-located. However, key differences in Military Service co-location policies can lead to confusion for Service members and challenges for inter-Service dual-military couples.^{110, 111, 112, 113, 114, 115, 116}

One notable example of these policy differences is that each Military Service has different distance criteria when co-locating dual-military couples. For example, the Navy's co-location policy states, "While there is no established maximum

distance between duty stations for co-location, 90 driving miles should be used as a guide when considering collocation requests."¹¹⁷ Alternatively, the Air Force's Join Spouse Program says, if the Service cannot get the dual-military couple assigned to the same installation, they may be assigned to different installations within 50 miles of each other and maintain a joint residence.¹¹⁸ The Army's

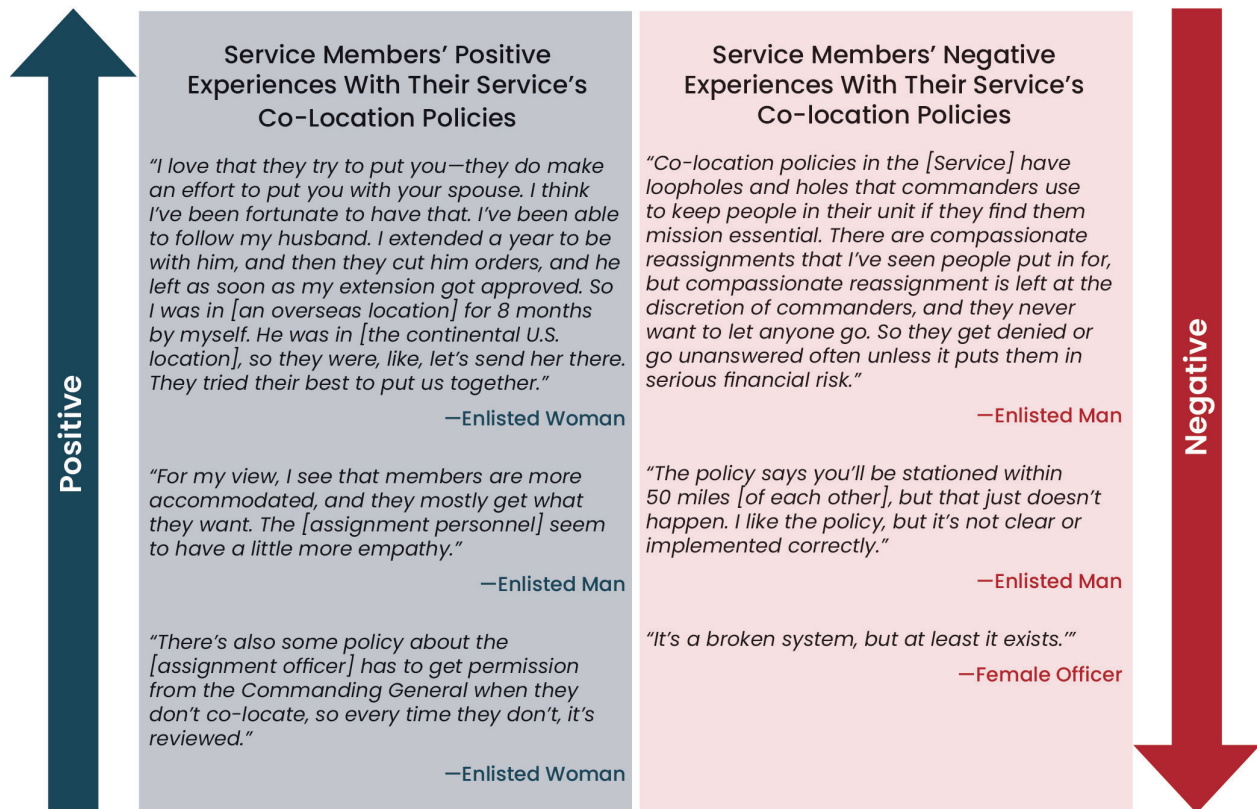
"[With the co-location policy] is it 50 miles as the crow flies or drive time? There is no reasonably clear policy on what that means. There is no consistency. I know, as a co-location member, that I might have to make sacrifices depending on who my [assignment officer] is. There needs to be more consistency around it though."

—Female Officer, DACOWITS 2024 Focus Group Participant

guideline for a joint domicile assignment is that Soldiers should be close enough together for them to establish a common household (50-mile radius or 1-hour driving time of each other).¹¹⁹ Other differences among the Military Services co-location policies include time on station requirements, terminology, and criteria.^{120, 121, 122, 123, 124, 125, 126}

DACOWITS' 2024 focus groups asked participants about their perspectives on dual-military couples and retention, including their Service's co-location policies. Overall, participants shared mixed perspectives on the effectiveness of and experiences with their Service's co-location policies. For example, although focus group participants were more likely to report that their Service's co-location policies were working well, a significant number of participants still disagreed with this assertion, reporting that their co-location policies were not working well (Figure 2.4). These participants reported that they, or Service members they knew, had negative experiences with these policies, including confusion about co-location radius definitions, that the effectiveness of co-location policies is dependent on personnel who make assignments, and challenges with inter-Service co-location assignments for dual-military couples serving in different Services.¹²⁷

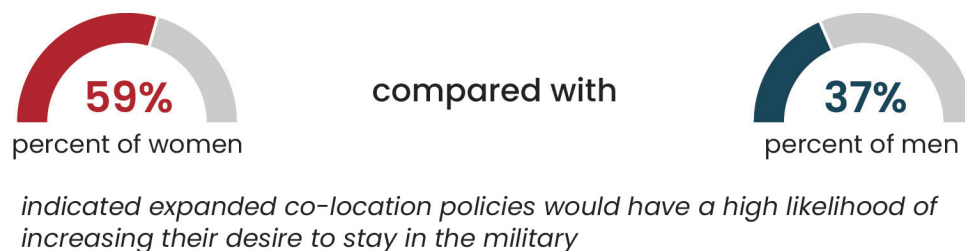
Figure 2.4. Service Members' Contrasting Perspectives on Co-Location Policies



Source: 2024 DACOWITS Focus Group Report¹²⁸

Relatedly, focus group participants were asked to complete a mini-survey before each session in which they were asked to rate the likelihood that hypothetical benefits or improvements to benefits would encourage them to stay in the military beyond their service obligation. When asked about expanded co-location opportunities, 59 percent of female participants and 37 percent of male participants indicated these opportunities would have a high likelihood of increasing their desire to stay in the military (Figure 2.5).¹²⁹

Figure 2.5. Percentage of Female Participants and Male Participants Who Believe Expanded Co-Location Opportunities Would Improve Their Likelihood of Retention



Source: 2024 DACOWITS Focus Group Report¹³⁰

Disproportionate Impact of Co-Location Policies on Servicewomen

Fourteen percent of active duty Service members are in a dual-military marriage.¹³¹ Further breakdown by gender reveals a stark difference; 45 percent of married servicewomen are in dual-military marriages compared with only 9 percent of married servicemen. Most notably, 59 percent of married servicewomen in the Marine Corps and 53 percent of married servicewomen in the Air Force are in dual-military marriages, while only 36 percent of married servicewomen in the Army, 43 percent in the Space Force, and 44 percent in the Navy are in dual-military marriages. Thus, the Military Services' co-location policies disproportionately affect servicewomen as compared with servicemen.¹³² This major imbalance reveals the importance of policies and programs designed to retain dual-military families because they may be especially effective at retaining servicewomen.

A primary theme from DACOWITS' 2024 focus group findings is that Service members reported women and men face different challenges as a dual-military couple. Participants reported servicewomen in dual-military couples encounter more gendered expectations and stereotypes than servicemen in dual-military couples. For example, participants reported that women are more often seen as the "default parent" for children and face additional challenges with career progression and pregnancy as described in the following quotes.¹³³

"My career comes second to my husband's even though I outrank him. His job is more important because he's a man. I had orders to [State], handpicked, but husband's [career assignment officer] didn't budge because his job was too important, and our careers get pushed to the side. When we had my daughter, it became a bigger issue because she falls under me, so he can go unaccompanied, but I have to give up going places to be with my husband. I can tell you if I got pregnant under E-5, I would have gotten out."

—Enlisted Woman

"Dads get looked at differently; ... it's weird for dads to take care of their kids. If you're not working full time, you're looked at weird. The female does a lot more of the responsibilities at home, [while] the dad works full time and isn't expected to do as much."

—Enlisted Man

“It’s [a] different conversation if my husband told his commander he’s expecting a baby, it would be celebrated. If I went to my leadership and told them I’m expecting a baby, it would be, ‘When can you get back to [your career field]? How fast can you get back to your job? What does that mean when the baby is born?’”

—Female Officer

Given the number of dual-military marriages and the high percentage of women in these marriages, the Committee believes the DoD must do more to support these servicewomen by expanding and updating geographic and co-location policies and processes to ensure a sense of security and stability for these Service members and their families. Over time, these measures may improve retention and recruitment as women see the military as a viable option for balancing service, career, and family.



Staff Sgt. Caroline Caba De Mota, Personnel Services for Contingency Operations (PERSCO) team member conducts in-processing with a new arrival during Exercise Agile Reaper in Saipan, North Mariana Islands, 6 April 2024.

Recent Recommendations on Co-Location Policies From the 2023 DoD Inspector General Report

In June 2023, the DoD Inspector General (IG) released its comprehensive review of the DoD's co-location policies using current Military Service policies, DoD data, and exit survey data. The goal of the review was to "determine the extent to which the DoD's co-location policies support dual-military marriages."¹³⁴ The review produced two main findings and two associated recommendations:

1. **Finding 1: *The Military Services do not assess the effectiveness of their assignment policies for dual-military spouses which is a detriment to understanding how these policies are or are not supporting dual-military families.*** DoDI 1315.18 ("Procedures for Military Personnel Assignments") does not define or prescribe how the Military Services should measure the effectiveness of their co-location policies, and the DoD IG found the Military Services had not developed their own measures for assessment of these policies.

- a. **DoD IG Recommendation:** *"Define how the Services should measure the effectiveness of their assignment policies. At a minimum, the policy and processes should require the Services to review and analyze the results of their exit and retention surveys and re-examine their co-location policies, on a specified recurring basis, to determine whether their assignment policies are balancing their respective missions with the needs of the Service members and their families."*

2. **Finding 2: *The DoD lacks proper policy, guidance, and processes to facilitate co-location for inter-Service dual-military couples.*** The report notes the DoD does not have a formal policy or process requiring co-location for dual-military spouses who are in different Service branches. Therefore, the Military Services have been coordinating informally on their own to generate these accommodations, which may leave inter-Service couples vulnerable to missed opportunities for co-location and keeping their families together. Data pulled for the report shows that only 72 percent of spouses in inter-Service dual-military marriages were co-located as of September 2022 compared with 89 percent of intra-Service spouses.

- a. **DoD IG Recommendation:** *"Require coordination across all of the Services for the co-location of inter-Service dual military spouses. The policy and processes should also require additional oversight from higher-level authorities in both Services, should the Services be unable to accommodate inter-Service co-location, similar to the Service-specific processes for intra-Service co-location."*

DACOWITS concurs with the DoD IG's recommendations on co-location policies. The IG report estimated there are more than 70,000 dual-military spouses between the Army, Navy, Air Force, and Marine Corps as of September 2022 and that exit and retention survey data indicate the impact of military service on family life is one of the top reasons for leaving the military. Co-location policies affect the lives of tens of thousands of Service members, many of whom are women, and their families. Ensuring co-location policies are supportive, functional, and effective must be a priority for the DoD to best support and understand the retention of these couples.¹³⁵

Following the publication of the IG report, USD(P&R) reviewed the recommendations and responded that DoDI 1315.18 "will be updated in FY 2024" to address both recommendations.¹³⁶ As part of these efforts, DACOWITS recommends the SecDef expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for co-location efforts, including inter-Service co-location, to enable the Military Services to evaluate their strategies and maximize their effect on the retention of Service members, especially women.

Promising Practices for Improving the Co-Location Assignment Process

DACOWITS recognizes the progress the Military Services have made in supporting dual-military couples in recent years. For example, the Army features the Married Army Couples Program (MACP), which helps manage dual-military Soldiers' assignments, and an Army briefer reported to the Committee in March 2024 that Soldiers enrolled in MACP tend to reenlist for stabilization at a higher rate than those who are married to nonmilitary spouses.¹³⁷ The DAF also has a unique dual-military assignment program allowing dual-military active duty couples in the DAF to request a join spouse assignment through the Join Spouse Assignment Program to try to obtain co-location to maintain a joint residence.¹³⁸

Additionally, the Marine Corps created a new position in 2024 called the Dual-Military Coordinator (DMC), to facilitate communication between Marine monitors (assignment detailers) to maximize dual-military co-location opportunities. The DMC serves as an unbiased resource outside the assignment process who can provide information to dual-military couples and works to streamline internal reporting and waiver requests.¹³⁹ The DMC provides an institutional measure to ensure better coordination across the 75 assignment personnel in the Marine Corps.¹⁴⁰ Recent guidance from the Commandant of the Marine Corps prioritized dual-military co-location noting dual-military couples will not be separated without higher-level approval from the Deputy Commandant of Manpower and Reserve Affairs or the Director of Manpower Management/Director of Reserve Affairs. The Marine Corps is also planning to integrate an automated system to review dual-military orders before their release, streamlining the waiver process, and publishing a Marine

Administrative Message (MARADMIN) and an update to MCO 1300.8 (Marine Corps Personnel Assignment Policy) to inform Marines of dual-military assignment process improvements.¹⁴¹

These various ongoing efforts and promising initiatives from the Military Services could be further supported with an expansion of DoD policy and guidance on co-location and geographic stability. In particular, the Military Services could use additional DoD support on inter-Service co-location, which presents its own set of unique challenges. DACOWITS believes the DoD must also help the Military Services measure the effectiveness of their efforts and provide oversight to ensure they are having the necessary and desired impact on the retention of Service members, particularly women.

Expansion of Geographic Stability and Co-Location Policies for Custodial Parents

In 2017, DACOWITS recommended the Secretary of Defense consider expanding co-location policies to include any active duty dual-military parents, regardless of marital status, who share parental custody of the same minor child(ren) and desire to be assigned within the same geographic location for the benefit of the minor child(ren). The basis for this recommendation is that unmarried, dual-military parents, face the same unique co-location challenges as married, dual-military parents.¹⁴²

As of September 2022, there are 51,224 active duty single parents in the DoD, which represents 4 percent of all active duty parents. Close to one-half (45 percent) of all active duty single parents are in the Army. Single parents include annulled, divorced, and widowed parents who are not currently married. This number may be higher because it does not reflect the number of single, active duty Service members with children who are not listed as dependents in DEERS. In these instances, the Service member may not be the primary custodial parent. Among Service members with children, active duty women are more likely to be single parents (28 percent) compared with men (8 percent).¹⁴³

Only the DAF has expanded its co-location policies to include nonmarried, dual-military parents. The DAF has gone even further and has applied its geographic stability and co-location policies to any Airman or Guardian who meets the eligibility criteria for its Court-Ordered Child Custody Program (CCCP). CCCP is composed of the Court-Ordered Child Custody Assignment (CCCA) and Deferment Consideration Program (CCCD) components, sometimes referred to jointly as “CCCA/D.” This program was established in August 2020 with the goal of improving military family stability by enabling personnel to request assignments or deferments closer to their children.^{144, 145} CCCP guidelines and specifications are detailed in DAF Instruction

36-2110 (Total Force Assignments). This program provides assignment authorities guidance to “facilitate the assignment or deferment of Airmen/Guardians with a court-ordered child custody decree regarding their biological or adopted children to the geographic location of the children where they reside more than 50 percent of designated parenting time with the primary custodial parent.”¹⁴⁶ The geographic location is the region that allows Airmen to co-parent within a reasonable travel distance defined as 1 day of travel per the Joint Travel Regulation.¹⁴⁷ In March 2024, the DAF briefed DACOWITS that it was exploring expanding the regulation to include all co-parenting situations, regardless of the percentage of parental custody, and co-location policies for nonmarried dual-military parents with children.¹⁴⁸ The DAF also provided written documentation to the Committee that, since CCCA/D’s implementation in 2021, more than 1,400 Airmen and Guardians have enrolled in the program as of June 2024.¹⁴⁹ Service members who are approved for CCCA/D remain in the program until their enrollment period ends and are not tracked once they receive a subsequent assignment. The DAF is not currently tracking data to assess the program’s impact on retention.

The DAF’s expansion of its geographic stability and co-location efforts to include consideration of Airmen and Guardian parents with certain custody agreements is a positive step toward creating policy aligned with the Secretary of Defense’s priority of taking care of Service members and their families.¹⁵⁰ The Committee believes the DoD’s geographic and co-location policies should be flexible and broad enough to include any active duty military parent, regardless of marital status, who shares parental custody of a minor child(ren) and desires to be assigned within the same geographic location as the co-parent for the benefit of the minor child(ren), similar to the DAF CCCA/D Program.

Need for Consistent Data Collection and Measure of Effectiveness

While the DoD and all the Military Services have regulatory guidance to facilitate the geographic stability and co-location of Service members in the assignment process, considerations and definitions across guidance vary. In addition, the terms “geographic stability” and “co-location” can be hard to disentangle because they both serve the same purpose of family stability and sometimes happen concurrently or due to assignment deferments or extensions. As a result, the Military Services do not have methods or consistent measures to assess the effectiveness of these assignment options, and it is difficult to know whether guidance is having the intended effect and whether more should be done.^{151, 152, 153, 154, 155, 156, 157}

The DoD must provide both clear assignment policy guidance and measures of effectiveness for geographic stability and co-location to ensure it is maximizing opportunities to support family stability and improve Service member retention.


DACOWITS believes this should include better support and guidance for inter-Service dual-military couples and expansion to active duty parents, regardless of their marital status.

Summary

DACOWITS believes it is imperative the DoD and the Military Services retain the talent and experience of servicewomen who have committed to serve by making it possible to raise a healthy family in the military. Efforts to maximize the geographic stability of Service members and co-location of dual-military couples and parents could minimize many of the challenges that come with frequent moves and being separated from their spouse and family while retaining critical talent needed for the defense of our Nation. The DoD's most critical asset is its people, and the Committee believes expanding, updating, measuring, and assessing these policies will improve retention, particularly of women, and help protect the well-being of Service members and their families overall.



U.S. Air Force Staff Sgt. Paige Phillips, a radio frequency transmissions systems specialist with the 269th Combat Communications Squadron, assembles an Airbus Ranger 2400 during annual training at Alpena Combat Readiness Training Center, Michigan, May 14, 2024.



Illinois Air National Guard, 126th Security Forces Squadron security response team members, (left) Senior Airman Cheyenne Doverspike, and Senior Airman Savannah Jibben, work together to prepare range cards during training at Scott Air Force Base, Illinois, Feb. 4, 2024.

Chapter 3

Employment and Integration
Recommendations and
Continuing Concern

Chapter 3. Employment and Integration

Recommendations and Continuing Concern

This chapter presents DACOWITS' 2024 recommendations and a continuing concern related to employment and integration, organized by study topic. Each recommendation or set of recommendations is followed by a short synopsis of the topic and an explanation of the Committee's reasoning for presenting the recommendation or continuing concern, which is based on its investigation of the topic. Implementation of WPS Requirements is addressed through a continuing concern, while recommendations 7 and 8 address the Impact of Key Influencers on Servicewomen's Career Paths study topic.

Implementation of DoD WPS Requirements

Continuing Concern

Implementation of DoD WPS requirements

Synopsis

The Committee continues to be concerned with the status of the implementation of DoD WPS requirements. Because the DoDI describing the implementation of WPS is currently in development to accompany the 2023 U.S. Strategy and National Action Plan on WPS, there may be a delay in the Military Services' ability to implement WPS directives. While DACOWITS attempted to research the first Defense Objective, the Committee believes that additional exploration will need to be conducted after the release of the DoDI.

Reasoning

Introduction

The Committee was tasked with researching the implementation of WPS requirements, including the efforts of the Military Service to fulfill three Defense Objectives associated with WPS. Based on the complexity and scope of implementing

the 2017 WPS Act, the Committee focused its research on the first Defense Objective identified in the 2020 DoD WPS Implementation Plan during this research year: *“DoD exemplifying a diverse organization that allows for women’s meaningful participation across the development, management, and employment of the Joint Force.”*¹⁵⁸

The DoD and Military Services were unable to provide current implementation plans or updates on tangible actions, efforts, and results to the Committee this year due to limited DoD implementation guidance. However, the DoD is currently developing a DoDI and an updated Strategic Framework and Implementation Plan (SFIP) to support the implementation of WPS to accompany the 2023 U.S. Strategy and National Action Plan on WPS. The Committee is concerned any delay in publishing the DoDI or updating the SFIP will further delay the Military Services’ ability to develop and implement WPS directives. To inform this continuing concern, DACOWITS conducted a thorough review of existing WPS guidance and documentation from as far back as 2000.

International History of the WPS Policy Framework

The WPS policy framework evolved from the United Nations Security Council Resolution (UNSCR) 1325, which was adopted on October 31, 2000. UNSCR 1325 was designed to address two main issues: (1) the disproportionate effect of violent conflict and war on women and girls and (2) the essential role of women in conflict prevention and peacebuilding. UNSCR 1325 encourages all individuals involved to play a part in increasing the participation and sharing of perspectives in all United Nations (UN) peace and security efforts. The four pillars of UNSCR 1325 were participation, protection, prevention, and relief and recovery.¹⁵⁹ In 2005, the Security Council called on all UN Member States to continue implementing UNSCR 1325 by developing National Action Plans (NAPs) on WPS. As of May 2024, 109 countries have adopted WPS (NAPs).¹⁶⁰

Domestic History of the WPS Policy Framework

On December 19, 2011, President Barack Obama issued Executive Order 13595, instituting the creation of a U.S. NAP on WPS. The U.S. NAP directed the development of activities and initiatives in five areas: (1) national integration and institutionalization, (2) participation in peace processes and decision making, (3) protection from violence, (4) conflict prevention, and (5) access to relief and recovery.¹⁶¹ An updated U.S. NAP on WPS was released in June 2016, reviewing policy and program challenges and lessons learned since the initial NAP implementation in 2011. The 2016 NAP also outlines progress in each of the five NAP objectives and calls for a change in focus and a new roadmap for action.¹⁶²

On October 6, 2017, President Trump signed into law the U.S. Women, Peace, and Security Act of 2017. This act mandates training for relevant personnel on WPS issues, encourages consultation with stakeholders regarding women's participation in the peace processes, and requires the President to submit a WPS Strategy to Congress. Four agencies are charged with implementing the act, including the Department of State, the DoD, the Agency for International Development, and the Department of Homeland Security.¹⁶³

In 2019, the United States released its first strategy document on WPS in response to the WPS Act of 2017. The 2019 WPS Strategy supersedes the 2016 NAP on WPS, making the United States the first country with both a comprehensive law and whole-of-government strategy to address the implementation of WPS.¹⁶⁴ The 2019 WPS strategy identified three strategic objectives for measuring progress by 2023, including:

1. "Women are **more prepared and increasingly able** to participate in efforts that promote stable and lasting peace."
2. "Women and girls are **safer, better protected, and have equal access** to government and private assistance programs, including from the United States, international partners, and host nations."
3. "United States and partner governments have **improved institutionalization and capacity** to ensure WPS efforts are sustainable and long-lasting."¹⁶⁵

The 2019 WPS Strategy identified four lines of effort which are synchronized and prioritized U.S. actions to achieve the strategic objectives, as Figure 3.1 shows.

Figure 3.1. WPS Strategy Lines of Effort



Source: United States Strategy on Women, Peace, and Security, 2019¹⁶⁶

In 2021, the White House released the first-ever National Strategy on Gender Equity and Equality. Part of this National Strategy is backing and strengthening WPS to advance gender equity and equality in U.S. domestic and foreign policy.¹⁶⁷

The 2023 WPS Strategy and NAP were released on October 31, 2023. The Strategy takes into account ongoing changes across various settings, such as geopolitical shifts, climate-related events, and the advancement of technology. The 2023 WPS Strategy included five lines of effort to reflect and expand on the four pillars of UNSCR 1325:

1. **Participation.** “Seek and support the preparation and meaningful participation of women and girls in civic and political leadership, in informal and formal decision-making processes, and in institutions related to peace and security.”
2. **Protection.** “Promote the protection of the human rights of women and girls, and prevent and respond to all forms of gender-based violence (GBV) across the continuum of peace, conflict, and crisis contexts, including conflict-related sexual violence.”
3. **Relief, Response, and Recovery.** “Prioritize gender-responsive policies and programs to support the safety, participation, and leadership of women and girls in U.S. government responses to conflict, crises, and disasters, and provide safe, equitable access to humanitarian assistance.”
4. **Integration and Institutionalization.** “Integrate WPS principles across U.S. policies and programs to strengthen the institutionalization of comprehensive gender analyses and improve gender equality outcomes.”
5. **Partnerships.** “Encourage partners to mainstream WPS principles across policies and strategies and strengthen capacity to improve gender equality in processes and institutions connected to peace and security decision-making.”¹⁶⁸

DoD and the WPS Policy Framework

The DoD released its WPS strategic framework and implementation plan in June 2020. This report outlined three long-term defense objectives for the WPS policy framework and strategy:

1. **Defense Objective 1.** “The Department of Defense exemplifies a diverse organization that allows for women’s meaningful participation across the development, management, and employment of the Joint Force.”
2. **Defense Objective 2.** “Women in partner nations meaningfully participate and serve at all ranks and in all occupations in defense and security sectors.”

3. **Defense Objective 3.** “Partner nation defense and security sectors ensure women and girls are safe and secure and that their human rights are protected, especially during conflict and crisis.”¹⁶⁹

The updated 2023 U.S. WPS Strategy and NAP required the DoD to review and assess its objectives to ensure alignment with the broader U.S. WPS Strategy and direction. In the 2023 WPS Strategy and NAP, the DoD highlighted four lessons learned from its implementation efforts related to WPS between 2019 and 2023:

1. “Dedicated authorities, funding, personnel, and senior leader support are critical elements of the Department’s WPS implementation process.”
2. “Collaboration with U.S. interagency partners and U.S. civil society organizations has expedited DoD’s understanding and application of WPS principles within its operations, activities, and investments.”
3. “DoD WPS implementation takes place in two primary ways: (1) within DoD’s internal talent management to strengthen women’s meaningful participation in the U.S. military and to diversify U.S. forces; and (2) within the planning and execution of external military operations, engagements, and activities around the globe. Both contribute to greater DoD WPS implementation.”
4. “Incorporating WPS principles within DoD operations and activities begins with an understanding that a gender analysis should inform the Department’s definition of the civilian environment.”¹⁷⁰

The DoD is currently developing and finalizing a WPS DoDI and updating its WPS SFIP to accompany the 2023 WPS Strategy and NAP. The DoDI is expected to be published in 2025.

Summary

The DoD is a critical institution supporting the U.S. WPS Strategy and NAP. The Committee remains interested in how the DoD will formally codify and implement WPS. In particular, DACOWITS wants to ensure the Joint Staff and Military Services are afforded ample time and opportunity to review the DoDI and SFIP and evolve their Staff and Service initiatives, respectively. Additionally, DACOWITS looks forward to learning how the DoD will incorporate lessons learned from implementing WPS between 2019 and 2023 into the DoDI currently under development.

Impact of Key Influencers on Servicewomen's Career Paths

Recommendation 7

Recommendation 7

The Secretary of Defense should direct the Military Services to establish educational programs that inform entry-level women (enlisted and officer candidates) about the career opportunities that were opened to women in 2016. This effort should include clear metrics to review the effectiveness of these educational programs.

Synopsis

DACOWITS commends the Military Services' progress on gender integration since 2016, when all positions were opened to women. However, the Committee continues to be concerned with the relatively low percentage of servicewomen choosing to enter these previously closed career fields and the lack of specific reporting on the progress of integrating servicewomen into these positions. The Committee recognizes there are many challenges servicewomen face joining these previously closed positions and believes that key influencers at MSAs, ROTC, and OCS/OTS should play a critical role in addressing these challenges and informing women of these opportunities.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- Written responses from the Military Services on the number of women (officer and enlisted) who served in previously closed career fields for FY16 through FY21 (September 2022, RFI 7)¹⁷¹

- Written responses from the Military Services on key influencers and recruitment efforts for female officers attending MSAs and ROTC to pursue careers in special operations forces (SOF) and other previously closed career fields and on key influencers and mentoring efforts for enlisted women that affect career selection into these fields (December 2023, RFI 4)¹⁷²
- Written responses from the Military Services on how the associated Service ROTC programs educate, inform, and encourage cadets and future cadets on all career opportunities, but specifically on previously closed positions (June 2024, RFI 5)¹⁷³
- Findings from focus groups with Service members on the topics of recruitment, retention, and key influencers (Focus Group Report 2024)¹⁷⁴

Although the Committee understands that the proportion of servicewomen in SOF and other previously closed positions across the Military Services has increased since the repeal of the Direct Ground Combat Definition and Assignment Rule (DGCDAR), only 10 percent of U.S. Special Operations Command (SOCOM) Service members were female as of 2022.¹⁷⁵ The Committee is concerned that MSAs, ROTC, and OCS/OTS lack purposeful or specific engagement strategies to educate and inform women about opportunities to serve in career fields previously closed to women. However, the Committee believes servicewomen's experiences with key influencers during their time at MSAs, ROTC, or OCS/OTS could be leveraged to inform their decisions to pursue previously closed career fields in the military.

The Committee concurs with former Secretary of Defense Ashton Carter on how important it is to “preserve and improve the finest fighting force the world has ever seen” and that growth in the number of women joining these previously closed positions is necessary through “deliberate, methodical, evidence-based, and iterative” processes.¹⁷⁶ Therefore, the Committee recommends the DoD and Military Services develop direct efforts to educate female officer candidates and female enlisted recruits on opportunities to serve in previously closed positions.

Background

On January 24, 2013, Secretary of Defense Leon Panetta lifted the DGCDAR enabling women to serve in previously closed occupational specialties across the Military Services, including artillery, armor, infantry, and other combat and SOF roles such as Navy SEALs, Army Rangers, and Air Force Combat Controllers. Along with the rescission, Secretary Panetta directed each Military Service to develop gender integration plans to be implemented by January 1, 2016, and required the Military Services and SOCOM to submit quarterly progress reports to document trends in the integration of servicewomen into the previously closed career fields.¹⁷⁷ Between 2013 and 2015, the Military Services completed more than 30 primary studies to better

understand various aspects of and considerations for gender integration into these positions, such as institutional and cultural factors associated with gender integration, personality and physical attributes, and the impact of gender integration on small units' mission effects, fatigue, workload, cohesion, and readiness. These topics were investigated through focus groups, surveys, and other efforts, along with consultations with partner and ally Nations, including Australia, Canada, and Israel, to identify best practices for gender integration.¹⁷⁸ This cumulative research informed the design and development of each Military Service's gender integration implementation plans.¹⁷⁹ Finally, Secretary of Defense Ashton Carter directed the Military Services to begin implementing their approved gender integration implementation plans as of January 1, 2016.¹⁸⁰

The Committee recognizes that the Military Services have been integrating servicewomen into previously closed positions for more than 8 years, and integration numbers seem to be trending up.¹⁸¹ However, DACOWITS still believes the number of servicewomen who pursue opportunities in previously closed positions is low, potentially due to a lack of awareness of these opportunities or negative beliefs about what their experiences might be like in these positions. The Committee believes there has been a lack of dedicated attention and formal educational programs for women during their time at MSAs, ROTCs, and OCS/OTS to inform them about opportunities to pursue previously closed positions. Therefore, the Secretary of Defense should direct the Military Services to establish educational programs that inform entry-level women (enlisted and officer candidates) about the career opportunities that were opened to women in 2016, and this effort should include clear metrics to review the effectiveness of these educational programs.

Challenges Servicewomen Face Joining Previously Closed Positions

The Committee believes challenges that discourage servicewomen from pursuing previously closed career fields still need to be addressed. For example, the Committee believes the DoD and Military Services should begin leveraging key influencers for officer candidates (MSAs, ROTC, and OCS/OTS) and enlisted recruiting to address knowledge gaps and any concerns with pursuing careers in previously closed positions through formal and informal mechanisms.

Challenges to Female Participation in Previously Closed Positions

- Inconsistent leadership support of integration efforts
- Lack of representation of women in leadership positions and in previously closed positions as a whole
- Recruitment that does not target female-specific concerns about military life
- Cultural and structural barriers, including fear of sexual harassment and gender discrimination, specific to previously closed positions

Source: CNAS, 2020¹⁸²

The Committee concurs with the Center for New American Security's (CNAS) findings (described in the Challenges to Female Participation in Previously Closed Positions callout box) that the identified challenges that have a significant impact on women's pursuit of previously closed positions. In the article *Women in Combat: Five-Year Status Update*, CNAS suggests that if the military does not "comprehensively address" these challenges, its ability to recruit and retain women in these career fields will suffer, concluding that "each of the Services could do more to attract and retain these women" into the previously closed positions.¹⁸³ Additionally, GAO published a report in 2022 called *Women in Special Operations: Improvements to Policy, Data, and Assessments Needed to Better Understand and Address Career Barriers*, which identified many of the same challenges identified in the CNAS article. In addition to identifying challenges, the GAO report highlighted a 2016 DoD requirement for the Military Services to conduct annual assessments on the full integration of women into previously closed positions. However, as of 2024, the DoD has yet to direct an office of oversight responsibility for the review of these assessments.¹⁸⁴ The Committee believes these annual assessments should be used to identify and address the challenges to participation for servicewomen in the previously closed positions.

Current State of Servicewomen in Previously Closed Positions

The Committee has received significant data from the Military Services on the status of servicewomen in previously closed positions and on efforts to increase participation in these career fields. For example, the Military Services provided data to the Committee in September 2022 that highlights the number of servicewomen participating in previously closed positions, but non-special warfare positions trended upward in the Army, Marine Corps, and Navy between FY16 and FY21. Additionally, all previously closed positions in the Air Force were associated with special warfare for both enlisted and officer airmen, including pararescue and combat control roles. The Air Force reported that no enlisted servicewomen and only one female officer had participated in these positions between FY16 and FY21.^{185, 186, 187, 188} The Committee believes a focused initiative to educate, inform, and positively influence women officer candidates and enlistees to pursue these opportunities would increase female participation in these positions years into the future.

Service Members Perspectives on Challenges Women Face in Previously Closed Positions

In addition to challenges women face to participating in previously closed positions identified through governmental reports and nongovernmental articles, Service members also shared their perspectives with DACOWITS during its 2024 focus groups about factors that might discourage women from joining the military in general and factors that might discourage them from joining previously closed positions.

Participants reported a variety of factors including, the perceived risk of sexual assault while serving in the military, beliefs about the military's male-dominated culture, limited work-life balance, and the negative impacts of pregnancy on a woman's career progression in the military. More specifically, both male and female Service members provided perspectives on factors that might discourage servicewomen from pursuing previously closed positions, including hesitation to select certain occupational specialties because they are male dominated, the perceived stigma of women in the military and in these positions, and a lack of representation of women in previously closed positions.¹⁸⁹ The Committee believes that this is valuable data for determining why servicewomen are still pursuing previously closed positions at low rates and recommends the DoD and Military Services consider these factors, along with those reported by CNAS and GAO, to develop initiatives focused on addressing these challenges through key influencer engagement at MSAs, ROTC, and OCS/OTS.

In addition to discouraging factors, 2024 focus group participants also highlighted a lack of specific education on any career fields for enlisted women from their recruiters, marketing materials, or other sources, leading the Committee to believe many women are unaware of opportunities they have to pursue the previously closed career fields. For example, some Service members reported asking recruiters about career fields of interest, but their recruiter lacked the knowledge necessary to provide them with meaningful information about those opportunities.

Service member perspectives on challenges to pursuing previously closed career field opportunities aligned closely with the factors and barriers highlighted by CNAS and GAO. However, focus group participants added unique perspectives on potential efforts to mitigate these challenges, including improved messaging, recruiter education, and improved leadership engagement and culture in these communities to mitigate women's perceived concerns of gender discrimination and threats of sexual harassment and assault in these career fields. The Committee believes key influencers at MSAs, ROTC, and OCS/OTS are uniquely positioned and qualified to address challenges women interested in pursuing opportunities in these career fields face and to inform women who are unaware of these opportunities.

DACOWITS also toured the United States Air Force Academy (USAFA) in spring 2024 and learned about some of the key influencers for career education, selection, and appointment to previously closed career fields through discussions with USAFA leadership and Air Officer Commanders (AOCs). AOCs are field grade officers who provide leadership and direction to each of the 40 cadet squadrons. While this visit provided limited opportunities to gather in-depth data, it augmented qualitative data from the 2024 focus groups, including findings about a lack of awareness of previously closed positions among women at USAFA and information gathered from the Military Services through RFI responses on key influencers at MSAs.

In 2015, Secretary of Defense Carter noted that “Our warfighting ability and the welfare of our people [requires] a commitment to the monitoring, assessment, and in-stride adjustment [to] enable sustainable success” regarding the integration of women into previously closed positions.¹⁹⁰ DACOWITS concurs with this sentiment and believes one of the in-stride adjustments the Military Services could make to increase the success of gender integration into previously closed positions is to leverage key influencers at the MSA, ROTC, and OCS/OTS levels to inform women about these positions and mitigate potentially inaccurate beliefs about what their experiences in these positions might look like.

Summary

DACOWITS believes the purposeful direction and required reporting for opening all the DGCDAR career fields to women was strong from 2013–2018. However, there has been little to no specific reporting on how the growth and inclusion of women in these previously closed career fields continues to progress over many years. With a lack or minimal focus on these efforts, female representation in these fields is growing at an extremely slow rate. DACOWITS believes the DoD and Military Services should work to improve educational programs to inform servicewomen about opportunities to pursue previously closed positions.

Recommendation 8

Recommendation 8

The Secretary of Defense should direct the Military Services to incorporate best practices from previous integration efforts to increase women’s participation in career fields that were opened to women in 2016.

Synopsis

DACOWITS remains concerned about the percentage of servicewomen in career fields that were previously closed to women. The Committee believes this low rate is related to various factors that negatively influence servicewomen’s entry into previously closed positions, including the climate and culture of these previously closed fields, and the lack of female representation. The Committee believes the Military Services should review past integration efforts to identify best practices and lessons learned to address challenges women face joining previously closed positions and improve female representation.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- Findings from focus groups with Service members on the topic of recruitment and retention and key influencers (Focus Group Report 2024)¹⁹¹
- A briefing from the Navy on the status of submarine integration efforts (September 2018, RFI 5)¹⁹²

In 2013, the DoD eliminated the DGCDAR, opening all occupational specialties and career fields to servicewomen. Upon opening these positions to servicewomen, former Secretary of Defense Panetta stated that DoD was “fully committed to removing as many barriers as possible to joining, advancing, and succeeding in the U.S. Armed Forces.”¹⁹³ Although the Committee understands that the proportion of servicewomen in these positions has increased slowly across the Military Services, the percentage of all servicewomen assigned to or selecting previously closed occupational specialties and career fields remains low.¹⁹⁴

The Committee believes that purposeful initiatives to educate and inform servicewomen about opportunities to enter previously closed positions are necessary to encourage more servicewomen to join these positions. In addition, the Committee believes the DoD and the Military Services should review past efforts and plans for integrating servicewomen into previously closed positions, such as into the tactical aviation and submarine communities, to identify best practices and lessons learned on how to successfully attract servicewomen to and integrate them into these positions.

Background

Over time, various policy changes have expanded servicewomen’s opportunities to pursue different occupational specialties and career fields in the military. For example, in 1993, Secretary of Defense Les Aspin lifted the combat exclusion for most aviation positions in the military, thus allowing women to fly in combat aviation units.¹⁹⁵ Similarly, in 2010, Secretary of Defense Robert Gates updated DoD policy to open the submarine designator to servicewomen.¹⁹⁶ Finally, following the repeal of DGCDAR in 2013, the Army introduced Soldier 2020, its plan to integrate servicewomen into previously closed positions by 2016.¹⁹⁷

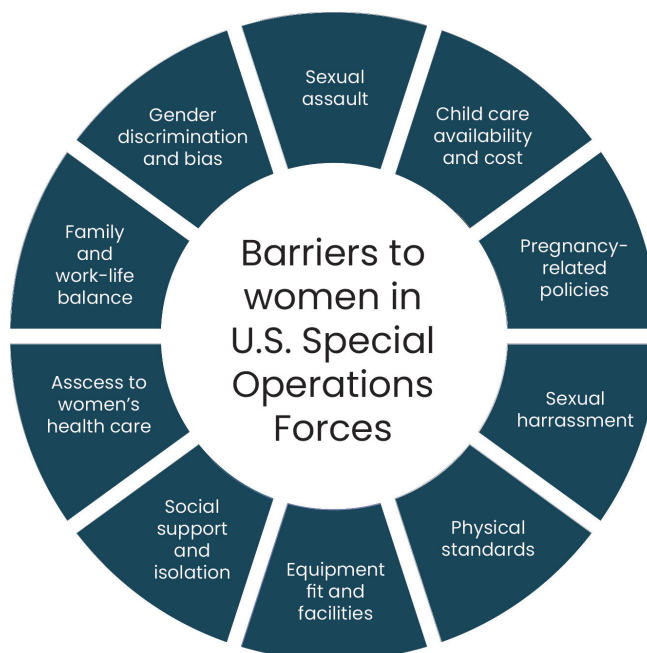
Each of these efforts established different plans and procedures for integrating servicewomen into previously closed positions. For example, in 1993, servicewomen in the Air Force were designated to enter their own respective Major Weapon System (MWS or fighter aircraft training program) as single women rather than participating in training in teams or cohorts,¹⁹⁸ while in 2010 the Navy integrated servicewomen into submarines as teams of three,¹⁹⁹ and the Army included a “Leaders First” approach to integrating servicewomen into previously closed positions by 2016, which “required female officers be assigned to units prior to assigning junior enlisted.”²⁰⁰

The Committee believes that valuable lessons learned from the different approaches the Military Services have taken to integrate servicewomen into previously closed positions could inform DoD efforts to design initiatives to improve women’s awareness of and interest in pursuing more recently opened career fields.

Challenges Servicewomen Face Entering Previously Closed Positions

Although all previously closed positions were opened to servicewomen in 2016, various factors still exist that negatively influence servicewomen’s desire to pursue these positions or their experiences serving in these positions. For example, GAO conducted a study in 2022 to identify barriers servicewomen face entering SOF positions. The study found SOCOM was already aware of various barriers servicewomen face to pursuing careers in SOF, including those highlighted in Figure 3.2.²⁰¹

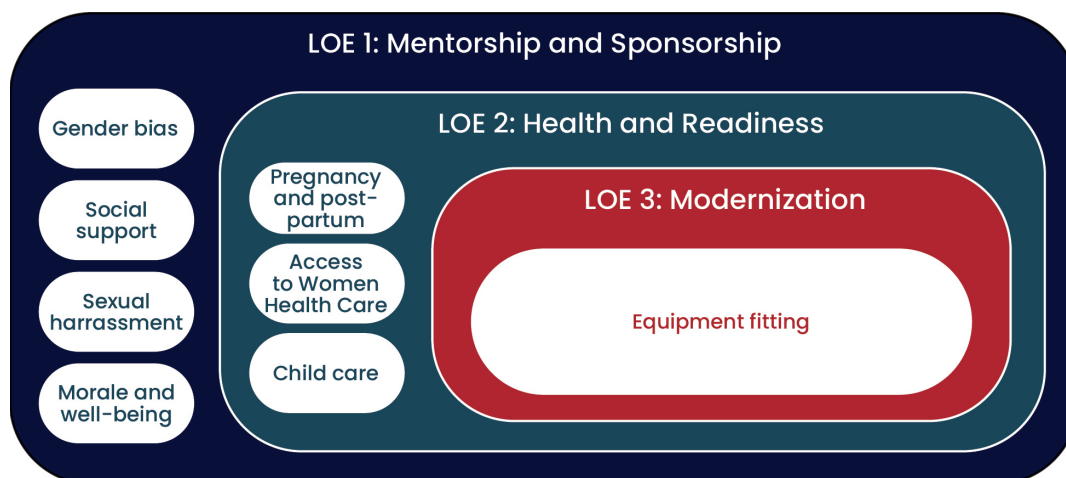
Figure 3.2. Examples of SOCOM-Identified Barriers to Women Serving in U.S. Special Operations Forces



Source: Reproduced from GAO, 2022²⁰²

United States Army Special Operations Command (USASOC) also conducted a comprehensive study of women in Army SOF in 2023 and reported on ways to break existing barriers in these occupational specialties. Barriers identified in the study are described in Figure 3.3.²⁰³

Figure 3.3. Barriers to Women’s Service in Army Special Operations Forces



Note: LOE = level of effort

Source: BREAKING BARRIERS: Women in Army Special Operations. United States Army Special Operations Command (USASOC)²⁰⁴

Participants in the Committee’s 2024 focus groups identified many of the same barriers and challenges to service that GAO and USASOC cited. Participants frequently reported that women may be discouraged from joining previously closed career fields because they lack female representation.

For me, representation matters. I’m comfortable if I see someone who did it. ... I think it’s representation, someone doing it before encourages women.

—Female Officer

Focus group participants also reported that a challenge women face is the personal belief that servicewomen considering joining previously closed positions will not be able to succeed due to stigma or hostility from male Service members, or may not want to pursue these positions because they are reluctant to be the first servicewoman to hold a previously closed position.

Most people are not gonna want to have to put up with that previous stigma of, well, this community was this way, and now it has to open up. And a lot of people in general don’t want to be the first people through the door because it sucks.

—Enlisted Man

Other challenges reported by focus group participants include the perception of inequitable treatment, gender bias, and harmful stereotypes, similar to those cited in the 2022 GAO report and the 2023 USASOC report.^{205, 206} The Committee believes that DoD initiatives should seek to address and mitigate the perceived impacts of these challenges, and the agency and Military Services should conduct a focused review of previous integration efforts to help craft these initiatives.

Although the Committee understands that the stigma, gender bias, and negative male-dominated culture servicewomen may face when entering previously closed positions are factors that influence their participation in these career fields, DACOWITS also believes these factors are only exacerbated when servicewomen are integrated into these positions without additional female representation because this causes feelings of isolation in singularly integrated servicewomen. An enlisted man recognized this sentiment in the focus groups.²⁰⁷

One of the barriers was lack of representation. You want to just put women on a [platform], even though they know nothing about it and things you need to be able to do physically. But what they did was put junior officers on [platforms] to figure out what accommodations were needed. They found leaders were more likely to listen to female senior leaders in those things. Once that became a thing, there was more representation so Service members could ask questions based on their experience. So representation, and specifically more senior representation, to pave the way.

—Enlisted Man

The Importance of Representation During Integration and Other Lessons Learned

The Committee commends the DoD for its efforts to integrate servicewomen into previously closed positions but believes reviewing lessons learned from previous integration efforts may help the DoD develop an initiative to better educate, inform, and positively influence women about opportunities in those career fields and improve selection and integration into those communities. For example, as Figure 3.4 summarizes, the Navy briefed the Committee in September 2018 on lessons learned from the integration of servicewomen into submarines, some of which may help the DoD understand aspects of integration that discourage women from pursuing these positions. Many of these lessons learned align with the challenges discussed previously in this study topic.

Figure 3.4. Lessons Learned From the Integration of Servicewomen Into Submarines


Social support and isolation	Gender bias and discrimination	Leadership
<ul style="list-style-type: none"> ● Avoiding media spotlight and being highlighted as unique or "the first" ● Ensuring sufficient cadre of women assigned in each unit and/or as executive officers 	<ul style="list-style-type: none"> ● Minimizing differential treatment between the genders with the recommendation to avoid gender-specific policies, instructions, or treatment ● Situations and climates that promoted equity between male and female officers enhanced integration experiences, while perceived inequality was detrimental 	<ul style="list-style-type: none"> ● Command leadership should promote an atmosphere of professionalism and mutual respect ● Women junior officers should receive equal mentorship by commanding officers and executive officers

Source: Navy response to RFI 5, September 2018²⁰⁸

Given the number of lessons the Navy reported learning, the barriers listed in the 2022 GAO report and the 2023 USASOC report, and other lessons learned that the DoD has access to, the Committee believes the DoD should review previous integration efforts, especially those in which servicewomen were integrated into groups, as a strategy to reduce the known existing challenges women face selecting and serving in previously closed positions.

Summary

With the elimination of the DGCDAR, women have been eligible to serve in all career fields for nearly 10 years. However, factors that negatively influence women's entry into these positions still exist. These factors include a slow-to-change culture resulting in poor integration and a lack of female representation in these fields. DACOWITS believes the DoD and Military Services should examine previous integration efforts to identify best practices and lessons learned to improve opportunities to pursue previously closed positions for servicewomen.

A photograph of a U.S. Army soldier, a woman with blonde hair, swimming in greenish water. She is wearing a large, multi-pocketed camouflage backpack. The image is partially framed by a red curved shape in the top right and a dark blue curved shape at the bottom.

A U.S. Army Soldier assigned to the 25th Infantry Division swims to the bank to complete the Jungle Operations Training Course culminating exercise during Exercise Balikatan 24 at Fort Magsaysay, Philippines, May 2, 2024

Chapter 4

Well-Being and Treatment Recommendations

Chapter 4. Well-Being and Treatment Recommendations

This chapter presents DACOWITS’ 2024 recommendations related to well-being and treatment, organized by study topic. Each recommendation or set of recommendations is followed by a short synopsis of the topic and an explanation of the Committee’s reasoning for presenting the recommendation, which is based on its investigation of the topic. Recommendations 9 through 18 address the Intimate Partner Violence and Domestic Abuse study topic, recommendations 19 through 28 address the Family Planning study topic, and Career Progression, a 2023 DACOWITS study topic, is addressed through a continuing concern.

Intimate Partner Violence and Domestic Abuse

Recommendations 9–14

Recommendation 9

The Secretary of Defense should include “restricted” reports in the calculation and reporting of total domestic abuse incidents to provide more accurate, comprehensive, and transparent reporting of domestic abuse incidents.

Recommendation 10

The Secretary of Defense should (i) define the “reasonable suspicion” standard and criteria used to screen initial domestic abuse reports and (ii) institute a quality control process to ensure Family Advocacy Program officials are correctly and consistently applying the standardized criteria.

Recommendation 11

The Secretary of Defense should eliminate the use of the “met criteria” algorithm as a means of excluding domestic abuse reports.

Recommendation 12

The Secretary of Defense should (i) standardize the domestic abuse–related fatality review process to ensure consistent, reliable data collection and reporting across all Military Services and (ii) require the reporting and disclosure of all domestic abuse–associated suicides, of both victims and offenders, in Service to the DoD’s reporting and the DoD’s annual report to Congress.

Recommendation 13

The Secretary of Defense should track the utilization rates of installation/Service domestic abuse hotlines to improve reporting and better assess staffing and resource requirements.

Recommendation 14

The Secretary of Defense should address the significant Family Advocacy Program position staffing shortages by, among other means, setting competitive pay rates, grading positions sufficiently and consistently, and identifying other benefit or incentive programs to bolster recruiting and retention of family advocacy and clinical provider professionals.

Synopsis

DACOWITS believes action is needed to ensure domestic abuse cases are not screened out inappropriately, resulting in underreporting. In addition, DACOWITS is concerned about addressing staffing shortages and ensuring resources are allocated appropriately to support the needs of domestic abuse victims. The Committee believes the DoD needs to define what constitutes “reasonable suspicion” and eliminate the use of the “met criteria” algorithm, both of which can be used inappropriately to screen out reports of domestic abuse. To ensure more comprehensive reporting, DACOWITS recommends that restricted incident reports be included when reporting on domestic abuse incidents. Finally, the Committee believes that initiatives and incentives are needed to address Family Advocacy Program (FAP) staffing shortages and that tracking rates of domestic abuse hotline calls can help installations better assess staffing and resource requirements.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the academic literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- Briefings from the Office of Military Community and Family Policy (MC&FP) via the FAP Office and from the Military Services on domestic abuse policies, procedures, care resources, and protection measures (December 2023, RFI 5)²⁰⁹
- Written responses from the MC&FP via the Military Community Advocacy (MCA) Directorate and from the Military Services on the development of a new centralized domestic abuse database, and on current processes and challenges related to domestic abuse data collection (March 2024, RFI 5)²¹⁰
- Briefings from the MC&FP via the MCA Directorate, Military Criminal Investigative Organization (MICO), Defense Health Agency (DHA), and Military Services about how it is determined whether a domestic abuse report “meets” DoD criteria, Services’ domestic abuse resource utilization rates, and how the Services measure the effectiveness of domestic abuse programs and policies (June 2024, RFI 6)²¹¹

The Committee remains dedicated to improving efforts to prevent domestic abuse within military families. DACOWITS believes that standardized screening and comprehensive reporting on the number of domestic abuse incidents reported to the military are essential for understanding the scope of domestic violence and appropriately allocating related resources. In 1996, DACOWITS recommended that information being collected on spousal abuse include “all violence against military women (including sexual assault),”²¹² and, in 2019, DACOWITS recommended that the DoD expand the definition of domestic abuse to “include dating partners in the collection of domestic abuse data affecting Service members,”²¹³ a recommendation that was later adopted. The reasoning supporting DACOWITS’ 2024 recommendations on domestic abuse screening, reporting, and staffing follows.

Background

Domestic abuse is the umbrella term the DoD uses to describe the range of abusive and violent behaviors that trigger responses and required actions by many different military communities, including law enforcement, family advocacy offices, medical

providers, legal offices, commanders, and the civilian community. For the purposes of the Committee's reasoning, the DoD definition of domestic abuse from DoDI 6400.06 applies.

Department of Defense Definition of Domestic Abuse

Domestic violence, or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a person who is a:

- Current or former spouse;
- Person with whom the alleged abuser shares a child in common;
- Current or former intimate partner with whom the alleged abuser shares or has shared a common domicile; or
- Person who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner.

Source: DoDI 6400.06²¹⁴

Domestic abuse is a serious and persistent national public health concern affecting millions of people each year, with disproportionate impacts on women and certain racial and ethnic minorities.²¹⁵ The issue is widespread and pervasive, with 49 percent of U.S. women reporting psychological aggression by an intimate partner and 42 percent of U.S. women reporting physical violence by an intimate partner in their lifetime.²¹⁶ The collateral effects of domestic abuse include a range of physical and mental health conditions. Many victims experience physical injuries, and approximately one in five homicides are perpetrated by intimate partners.²¹⁷ Domestic abuse can also result in mental health problems among survivors, such as depression and post-traumatic stress disorder (PTSD) symptoms.²¹⁸ Children who witness domestic abuse also experience mental health impacts with an increased risk for behavioral and emotional disorders.²¹⁹ There are significant societal costs as well in terms of time away from work, reduced productivity, medical treatment and associated costs, and criminal justice and law enforcement involvement. The Centers for Disease Control and Prevention (CDC) estimates the medical cost of domestic abuse over a woman's lifetime to be approximately \$104,000 and the total societal cost of domestic abuse to be approximately \$3.6T.²²⁰

Servicewomen are as likely, or possibly at even greater risk, as civilian women to become victims of domestic abuse and violence, a situation that poses a direct impact on readiness, retention, and, most importantly, the physical security and safety of victims and their children.²²¹ Although relatively little research has been conducted on the prevalence of domestic abuse in the military population, a 2013 Department of Veterans Affairs (VA) study noted that "military service has unique psychological, social, and environmental factors that may contribute to elevated risk of domestic abuse among active duty Service members."²²² Such factors have been found to include "multiple deployments, family separation and reintegration,

demanding workloads at home and while on duty,” all of which can be exacerbated by histories of head trauma, mental illness, and substance abuse.^{223, 224, 225, 226, 227}

To effectively combat the serious problem of domestic abuse, it is essential to understand the scope of the problem and to identify the risk and protective factors that characterize potential domestic abuse situations. Achieving these objectives is largely dependent on comprehensive, accurate data collection and reporting. A companion reasoning on incidence and prevalence in this chapter discusses the necessity for better data collection methods to estimate the incidence and prevalence of domestic abuse in the military population, whereas this reasoning focuses on issues related to the DoD’s screening and reporting processes for known incidents of domestic abuse and FAP staffing shortages.

Tracking, Screening, and Reporting Domestic Abuse Within the Military

Domestic abuse in the military population has been a subject of Congressional interest and legislative action for more than 25 years. The DoD has been actively working to improve its victim services, awareness, and prevention initiatives, but progress has been slow in some respects. GAO and Congressional Research Service (CRS) reports have repeatedly identified gaps in domestic abuse data collection, training, oversight, and offender accountability that require concerted action to address.^{228, 229} The DoD has long collected data on “known” incidents of domestic abuse based on victim reports to military officials. The Committee’s review of available data on known incidents of domestic abuse during FY24 revealed inconsistent, disparate, and incomplete Service reporting and collection mechanisms, leading to underreporting of domestic abuse occurring within the military, and potentially fewer resources than necessary directed toward combating domestic abuse.

The recent 2021 GAO report examining the DoD’s domestic abuse program and policy implementation concluded that the “DoD has not collected and reported accurate and complete data on the number and type of domestic abuse allegations received, as required by statute.”²³⁰ GAO found in its investigation that it was “not possible to determine the total number and type of domestic abuse allegations received across DoD because the Services use different data collection methods.”²³¹ GAO’s two key recommendations were to (1) clarify reporting guidance and (2) establish a “quality control process for reporting accurate and complete data on allegations of abuse, including those that were determined to not meet DOD’s criteria for domestic abuse” (Recommendation 2).²³² As of October 2024, neither of these recommendations has been implemented.²³³

The Committee recognizes that the DoD is working to clarify guidance and to design a new database that will be more comprehensive and integrated; however, the need

for an accurate accounting of the actual raw numbers of domestic abuse reports has been unresolved for many years, dating back to 1999 when Congress mandated reporting of “each domestic violence incident reported to a commander, a law enforcement authority of the Armed Forces, or a family advocacy program of the Department of Defense.”²³⁴ The Committee believes efficient, direct efforts are needed to complete these activities as soon as possible.

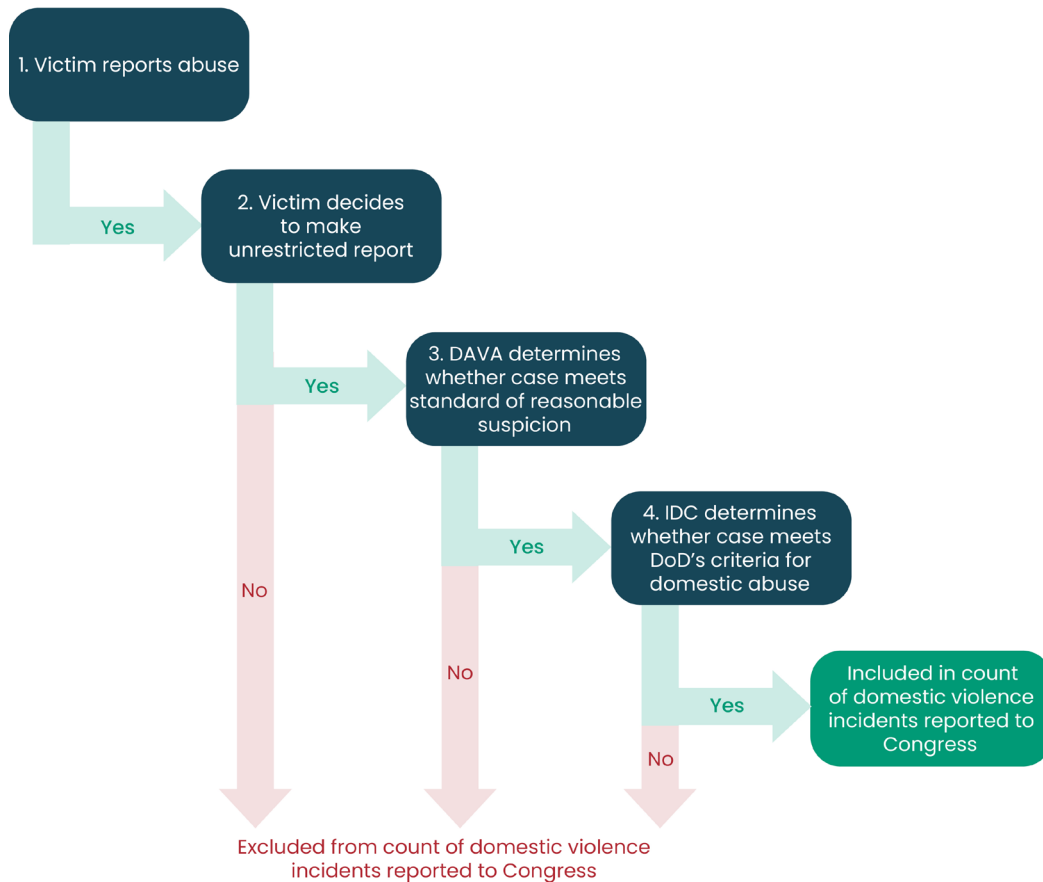
Overview of Screening and Reporting Processes

The DoD and the Services have long collected and reported data on the number of domestic abuse incidents that victims report to military personnel. Victims can report incidents of domestic abuse to FAP Victim Advocates, also known as Domestic Abuse Victim Advocates (DAVAs), health care providers, or military law enforcement. When a victim reports to a DAVA or health care provider, they determine whether they want their report to be unrestricted (reported to military law enforcement) or remain restricted (known to FAP, with no enforcement action taken). If a victim decides to make their report unrestricted, the DAVA handling their case will then determine whether the incident meets the criteria of reasonable suspicion and should be moved forward in the review process. If the DAVA determines a case meets the reasonable suspicion criteria, it will be sent to an Incident Determination Committee (IDC) for a decision on whether the case ultimately meets the DoD’s criteria for domestic abuse, commonly referred to as a “met criteria” or “not met criteria” decision. Only cases that move through the entirety of this screening process and receive a “met criteria” determination at the end are included in the count of domestic abuse cases reported to Congress (Figure 4.1).



U.S. Army dog handler Sgt. Stacey Collins, poses with military working dog Hugo, both with the 8th Military Police Brigade, 8th Theater Sustainment Command, poses for photo, 19 Dec. 2023, Schofield Barracks, HI.

Figure 4.1. Screening Process for Determining Count of Domestic Violence Incidents Reported to Congress



Note: DAVA = Domestic Abuse Victim Advocates; IDC = Incident Determination Committee
 Source: FAP response to RFI 8, September 2019²³⁵

Based on the numbers the Services and the DoD provided to DACOWITS, less than half of victim reports make it all the way through this screening process, as described in Table 4.1. Between 5 and 15 percent of reports are excluded from the count because they are restricted. The number of reports that meet reasonable suspicion criteria as determined by DAVAs is not tracked, so it is unknown how many reports are excluded at this stage. Finally, between 41 and 48 percent of reports are ultimately determined to have met the criteria and are included in the count of cases reported to Congress. The nearly 115,000 cases that did not meet the DoD's criteria for domestic abuse between FY12 and FY22 were relegated to the overall "received" category—with no reported analysis or documentation of why the report was rejected. DACOWITS is concerned that this screening and reporting process arbitrarily removes likely cases of domestic abuse and results in an undercount of known incidents of domestic abuse. The following subsections describe identified issues with each step of the screening process.

Table 4.1 Domestic Abuse Report Numbers throughout DoD's Screening Process From FY12 to FY22

Year	(1) Total Number of Victim Reports Received*	(2) Unrestricted Reports	(3) Unrestricted Reports That Met Reasonable Suspicion	(4) Unrestricted Reports That Met Reasonable Suspicion and Met Criteria for Domestic Abuse
	Number	Number (% of Total Reports)		Number (% of Total Reports)
FY 2012	21,110	20,256 (95.9%)	Unknown Not tracked	9,948 (47.1%)
FY 2013	19,753	18,996 (96.2%)		9,558 (48.4%)
FY 2014	18,989	18,018 (94.9%)		9,063 (47.7%)
FY 2015	20,089	17,503 (87.1%)		8,945 (44.5%)
FY 2016	19,864	16,915 (85.9%)		8,682 (43.7%)
FY 2017	19,604	17,176 (87.6%)		8,069 (41.2%)
FY 2018	19,278	16,912 (87.7%)		8,039 (41.7%)
FY 2019	18,167	15,473 (85.2%)		7,921 (43.6%)
FY 2020	17,033	14,689 (86.2%)		7,903 (46.4%)
FY 2021	17,183	14,972 (87.1%)		7,957 (46.3%)
FY 2022	18,199	15,479 (85.0%)		8,307 (45.6%)
11-Year Total	209,269	186,389 (89.0%)		94,392 (45.4%)

Note: FY = fiscal year

* Calculated by combining unrestricted report totals provided by the Family Advocacy Program with restricted report totals provided by the Services.

Source: FAP and Military Service responses to RFI 5, December 2023^{241, 242, 243, 244, 245}

Restricted Versus Unrestricted Reports

Restricted reports, wherein victims elect to keep their reports confidential, are not included in DoD report counts, and neither command nor law enforcement officials are notified.²⁴⁶ The IDC evaluates only unrestricted reports for a “met criteria” determination, and only unrestricted reports are entered into the DoD’s Central Registry.²⁴⁷ Although the confidential information in a victim’s restricted report must be protected, the fact that a restricted report was filed, dissociated from any personal identifying information, is not confidential and is a necessary data point to understand the scale of domestic abuse within the Military Services.

Although the DoD has not historically collated or reported the number of restricted reports, the Services were able to provide this information to the Committee. Between 2012 and 2022, nearly 23,000 incidents were excluded from the DoD FAP

Central Registry and ultimately not reported publicly or to Congress because they were restricted reports (Table 4.2). The Committee believes that restricted report numbers are an essential component of incident reporting and should be included to provide a more accurate picture of the scope of domestic abuse in the military population. The Committee also requested data on the number of restricted reports from the MCA office; however, the office did not begin collecting this data until FY2020. For FY20–FY22, MCA provided data; however, MCA reported approximately 1,000 fewer annual cases compared with the total number of Service reports, indicating discrepancies with data collection and reporting mechanisms within the DoD.²⁴⁸

Table 4.2. Annual Number of Restricted Reports as Reported by the Services and MCA

Year	Army	Navy	Marine Corps	Air Force	Yearly Totals as Reported by Services	Yearly Totals as Reported by MCA
FY2012	205*	254	225	170	854	Data not available
FY2013	159*	237	190	171	757	
FY2014	209*	232	358	172	971	
FY2015	1674	356	327	229	2586	
FY2016	1830	456	404	259	2949	
FY2017	1596	296	247	289	2428	
FY2018	1407	419	228	312	2366	
FY2019	1501	380	447	366	2694	Data not available
FY2020	1256	341	425	322	2344	1345
FY2021	1267	263	306	375	2211	1228
FY2022	1650	300	333	437	2720	1473
Total	12,754	3534	3490	3102	22,880	4046

Note: MCA = Military Community Advocacy

* The Army collected data from U.S. Army Medical Command (MEDCOM) only in 2012 through 2014; Installation Management Command data were added in FY15.

Source: FAP and Military Service responses to RFI 5, March 2024^{254, 255, 256, 257, 258}

In its March 2024 briefing to DACOWITS, the DoD’s offices of MC&FP and MCA reported that they are currently designing requirements for a more comprehensive database that will include data related to both restricted and unrestricted reports.²⁵⁹ The Committee believes this effort will be essential to improving the accuracy of domestic abuse reporting. Reporting only unrestricted incidents of domestic abuse hampers the DoD’s ability to assess the true scope of domestic abuse and intimate partner violence.

Reasonable Suspicion: First Exclusionary Screening Threshold

GAO investigated practices for screening domestic abuse cases and reported that “FAP personnel are responsible for screening initial allegations to ensure they fall within FAP’s purview—meaning the alleged abuse happened within a spousal or intimate partner relationship involving an active duty servicemember—and that the allegation meets an initial threshold of ‘reasonable suspicion.’”²⁶⁰ However, DoD policy does not currently define what constitutes reasonable suspicion. Application of that screening standard is inherently a judgment call by the FAP official reviewing a victim’s report. Allegations assessed to not meet the threshold of reasonable suspicion are eliminated from the count of domestic abuse reports and are never presented to the IDC for further evaluation. This occurs despite DoD guidance that all allegations must be presented to the IDC “unless there is no possibility that the allegation could meet any of the criteria for domestic abuse.”²⁶¹

In its testimony to the House Armed Services Committee in 2021, GAO reported that the reasonable suspicion initial screening process can sometimes “result in allegations being screened out inappropriately.” GAO recommended in 2021 that USD(P&R) update the FAP manual to “add and fully define reasonable suspicion as the standard for determining whether an allegation meets the initial threshold to be referred to the IDC.” As of October 2024, this recommendation has not been implemented.²⁶² It is impossible to determine how many reports have been inappropriately screened out and excluded from the DoD’s Central Registry of validated allegations.

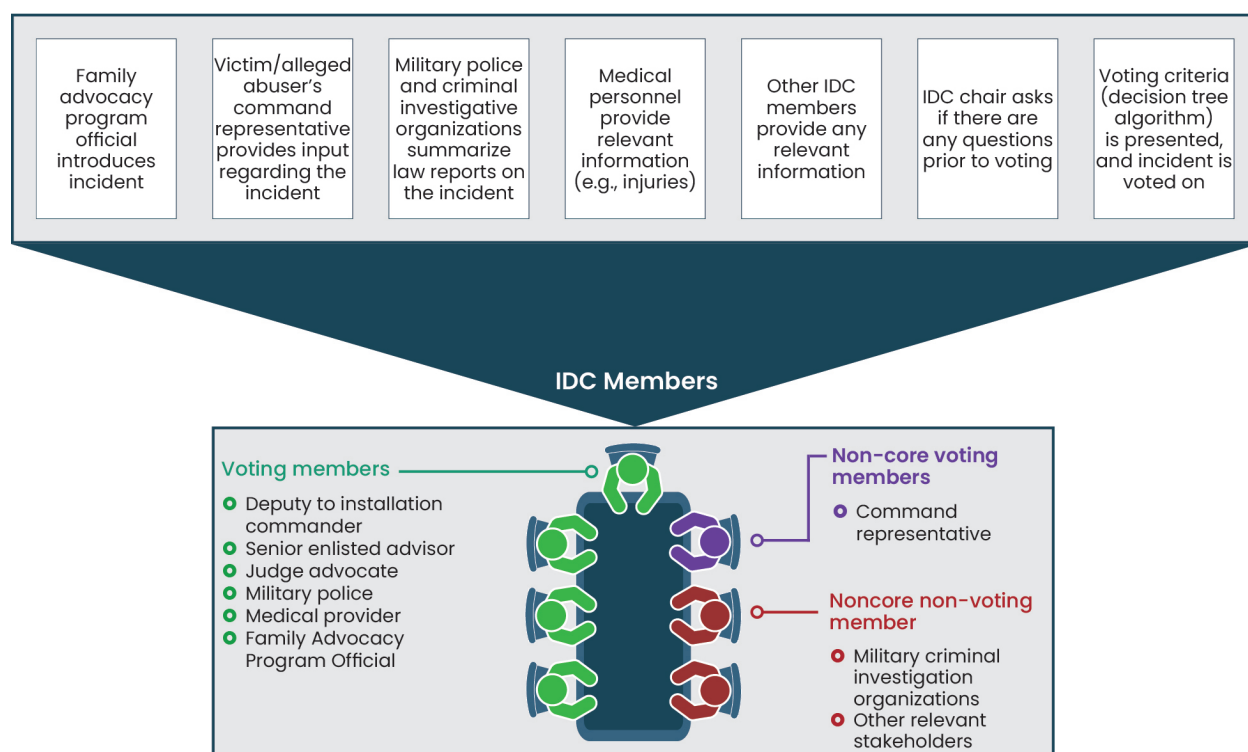


U.S. Navy Sailors assigned to the Arleigh Burke-class guided-missile destroyer USS Paul Ignatius (DDG 117) deploy a multi-functional tow array (MFTA), Mar. 5, 2024.

Met Criteria: Second Exclusionary Screening Threshold

If the allegations pass the reasonable suspicion screening, they are presented to an installation-level IDC for a determination as to whether they meet the DoD's criteria for domestic abuse.²⁶³ The IDC is composed of several agency representatives including Commanders, law enforcement, FAP representatives, and medical personnel (Figure 4.2).²⁶⁴

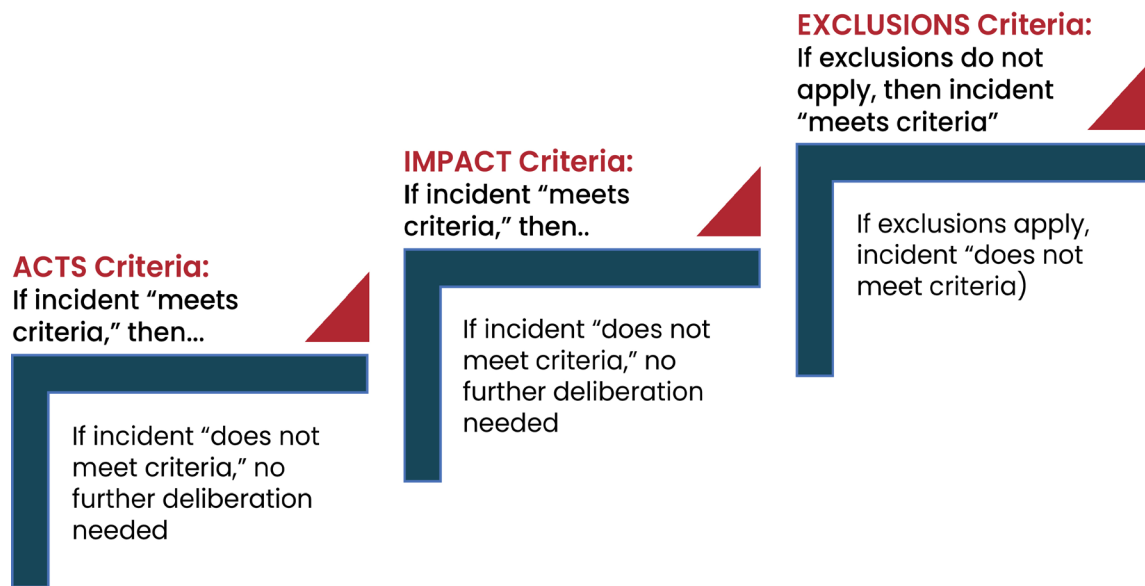
Figure 4.2. Incident Determination Committee (IDC) Process and Membership



Source: Reproduced from GAO, 2024²⁶⁵

To make its determination, the IDC uses a complex and lengthy research-informed “decision tree algorithm” to assess whether a report meets the DoD definitional criteria (Figure 4.3).²⁶⁶ MCA briefed the met criteria metric was an area of concern, in that the decision tree algorithm was “originally designed as primarily as a data collection exercise” but that, over time, it has “witnessed the unintended use of an incident status determination (‘met’ or ‘did not meet’ criteria) for other purposes, such as whether to support treatment and services or to justify a position in civil court, as evidenced by the GAO review underway on the use of decision letters by abusers against victims.”²⁶⁷ MCA also indicated that installation and reviewer variations in applying the algorithm exist and can result in inconsistent determinations.

Figure 4.3. Decision Tree Algorithm (DTA)



Source: MC&FP response to RFI 6, June 2024²⁶⁸

The Services also reported concerns regarding the met criteria metric in a briefing to DACOWITS:

- The Army briefer noted that some FAP personnel "interpret the evaluation criteria differently, leading to inconsistencies in determining whether a report meets the established criteria for domestic abuse."²⁶⁹
- The Navy briefer explained that incomplete information can result in an "unmet" finding, that "diverging accounts from the victim and alleged offender" can result in "credibility concerns" and that "command representatives may present irrelevant information (e.g., Service member's character, work performance, etc.) potentially biasing the IDC's determination."²⁷⁰
- The Marine Corps briefer identified that "lack of sufficient evidence and/or information, difficulty evaluating impact, cooperation from involved entities and when case information is not readily available at OCONUS [outside the contiguous United States] installations" as areas of concern in the "met criteria" evaluation processes.²⁷¹
- The Air Force briefer also identified a series of concerns in the application of the met criteria standard as well, including that:
 1. clients delay/avoid seeking FAP services because the IDC is misperceived as [an] investigative or legal process,
 2. clients weaponize IDC outcomes representing 'DAF support' in civil cases,

3. IDC boards are inherently subjective, often differing from Child Protective Services or legal case determinations, [and]
4. victims often feel FAP doesn't believe their story or concerns if the case doesn't meet criteria.

The Military Service briefers also noted that there is "significant variance in voting outcomes," as tested in training scenarios because decisions are "often influenced by individual perceptions/biases." The Air Force breifer concluded that the IDC "serves no clinical purpose and in fact often delays or nullifies intervention pending the IDC determination."²⁷²

DACOWITS understands there may be valid reasons that a report is deemed not to constitute domestic abuse according to DoD policy (e.g., the abuse did not involve an "intimate partner"). However, the failure to meet criteria can stem from something as simple as a victim and alleged offender having different versions of an event, an all-too-common situation, or an inability to definitively ascertain the nature of the event. The Committee is concerned that likely cases of domestic abuse are being inappropriately discounted based on the current algorithm and processes. In addition to examples the Services provided, the 2021 GAO report identified instances when allegations were improperly dismissed because a victim recanted, because the FAP official judged that the victim experienced no "impact" from the incident, or because the victim had been engaged in physical contact with the abuser, even though it was in self-defense.²⁷³ Beyond the negative effects of discounting potential cases and excluding them from case count numbers, the Service briefers also voiced concern that commanders sometimes used the determination as a reason to forego investigation or action or viewed the determination of "not met" as an exoneration. Some of the briefers concurred, indicating the met criteria standard was of little value and should be eliminated given its misuse and limited utility in the data collection purpose for which it was originally designed.²⁷⁴

Based on the number of reports not meeting the criteria, this screening tool, while it may have diagnostic or evaluative value for other purposes, effectively excludes nearly half of the domestic abuse reports received from inclusion in the total DoD domestic abuse count (Table 4.2). When queried, MC&FP and the Military Services acknowledged that many of these cases in which DoD criteria were not met may in fact have been cases of abuse, and these victims can and do receive services from the installation FAPs. Of note, the domestic abuse Central Registry contains a field for identifying "not met criteria" reports when the reporting victims are recommended for or referred to clinical services, so this number may be discernible.²⁷⁵

After considering the information provided to DACOWITS by the DoD and the Military Services and reviewing the large gap between met criteria reports and the much

larger universe of all domestic abuse reports, the Committee believes the use of the met criteria standard to delimit the number of qualifying domestic abuse reports is an unnecessary roadblock to defining and capturing the true incidence of domestic abuse in the military. As a briefer from the Air Force reported to DACOWITS, the IDC “is specifically focused on determining whether domestic abuse and inter-personal violence incidents meet a specific definition, rather than identifying and mitigating risk factors and implementing community interventions.”^{276, 277} Artificially decreasing the reported number of incidents because they did not meet DoD’s criteria could produce a waterfall effect of decreasing funding and resources for domestic violence programs, which could lead to fewer offenders in treatment and elevated risk of harm to victims.

Reporting on Domestic Abuse–Related Fatalities

Domestic violence–related fatality data is collected differently by the Services, resulting in a lack of consistency and comparability in DoD-wide fatality data. An MCA briefer acknowledged to the Committee that the annual fatality review process “lacks sufficient guidance on standardizing Fatality Review Boards” and does not include a process for “systematically addressing recommendations that result from Fatality Review Board findings.”²⁷⁸ To that end, MCA has undertaken work to restructure the process with the goal of implementing a new process for FY27.²⁷⁹ The Committee believes this restructuring and standardization of data collection will be essential to reporting the full scope of fatalities associated with domestic abuse.

The worst cases of domestic abuse can result in death, through homicides when victims are killed by their abusers and through suicides of victims and abusers. As Table 4.3 illustrates, the Services reported 510 fatalities associated with domestic violence between FY12 and FY22: 158 homicides and 338 suicides. These numbers represent a tragic loss of life. Although victim fatalities are high, the number of suicides, almost all offenders, far exceeds the homicide rate and is as much a concern as the victim fatality rate. Earlier identification, intervention, and treatment are clearly needed, and the numbers signify the immense challenges facing FAPs, particularly as some offenders and victims were unknown to FAP before their deaths.^{280, 281, 282} A DHA study showed suicide to be the leading cause of death among active duty Soldiers serving in the Army between 2014 to 2019, with 883 suicide deaths total.²⁸³ The Service fatality numbers provided to the Committee suggest that almost one-fifth of those suicides (148 Army suicides from 2014–2019, 16.7 percent) could be domestic abuse–associated suicides.

Table 4.3. Domestic Abuse–Related Fatalities in DoD

Year	Army ²⁸⁴	Navy and Marine Corps ²⁸⁵	Air Force ²⁸⁶	Yearly Totals as Reported by Services	Yearly Totals as Reported by DoD	Yearly Totals as Reported in FAP Annual Report to Congress (includes victim fatalities only)
Homicide/ Suicide (Total)						Total
FY2012	15/39 (54)	4/0 (4)	3/2 (5)*	22/43 (65)	No report	No report found
FY2013	12/27 (39)	1/3 (4)	7/3 (10)	16/34 (50)	17/16 (33)	No report found
FY2014	11/40 (51)	10/6 (16)	5/2 (7)	21/47 (68)	26/47 (73)	11 ²⁸⁷
FY2015	9/38 (47)	5/3 (8)	5/2 (7)	14/41 (55)	18/32 (50)	No report found
FY2016	11/25 (36)	6/4 (10)	2/5 (7)	21/31 (52)	21/46 (67)	9 ²⁸⁸
FY2017	4/14 (18)	4/4 (8)	2/1 (3)	9/20 (29)	14/44 (58)	9 ²⁸⁹
FY2018	6/19 (25)	8/5 (13)	5/6 (11)	19/24 (43)	24/33 (57)	15 ²⁹⁰
FY2019	7/12 (19)	1/9 (10)	4/5 (9)	10/24 (34)	9/27 (36)	12 ²⁹¹
FY2020	8/28 (36)	3/12 (15)	4/4 (8)	14/42 (56)	10/31 (41)	11 ²⁹²
FY2021	9/20 (29)	3/11 (14)	1/3 (4)	12/32 (44)	10/24 (34)	5 ²⁹³
FY2022	Under review	6/8 (14)	1/3 (4)	6/8 (14)	15/32 (47)	14 ²⁹⁴
Total	92/262 (354)	51/65 (116)	21/19 (40)	158/338 (510)	164/332 (496)	86

Note: Numbers taken from individual Service inputs during March and June 2024 Quarterly Board Meetings and from the DoD's Annual Family Advocacy Program (FAP) reports to Congress. Coast Guard data is not included in the DoD collection or reporting.

* The Army reported in a follow-up response that it has not previously identified domestic violence–related suicides as victim or offender suicides but that it intends to add the level of detail in its future reporting. They did advise that of the 204 suicides in the 8 years from FY13 through FY21, only 15 suicides were victim fatalities. Offenders were more likely to die by suicide, which aligns with information other Services shared.²⁹⁵

Source: FAP reports on child abuse and neglect and domestic abuse in the military from FY14 through FY22

There is a need for greater transparency in the reporting and representation of the true number of deaths experienced annually related to domestic abuse, including the victim and abuser. For example, the FY21 FAP Report to Congress indicated five victim fatalities²⁹⁶ but did not mention the 32 domestic abuse–related suicides associated with that reporting year. There is a significant death toll associated with domestic violence, and, although the victims are our first concern, offender suicides should be a priority as well from an identification, prevention, and treatment perspective. The Committee believes abuser fatalities should be reported to ensure a more accurate portrayal of the larger crisis in loss of life.

Resourcing and Staffing for Domestic Abuse Programs

Domestic Abuse Hotlines

The DoD does not have a global military-specific domestic abuse hotline, but it provides a link to the National Domestic Violence hotline on Military OneSource.²⁹⁷ That site also provides a DAVA locator resource that directs individuals toward information about the local FAP office and the local 24/7 DAVA hotline based on their location. It also includes a “safe exit” button so that those using the site can quickly redirect their browser to an unrelated site in case the victim needs to conceal the nature of the search from a potential abuser. The Committee commends the safe exit button as a best practice.

According to information presented during the June 2024 DACOWITS briefing, all Services host local installation domestic abuse hotlines, typically manned by DAVAs who take calls 24/7.^{298, 299, 300, 301} OCONUS and deployed locations can offer greater challenges depending on location, where in-person or translation services may be limited or not readily available. However, telephone hotline and email options remain available. Only the Marine Corps tracks DAVA hotline utilization rates; the Service provided the yearly call statistics between FY18 and FY23 (Table 4.4).

Table 4.4. Marine Corps DAVA Hotline Utilization Rates Between FY18 and FY23

Fiscal Year	Number of Marine Corps DAVA Hotline Calls
2018	2,930
2019	3,486
2020	4,130
2021	3,140
2022	2,915
2023	3,625





Note: DAVA = Domestic Abuse Victim Advocate
Source: Marine Corps response to RFI 6b-6k, June 2024²⁹⁸

These numbers are significant given the small size of the Marine Corps and the limited number of installations relative to other Services. The numbers speak to an average of 8–10 calls a day each year. DAVAs often work long hours, especially when on call, and can carry a significant workload. For instance, the Air Force briefer reported that its DAVAs provided more than 650 afterhours services in the second quarter of 2024 alone.³⁰³ DACOWITS believes it would be helpful for all Services to track utilization rates for hotlines for assessing trends in domestic abuse incidents and for staffing and resourcing purposes.

FAP Staffing Shortages

In response to Committee inquiries, the Military Services provided information on staffing challenges they face in providing family advocacy services to Service members and dependents (Table 4.5).

Table 4.5. Service Information on FAP Staffing Challenges

 Army	<p>Army “staffing for clinical and prevention positions continues to be a challenge,” with “moderate to significant issues at overseas and remote locations.” Recruiting and retention prove challenging, and turnover is high, particularly due to “competing positions in the field with higher grades, lengthy onboarding processes, domestic abuse victim advocate grades which have not caught up with the responsibilities associated with the position, and a lack of opportunities for upward mobility and career progression.”³⁰⁴</p>
 Navy	<p>Navy staffing challenges are “exacerbated by a nationwide shortage of counselors and mental health providers,” which have hampered the Service’s ability to staff existing positions. Its vacancy rates for FAP staff range from 23 percent for DAVAs, to 45 percent for clinical providers, and to 60 percent for nonmedical counselors.³⁰⁵ The Navy commented that its grade levels are “not on par with other services [or] civilian entities” and noted the need to increase pay grade levels from GS-11 to GS-12 for FAP clinicians and nonclinical counselors.³⁰⁶</p>
 Marine Corps	<p>The Marine Corps’ FAP DAVAs are staffed at 64 percent, and retention of DAVAs has become challenging “as new opportunities have become available within the Department of Defense in recent years.”³⁰⁷</p>
 Air Force	<p>The Air Force recognizes the national shortage of mental health and domestic violence clinicians, including a lack of licensed clinical social workers, which poses a significant challenge in filling positions.³⁰⁸ The Air Force struggles to maintain 50–60 percent staffing rates in its overseas positions, while CONUS fill rates are better, averaging about 70 percent. However, the Air Force also has challenges associated with high turnover and retention.³⁰⁹</p>

Note: CONUS = contiguous United States; DAVA = Domestic Abuse Victim Advocate; FAP = Family Advocacy Program

The challenge of filling and retaining qualified FAP counselors, particularly mental health providers, is not unique to the military. As of April 2024, more than 122 million Americans lived in areas designated as Mental Health Care Provider Shortage Areas.³¹⁰ Mental health care providers can experience professional challenges such as difficulties getting reimbursed for services, low wages, restrictive scopes of practice, and high caseloads that lead to burnout.³¹¹ Possible remedies for consideration include more competitive pay, competitive position grading, and incentives such as reimbursement for continuing education courses and licensing fees. Consideration of

a school loan repayment plan tied to conditions like position tenure could be another possible recruitment and retention incentive.

The Committee raises the concern about the DoD's significant staffing challenges because the lack of qualified professionals directly and adversely affects the DoD's ability to provide needed assistance, support, treatment, and intervention to Service members who may be at risk of engaging in violence and other aggressive behaviors toward their intimate partners. For example, expert panels participating in a RAND Corporation study found that "installation-level staffing, expertise, and resources were insufficient" to implement some best practices related to domestic abuse prevention.³¹² Underreporting of domestic abuse incidents in the military population may further amplify staffing shortages by underestimating the level of required staff.

Summary

The Committee believes estimates of domestic abuse incidents in the military are being underreported due to reporting and screening criteria that tend to eliminate large numbers of reported allegations. These screening criteria suffer from a lack of adequate definitional guidance, inconsistent application, and insufficient quality control. Staffing shortages further exacerbate the identification, prevention, and treatment of both victims and offenders. If the DoD and the Services develop and fund positions based on an underestimated number of domestic abuse reports, they can never provide the resources necessary to support victims and provide interventions for abusers, thereby finding themselves in a consistently reactive posture, with little time to implement prevention-focused programs. The Committee urges the DoD to address and acknowledge that the rate of domestic abuse occurring among Service members is likely higher than the current, artificially deflated reporting indicates.

Recommendations 15–18

Recommendation 15

The Secretary of Defense should expedite the completion of the ongoing project to design, develop, and implement a single, comprehensive, integrated, centralized domestic abuse database to track all allegations of domestic abuse, including fatality incidents, from the first report (both restricted and unrestricted) through final disposition.

Recommendation 16

The Secretary of Defense should revise and expand DD Form 2697 to capture all data required to comprehensively assess reports of domestic abuse, including information on the nature of the abuse, the victim, the alleged offender, medical services offered/required, services offered/referred (to include referrals to civilian resources), victim safety assessment (to include offering and/or acceptance of a military protective order), investigative information, and case outcome information.

Recommendation 17

The Secretary of Defense should use relevant, existing, regularly fielded scientific DoD surveys to identify and assess the prevalence of domestic abuse and intimate partner violence in the military population.

Recommendation 18

The Secretary of Defense should develop and implement a method to track domestic abuse offender treatment and outcomes to include whether offenders opt to receive treatment (or not), the type of treatment intervention received, whether they completed treatment (or not), and outcomes in terms of recidivism.

Synopsis

Tracking of Service and DoD data related to domestic abuse remains fragmented, disparate, and incomplete despite repeated congressional mandates and GAO recommendations to address data deficiencies. DACOWITS believes that expedient action is needed to standardize data collection to ensure all necessary information related to domestic abuse is captured in a consistent manner, and this data should be entered into a single, comprehensive, centralized database to follow the case in its entirety, from first report through final disposition. The Committee also believes the DoD needs to develop a method to track offender treatment and outcomes to determine the effectiveness of interventions. Finally, to understand the true extent of domestic abuse occurring in the military population, and not just the number of incidents reported by victims, the DoD should use existing scientific surveys to identify and assess the prevalence of domestic abuse and intimate partner violence.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the academic literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- Written responses from the Office of MC&FP via the MCA Directorate and the Military Services on the development of a new centralized domestic abuse database and on current processes and challenges related to domestic abuse data collection (March 2024, RFI 5)³¹³
- Briefings from the Office of MC&FP via the MCA Directorate, MICO, DHA, and Military Services about how it is determined whether a domestic abuse report meets DoD criteria, Services' domestic abuse resource utilization rates, and how the Services measure the effectiveness of domestic abuse programs and policies (June 2024, RFI 6)³¹⁴

The Committee commends the DoD for updating its policy on domestic abuse as recently as July 2024 (DoDI 6400.06); however, accurate and comprehensive data on the scope of domestic abuse within the military, including incidence, prevalence, and reporting behaviors, as well as data on the effectiveness and compliance with DoD policy, is not currently tracked uniformly or reliably across Military Services. Without congruent data, the DoD is unable to understand the full scope of domestic abuse in the military, including whether educational and training efforts are effective, whether resources are well understood across the force, whether the Military Services are complying with DoD policy, or whether offender treatment is effective. In addition, without comprehensive data, the DoD cannot accurately assess necessary resource requirements and policy effectiveness for preventing and responding to domestic abuse incidents. The Committee is pleased to hear that MCA has been realigned under the Office of Force Resiliency (OFR) because the portfolios under OFR have stringent data requirements to inform policies. The Committee believes MCA should leverage these data requirements to improve the collection and reporting of domestic abuse data across the Military Services to better and more accurately understand domestic abuse in the military.

By developing, implementing, and maintaining a comprehensive data assessment strategy, the DoD will better understand domestic abuse in its populations and also accurately gauge the effectiveness of its policies, where prevention efforts must be targeted, what resourcing is required, and which support/treatment options are used

and effective. In doing so, the DoD can better prevent domestic abuse and illustrate to the military, Congress, and the public the effectiveness of its policies and efforts and its commitment to addressing this problematic behavior.

Defining Domestic Abuse

Domestic abuse is the umbrella term the DoD employs to describe the range of abusive and violent behaviors that trigger responses and required actions by many different military communities, including law enforcement, family advocacy offices, medical providers, legal offices, commanders, and the civilian community. For the purposes of the Committee's reasoning, the DoD definition of domestic abuse from DoDI 6400.06 applies.³¹⁵

The Current State of the DoD Domestic Abuse Data Infrastructure

The collection and reporting of domestic abuse data in the military has remained a challenge for more than 20 years. These challenges make it difficult to assess the scope of domestic abuse across all Military Services and the effectiveness of DoD-level policies to mitigate domestic abuse incidents. The FY00 National Defense Authorization Act (NDAA) directed the DoD to establish a domestic violence database with certain required data elements; however, the DoD has remained noncompliant with this mandate for more than 20 years.³¹⁶ The Committee believes that there is no singular DoD-level office responsible for collecting domestic abuse data from across the Military Services to provide a holistic view of domestic abuse in the military and how Services are responding to these incidents. The Committee also believes that data need to be collected along the entire continuum of the domestic abuse incident and response process, including information from the time of first contact with a victim, to any actions taken against an alleged offender, to resources and support systems provided to the victim. Although all the Military Services collect data on domestic abuse, the specific data elements each Service captures vary in range, type, and level of detail, and currently none of the Services collect all elements required for aggregated reporting and assessment at the DoD level. Although data systems exist within specific Military Services or on certain installations, these systems are not set up to share data in one central database hosted by an OSD-level office.³¹⁷ Therefore, a holistic understanding of the scope of domestic abuse and compliance with policy across the Military Services is incomplete. The Committee recognizes the DoD has been working on establishing a comprehensive database to collect information on incidence, prevalence, and other aspects of domestic abuse and domestic violence but believes further efforts are needed to address the data infrastructure gap.

Continued Noncompliance With Congressional Mandates and GAO Recommendations

Over the past 20 years, Congress and other Federal agencies have made a series of recommendations and mandates directing the DoD to establish a database that captures comprehensive data on domestic abuse across the Military Services, provides actionable data to inform policies and response procedures, and tracks offender accountability. A descriptive timeline of these recommendations follows:

2000: The FY00 NDAA directed the DoD to establish a domestic violence database with certain required data elements, including:³¹⁸

1. "Each domestic violence incident reported to a commander, a law enforcement authority of the armed forces, or a family advocacy program of the Department of Defense,
2. The number of those incidents that involve evidence determined sufficient for supporting disciplinary action and, for each such incident, a description of the substantiated allegation and the action taken by command authorities in the incident,
3. The number of those incidents that involve evidence determined insufficient for supporting disciplinary action and for each such case, a description of the allegation."³¹⁹

2006: GAO recommended the Secretary of Defense direct the USD(P&R) to develop a plan "to address deficiencies in the data captured in DOD's domestic violence database."³²⁰

2011: The FY11 NDAA directed the Secretary of Defense to "develop a comprehensive management plan to address deficiencies in the data captured in the Defense Incident-Based Reporting System to ensure the system can provide an accurate count of domestic violence incidents, and any consequent disciplinary action, that are reported throughout the Department of Defense."³²¹

2021: GAO published the report *Domestic Abuse: Actions Needed to Enhance DOD's Prevention, Response, and Oversight*, finding that the DoD had "met a statutory requirement to collect and report data for incidents that it determined met its criteria for domestic abuse."³²² However, the report cautioned that the DoD was only partially in compliance with the FY00 mandate, noting that, "despite a statutory requirement

since 1999, DoD has not collected comprehensive data on the number of allegations of domestic violence—a subcategory of different types of domestic abuse that constitute offenses under the Uniform Code of Military Justice—and related actions taken by commanders.” As a result of its findings, GAO made 32 recommendations in its 2021 report to enhance the DoD and Military Service data infrastructure for domestic violence, including two major recommendations to the DoD.³²³

Recommendation 1: “The Secretary of Defense should ensure the Under Secretary of Defense for Personnel and Readiness clarifies guidance for submitting data on the number and types of domestic abuse allegations.”

Recommendation 2: “The Secretary of Defense should ensure the Under Secretary of Defense for Personnel and Readiness develops a quality control process for reporting accurate and complete data on allegations of abuse, including those that were determined to not meet DOD’s criteria for domestic abuse.”

2022: The FY22 NDAA included several requirements in response to the 2021 GAO report, including the directive to “issue guidance to the Secretaries of the military departments to clarify and standardize the information required to be collected and reported to the database on domestic violence incidents.”³²⁴

Despite these ongoing recommendations and mandates to improve data collection and reporting on domestic abuse and domestic violence, the Committee believes the DoD continues to lack the data infrastructure necessary to achieve these recommendations and become compliant with congressional mandates. As of October 2024, GAO indicates that the DoD has fully implemented only half of the 32 recommendations from the 2021 report.³²⁵ Although the DoD initially concurred with GAO recommendations 1 and 2 from the report and projected their implementation by September 2022, neither recommendation has been implemented as of October 2024.³²⁶ The Committee believes that the DoD continues to have gaps in the collection and reporting of domestic abuse data, including incongruent data collection by the Military Services, and remains noncompliant with congressional mandates. These issues continue to limit the DoD’s ability to understand the full scope of domestic abuse across the Military Services and assess the effectiveness of domestic abuse policies across the military.

DoD Should Leverage Lessons Learned From Existing Data Infrastructure to Capture Domestic Abuse Data

The Committee recognizes that the DoD has recently undertaken efforts to comply with congressional mandates and GAO recommendations to appropriately capture domestic abuse data. In its March 2024 response to DACOWITS, MCA reported that it is currently exploring options for a more comprehensive database that will help identify and address gaps in domestic abuse data to improve prevention and response efforts.³²⁷ The database specifications include data related to both restricted and unrestricted reports. The Committee remains concerned that the limited data included in the current DoD domestic abuse database significantly underestimates the true extent of domestic abuse. However, the Committee maintains hope that the MCA's redesigned specifications for a more comprehensive database will address this issue, while also ensuring compliance with congressional mandates and aligning with related GAO recommendations.



Still, given the continuing statutory mandates and outstanding GAO recommendations on this issue and the timelines of inaction, the Committee recommends the Secretary of Defense more urgently direct the completion of the integrated database project and align it with the procedures and processes long used by the Sexual Assault Prevention and Response Office (SAPRO) to track restricted and unrestricted reports of sexual assault.³²⁸ While there are often concerns that tracking restricted reports might compromise victim privacy, those concerns are not warranted with respect to SAPRO, as its aggregate restricted report data illustrates,³²⁹ or to the Services' ongoing collection of restricted domestic abuse report numbers by the Services,^{330, 331, 332, 333, 334} which do not compromise the confidentiality of those reports.

Aligning with SAPRO on the requirements and development of a comprehensive database and data collection tool would enable the DoD to leverage existing best practices that have evolved through iterative development and improvements over the past decade to ensure successful implementation. MCA needs to collect standardized data for entry into a centralized database, similar to the Defense Sexual Assault Incident Database (DSAID) for tracking, assessment, and reporting.³³⁵ To that end, the ability to work with SAPRO on lessons learned and best practices in the development of this database would be beneficial to an expedited launch.

Additionally, the Committee believes MCA could quickly adapt this database and data collection process to capture more reliable domestic abuse data by using and requiring the collection and maintenance of a robust DoD, Directives Division (DD) form that collects comprehensive data on the incident, reporting preferences, offender and victim characteristics, services offered and utilized, and outcomes. Without a standard mandatory DD form used across all Military Services, the Committee believes data on this critical issue will remain disparate, incomplete, and impossible to aggregate to understand the full scope of domestic abuse across all Military Services. DACOWITS believes one potential solution is to expand and use the current DD Form 2967,³³⁶ which the victim advocate or FAP clinical provider currently completes with the victim. However, this form is not currently required nor intended to track reports of domestic violence.³³⁷ The combination of a standard data collection tool and centralized database would enable the DoD to quickly become compliant with longstanding NDAA statutes and GAO recommendations and better understand the scope of domestic abuse across the military and potential interventions to prevent such incidents.

Of note, a recent illustration of the problems with noncentralized database reporting systems was a 2023 audit the Army conducted that determined domestic abuse data was inconsistent across the two data systems used to maintain this data (the Family Advocacy System of Records [FASOR] and the Army Law Enforcement Reporting and Tracking System [ALERTS]).³³⁸ This audit found that between FY19 and FY21, 56 percent of applicable domestic violence incidents were not recorded in FASOR, and 70 percent of applicable incidents were not recorded in ALERTS. Again, disparate systems with nonstandardized data collection methods with and across the Services will inevitably lead to gaps in data, underestimation of the problem, and potentially inappropriate resourcing.

Inadequate Data Infrastructure Inhibits Understanding the Scope of Domestic Abuse in the Military

In addition to challenges stemming from the absence of a standardized/centralized database and data collection form, the data currently available and tracked on domestic abuse at the Service level is limited to victims who report incidents of domestic abuse to FAP staff, clinical providers, or military law enforcement. However, evidence has consistently shown that the incidence of domestic abuse is largely underreported, similar to other interpersonal violence behaviors such as sexual assault. As a result, incidents are likely severely underrepresented in the data the Military Services tracks.³³⁹ According to the National Crime Victimization Survey (NCVS), although it was estimated that more than 1 million people over the age of 12 experienced domestic violence in 2019, only 52 percent reported it to the authorities.³⁴⁰

By these accounts, the DoD could assume that the number of reported domestic abuse cases currently tracked may potentially represent only half of the actual number of incidents in the military population.

The DoD's domestic abuse policy (DoDI 6400.06) has a stated goal to "prevent and address domestic abuse."³⁴¹ To truly measure the effectiveness of this policy in preventing domestic abuse, the DoD must first understand the full scope of the issue across the Military Services so it can accurately assess whether prevention efforts are having the desired effect to decrease domestic abuse in the military. The standard practice for determining policy effectiveness is to measure incidence and prevalence. Incidence is defined as the number of new cases that develop during a specified time period, and prevalence is the total number of cases present during a specified time period.^{342, 343} While the metric of victim reports is a useful data point for certain purposes and one that is easy to obtain, it is inadequate to determine policy and program effectiveness and to accurately estimate the extent of domestic violence. The DoD has a litany of prevention activities in place for the military community, which may result in higher reporting rates in military populations than in civilian populations and lower incidence and prevalence rates. However, without standardized data on incidence, prevalence, and reports, there is no way to know the effectiveness of the DoD's efforts in the prevention of domestic abuse.

SAPRO faced similar challenges related to the underreporting of sexual assaults and an inability to understand the true scope of the issue in the military. Similar to domestic abuse, the NCVS estimated more than 450,000 rapes occurred among people over the age of 12 in 2019; however, only 34 percent reported these incidents to law enforcement.³⁴⁴ To address this issue of underreporting, SAPRO aligned with best practice to begin tracking prevalence and reporting rates on sexual assault in the military through the use of its biennial confidential Workplace and Gender Relations surveys, comparing survey data with the number of reports SAPRO receives via DD Form 2965. Per SAPRO's Annual Report, "These survey data are important because civilian research and the Department's own data show that reports to police and other authorities underestimate the extent of sexual assault in U.S. civilian and military populations."³⁴⁵ Further, SAPRO recognizes that the desired direction of these metrics is diametrically different. The DoD desires decreasing prevalence while looking for increasing rates of reporting. Because domestic abuse is an underreported crime, increased rates of reporting do not necessarily indicate increased rates of domestic abuse. Per SAPRO's Metric Overview, "Increased reporting signals growing confidence in the sexual assault response system. It enables a greater number of Service members to obtain support and care and allows DoD to hold offenders appropriately accountable."³⁴⁶ Measuring prevalence is essential to understanding and tracking domestic violence over time.

In its March 2024 response to the Committee, MCA confirmed that the DoD does not collect incidence or prevalence data on domestic abuse, only the numbers of reports.³⁴⁷ This practice is notably different than how the DoD assesses other resiliency issues such as sexual assault, sexual harassment, racial/ethnic harassment, and discrimination. These issues are tracked with confidential, scientifically valid surveys aimed at obtaining the incidence and prevalence rates of these behaviors across the Active and Reserve component force.ⁱ Data from these surveys enable the DoD to compare prevalence rates with the number of reports received, resulting in a more complete and accurate understanding of the scope of the issue. Based on this well-established practice in the DoD, the Committee believes the DoD should implement similar mechanisms to capture prevalence rates of domestic abuse as MCA has been realigned under the OFR.

Strategies to Collect True Incidence and Prevalence Rates of Domestic Abuse in the Military

To address challenges in collecting the prevalence rates of domestic abuse in the military, the DoD should, similar to SAPRO, use a confidential, scientifically valid survey to better understand these factors. Currently, the DoD, through the Office of People Analytics (OPA) fields a number of surveys that could currently accommodate an additional bank of questions aimed at assessing these behaviors among military members and their spouses (see Table 4.6).



Table 4.6. OPA Surveys That Could Be Used for Domestic Violence Data Collection

OPA Survey	Proposed Use
Status of Forces Survey or Workplace and Gender Relations Survey	Capture domestic abuse data among military personnel
Active Duty and Reserve Component Spouse Surveys	Capture domestic abuse data among military spouses

Source: Existing OPA surveys^{344, 345, 346}

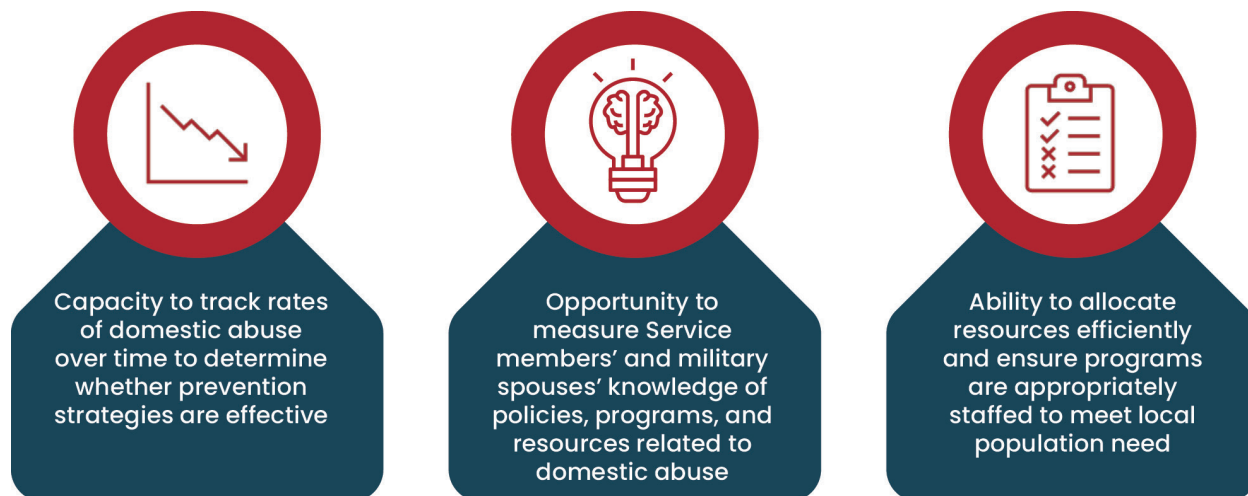
ⁱ For sexual assault, sexual harassment, and gender-based discrimination, the DoD uses the Workplace and Gender Relations Surveys for the Reserve and Active Component. For racial/ethnic harassment and discrimination, the DoD uses the Workplace and Equal Opportunity Surveys for the Reserve and Active Component. For suicide prevention, the Department uses the Status of Forces Surveys for Reserve and Active Component. More information on OPA surveys, including reports and survey findings, can be found at <https://www.opa.mil/research-analysis>.

Each of the surveys described in Table 4.6 is fielded to both active duty and reserve-duty Service members on a consistent timeline.³⁵¹ By using data collected through these surveys to calculate prevalence rates, the DoD and the Military Services could better understand the true scope of domestic abuse across the military, ensure compliance with and the effectiveness of domestic abuse policies, and identify evidence-based risk and protective factors. Without more reliable, standardized data, the Committee believes the DoD will be unable to achieve these goals.

Anticipated Benefits of Improving Data Collection on Domestic Abuse

Overarchingly, the Committee believes the DoD and the Military Services need to collect more granular, reliable, standardized, and comprehensive data on domestic abuse incidents and responses across the military. The ability of the DoD to assess the true scope of domestic abuse in the military would provide a variety of potential benefits to the Department (Figure 4.4).

Figure 4.4. Anticipated Benefits of Improving Data Collection on Domestic Abuse



Source: FAP response to RFI 6, June 2024³⁵²

First, improved data is the only way that the DoD will be able to track rates of domestic abuse over time to determine whether prevention strategies are effective or need to be improved. Additionally, surveys could assess Service members' experiences of domestic abuse, as well as their knowledge of policies and resources related to domestic abuse. This data could help the DoD better assess the knowledge of the force and target education campaigns to specific populations or locations where policies, procedures, and resources are not well known. This approach would also respond to a GAO's Recommendation 21, which currently remains open, to "ensure the Under Secretary of Defense for Personnel and Readiness develops metrics

to evaluate the effectiveness of DoD and military service domestic abuse awareness campaigns, including by identifying a target audience and defining measurable objectives.”³⁵³

Improved data would also allow the DoD and the Military Services to better assess resource needs beyond domestic abuse incidents that are reported to authorities. The 2023 Army Audit that identified data discrepancies and underreporting of domestic abuse cases noted, “Since FAP stakeholders weren’t aware of the full scope of domestic abuse incidents, they risked underreporting 1,962 incidents to DoD during this 3-year period, potentially under-resourcing the program.”³⁵⁴ As the DoD’s prevention efforts and resources become more well-known and established, the Committee believes victims in need of support will use them more often. However, to better assess the scope of the resources needed as this occurs, measuring prevalence is essential.

Increased Understanding of Offender Outcomes and Accountability

Aligned with the data infrastructure needs previously mentioned, DACOWITS believes the DoD should also begin to more closely track the outcomes of domestic abuse cases, including offender characteristics, treatment provided, efficacy of treatment, and recidivism. Accountability actions—that is, what disciplinary action is taken against offenders—appears to be the most elusive and difficult data to obtain related to domestic abuse in the military because no centralized reporting system exists to capture that data either within or across all Services. Accountability actions are dispersed among law enforcement, legal, and command entities, each tasked with differing data collection responsibilities. Even when disciplinary action is taken and reported, it may not be clearly associated with or identified as a domestic abuse-related action. Administrative actions taken by commanders, such as reprimands, are rarely reported in any system, unlike nonjudicial punishment (NJP) and court-martial actions. Additionally, much of the accountability data the Services collect varies in range and structure. When DACOWITS requested the number of NJP and court-martial actions for Uniform Code of Military Justice (UCMJ) Article 128b, military protective orders (MPOs), and civil protection order (CPO) violations for FY12–FY22, the Services reported the following data:

- The Army was able to provide NJP and court-martial accountability data for FY12–FY22.³⁵⁵
- The Marine Corps was able to provide NJP and court-martial data for FY15–FY20 due to MARADMIN 561/14, which required commanders to report the actions to their local FAP.³⁵⁶

- The Navy provided limited NJP data (only for FY21-22 and only for Article 128b violations) and court-martial data for FY14–FY22.³⁵⁷
- The Air Force could not provide NJP or court-martial data and provided only Office of Special Investigations (OSI) numbers of investigations of repeat offenders.³⁵⁸
- The Coast Guard could not provide the requested information and noted it was impossible to determine which violations were domestic violence–related within their data.³⁵⁹

Once again, disparate data with varying integrity and standardization results in an inability to assess the scope or effectiveness of accountability actions and of the command’s commitment to appropriately discipline offenders. The establishment of UCMJ article 128b should assist in the identification of domestic abuse–related NJP and court-martial actions in the future.³⁶⁰ Nonconfidential restricted report data is not collected by the DoD and therefore is not reported to Congress, although the Services were able to provide it to the Committee when requested.^{361, 362, 363, 364, 365, 366} The Military Services count only unique offenders, and there is no metric for how many of those may be repeat offenders. Accountability information, such as disciplinary action taken, is collected in different reporting systems and often cannot be associated with a domestic violence incident. Domestic violence–related fatality data seems to be collected differently across the Services, resulting in a lack of consistency and organization in the DoD’s collection of key data across the branches.^{367, 368, 369, 370, 371}

An additional concern of the Committee is how the DoD measures the efficacy of its offender treatment programs. Based on briefings to DACOWITS in June 2024, the DoD currently measures the effectiveness of offender treatment programs by tracking whether program participants are reported again for domestic violence within a 12-month period of time.³⁷² The Committee worries that the 12-month tracking period is not long enough and that this process relies on formal reports to the DoD, likely resulting in an underestimate of reoffense rates, and preventing a true assessment of offender treatment programs. While MCA has undertaken work to implement a new process for FY27, whereby it will develop a database to understand the applicability of command action on domestic abuse cases, this process must be carefully monitored to ensure integrity and comprehensiveness.³⁷³ To that end, the aforementioned recommendations to develop a standardized data collection DD form and centralized database will assist in tracking data more comprehensively.

Within the field, there is shared concern about efficiency measures of domestic abuse treatment interventions. Specifically, when Batterer Intervention Programs (BIPs) are measured using offender re-arrest rates, interventions are deemed effective. However the programs, when gauged by survivor accounts, did not fare as well. One

meta-analysis of studies on this topic focused on three reported outcomes: domestic violence recidivism reported by the criminal justice system, general offense recidivism reported by the criminal justice system, and domestic abuse as assessed by the survivor. The authors determined that “results of meta-analysis indicated that BIPs were effective in decreasing DV [domestic violence] recidivism and general offense recidivism when reported by the criminal justice system, but not when assessed by the survivor.”³⁷⁴ The authors stated their concern that, “it is possible that BIPs may reduce criminalized behavior but not abusive behavior, which can be defined more broadly.” Additionally, victims may be less likely to report the second time around, understanding the implications on the career of their intimate partner or due to the same reasons they underreport to begin with, including feelings of shame and fear.³⁷⁵ This concern is also shared by other researchers who believe the efficacy of BIPs using formal arrest reports may significantly underestimate true recidivism.³⁷⁶ For this reason, additional measures must be explored, including direct survivor accounts via confidential follow-up meetings and options to gauge desired changes in the beliefs and attitudes of offenders as measured by scientifically valid surveys.

Summary

Establishing a comprehensive domestic abuse database has been a decades-long effort in the DoD, and an effort that remains incomplete. Twenty-five years after Congress first directed the DoD to establish a domestic violence database, the DoD has remained unable to reach full compliance.³⁷⁷ There is no one entity at the DoD level responsible for collecting all the data that would facilitate a holistic view of the



Tech. Sgt. Sarah Bento, “Ask an MTI” program manager, conducts a Zoom call with Military Training Instructors just prior to the start of the weekly calls with Delayed Entry Program recruits Mar. 7, at Joint Base San Antonio-Lackland, Texas.

lifecycle of a domestic abuse report, from the time of first contact, to resources and support systems utilized, to potential action taken against an abuser. Although the Services collect significant amounts of data, the information each Service collects can vary in structure, timeframe, and level of detail. As a result, this data is cannot feed into one central registry or database at the Service headquarters or the DoD level to allow for complete and comparable data across the Services. Without action to standardize data collection and develop a centralized database, the DoD will remain noncompliant with congressional and GAO mandates, and it will remain impossible to obtain a complete understanding of the scope of domestic violence in the military.

Family Planning

Recommendations 19–21

Recommendation 19

The Secretary of Defense should conduct a needs assessment to determine demand, optimal operating hours geared to Service member availability, and staffing requirements for walk-in contraceptive clinics (WiCS) to ensure timely access to Service members' contraceptive methods of choice.

Recommendation 20

The Secretary of Defense should implement the 2016 and 2017 National Defense Authorization Act mandates requiring (i) Service members to receive comprehensive contraceptive counseling and (ii) the DoD to track whether the counseling was received.

Recommendation 21

The Secretary of Defense should ensure that primary health care providers are properly educated on all contraceptive options available for Service members and trained to provide compassionate, unbiased, comprehensive, and patient-centered counseling about available options.

Synopsis

Consistent access to a Service member's contraception of choice is crucial to ensuring an individual's health needs are met and maintaining a ready force. Most Service members are between 20 and 30 years old, which are common childbearing and family formation years. In recent years, the DoD improved access to contraceptive care, including removing copays for contraception and establishing WiCS. While many Service members report positive benefits from these changes, some servicewomen continue to face challenges in timely access to their contraceptive method of choice. DACOWITS recommends the DoD conduct a needs assessment to better assess demand, operating hours, and staffing requirements for WiCS. In addition, the Committee recommends further bolstering of current efforts to conduct comprehensive contraceptive counseling, data tracking, and more robust provider education to ensure participants are properly counseled and provided all contraceptive options.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the academic literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- A briefing from the DHA and the Military Services on contraceptive and family planning education provided to Service members, contraceptive options and availability, obstetric/gynecological (OB/GYN) providers at military treatment facilities (MTFs), and family planning information and services (March 2024, RFI 6)³⁷⁸
- A written response from the DHA, Military Services, and the Uniformed Services University on servicewomen's experiences with infertility and fertility treatment, staffing of obstetricians/gynecologists (OB/GYNs) and other women's specialty care providers, and ongoing efforts related to women's reproductive and pregnancy care (June 2024, RFI 7)³⁷⁹
- A briefing from the DHA and the Military Services on women's health clinics and WiCS, including services provided, utilization rates, medical provider staffing, training for providers at these clinics, and women's health care services provided by unit-embedded providers (September 2024, RFI 6)³⁸⁰
- Findings from 20 focus groups with Service members on the topic of family planning (Focus Group Report 2024)³⁸¹

Proper access to and satisfaction with contraceptive choice is a key component of family planning. Managing the timing of starting a family is important to Service members, and the ability of servicewomen to have timely and regular access to their contraceptive method of choice increases military and mission readiness. As part of the Committee's task to examine policies and resources related to family planning, DACOWITS investigated access to and the availability of contraceptive care. While the DoD has done work in recent years to expand and bolster access to contraceptives for Service members, DACOWITS heard in its 2024 focus groups, particularly from servicewomen, that substantial challenges persist in obtaining their contraceptive methods of choice. The reasoning supporting DACOWITS' 2024 recommendations on family planning related to contraceptive care follows.

Servicewomen of Childbearing Age

Military service overlaps with common timeframes of family formation in the lives of Service members and most women serve during typical childbearing years. As of 2023, the average age of first-time mothers in the United States is 27.5 years old.³⁸² Nearly one-half (43 percent) of active duty personnel are age 25 or younger, with the next largest group being ages 26 to 30 (21 percent). Overall, the average age of the active duty force is 28.5 years old. For enlisted personnel, the average age is 27.3, and, for officers, the average age is 34.3.³⁸³

Many Service members have children in the military, whether they joined the military with children or had children while serving. Thirty-five percent of active duty Service members have children while in the military, and, of those, more than 40 percent have at least one child who is age 5 or younger. Of the active duty Service members who had their first child in 2022, nearly one-half (49 percent) were age 25 or younger.³⁸⁴ Family planning and contraceptive care are critical issues for Service members given their age and likelihood of starting a family while serving in the military.

Recent Research on Women's Reproductive Health and Contraceptive Access and Use

RAND Corporation's 2020 Women's Reproductive Health Survey (WRHS) of active duty servicewomen provided valuable information and insight on women's health care utilization, birth control and contraceptive use, reproductive health care, fertility (including infertility), and pregnancy in the military. The WRHS was the first time the DoD sponsored a Department-wide survey on the health of servicewomen since the 1990s. Approximately 30 percent of active duty servicewomen reported using a highly effective method of contraception (e.g., intrauterine device [IUD], implant, or sterilization), while an additional 30 percent reported using a less effective method

(e.g., condoms, pills). Approximately 40 percent of respondents reported using no form of birth control. Among active duty servicewomen who had a periodic health assessment in the previous 12 months, only 23 percent reported discussing the benefits, side effects, and risks of different forms of birth control with their provider. Additionally, only about half (51 percent) of active duty servicewomen who were using birth control reported being able to access it through the military providers in a timely manner.³⁸⁵

Among Service members who were pregnant in the 12 months before responding to the WRHS, more than 36 percent reported that their pregnancy was unintended or mistimed. Among that group, roughly half reported using no contraceptives at the time of their pregnancy, and among those who were using contraceptives, approximately equal groups reported using it incorrectly, using it inconsistently, or that it failed.³⁸⁶

Other recent research has also identified several barriers to servicewomen receiving access to their desired form of contraceptive care. A recent analysis of the Military Healthcare Data Repository found that cultural norms, such as those that equate contraceptive use with promiscuity, a mismatch between the open clinic hours and military working hours, lack of availability of desired methods, privacy concerns about the use of contraception in austere environments, and difficulty storing contraception in austere environments all resulted in reduced utilization of contraception in the



U.S. Marine Corps Lance Cpl. Corina Mazur, a motor vehicle operator and on-vehicle equipment non-commissioned officer with 2nd Distribution Support Battalion, Combat Logistics Regiment 2, 2nd Marine Logistics Group, checks gear back into inventory on Camp Lejeune, North Carolina, Jan. 17, 2024.

military.³⁸⁷ DACOWITS believes the DoD and Military Services should consider and address these barriers to expand access to Service members' desired forms of contraception.

Contraceptive Access for Servicewomen

Historically, contraceptive access for servicewomen has been available through military medical providers with a referral.³⁸⁸ Recently, the DoD has implemented efforts to improve access to contraceptive care, including removing copays for contraception and establishing WiCS.^{389, 390} As of September 2024, these clinics were located at MTFs at nearly every military installation. Operating hours for WiCS are often limited and based on provider availability (see Table 4.7).³⁹¹ While some WiCS have multiday availability, most are open only 1 day a week for 1 to 2 hours.

Table 4.7. Walk-In Contraceptive Clinic Locations and Operating Hours by Military Department or Service, as of September 2024

Department or Service	Number of WiCS	Example of Most Expansive Hours	Example of Most Restrictive Hours
Department of the Air Force	70	Mon, Wed, Thurs, Fri, 0730–0900*	Tues, 1000–1100
Army	33	Mon–Fri, 0730–1630	Tues, 1000–1200
Department of the Navy	29	Mon–Fri, 0800–1600	Fri, 0800–0900

Note: WiCS = walk-in contraceptive clinic

* Excluding the United States Air Force Academy's WiCS, which are open Monday–Friday, 0700–1630

Source: DAF, Army, and Navy responses to RFI 6, September 2024^{392, 393, 394}

WiCS provide a wide range of services, including long-acting reversible contraceptive (LARC) devices such as IUDs and implants and short-term reversible contraceptive devices such as the patch or pill. These clinics provide contraception access without an appointment. However, the ability to receive same-day LARCs is dependent on provider availability. Emergency contraceptive services, such as the morning-after pill (also known as “Plan B”), are available at most MTF pharmacies without the need for a prescription.^{395, 396}

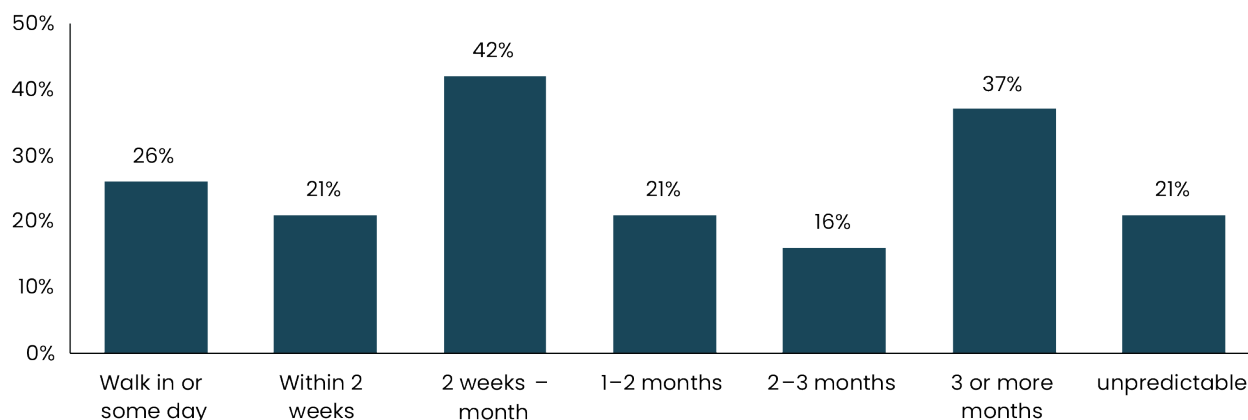
While WiCS provide a valuable service, their limited hours, as noted in Table 4.7, may pose a barrier to servicewomen accessing them. The limited hours of the contraceptive clinics mean that servicewomen must access them during their duty day. Notably, there are no options for Service members who work night or swing shifts. In many cases, these Service members may need to request time off from their supervisors or arrange transportation to the clinic. Additionally, several of the clinics have a very small number of available appointments (often fewer than four per day), which may contribute to Service members being unable to access them. These findings are consistent with other research on unintended pregnancy and

first-term enlistment contraception access, which found that duty schedules are often inconsistent with the operating hours of MTFs.^{397, 398} Ensuring operating hours and the number of appointments can meet the needs of servicewomen may contribute to the increased use of and satisfaction with contraceptive methods and build on the positive experiences' women have had at these clinics. Thus, DACOWITS recommends the SecDef conduct a needs assessment to properly determine the demand, optimal operating hours geared toward Service member availability, and staffing requirements for WiCS to ensure timely access to Service members' contraceptive methods of choice.

Servicewomen Share Mixed Perspectives on Access to Contraception and Contraceptive Care

DACOWITS' asked male and female 2024 focus group participants about ease of access to and experiences with obtaining their preferred type of contraceptive care from military providers. In response, participants held conflicting perceptions, as participants in most groups thought it was both easy and difficult to get their preferred contraception. Participant responses about how long it would take to see their health care provider to discuss contraception or reproductive health care are categorized and presented in Figure 4.5. The most common response was a wait time of 2 weeks to 1 month, more than 3 months, or walk-in/same-day availability. This wide range of responses likely reflects the timelines associated with different types of care. Some installations have WiCS available where services are available the same day, while participants who reported longer timeframes may have been referencing the time it takes to get a referral through their PCM and then to make an appointment with a reproductive health care specialist off base.

Figure 4.6. Participants' Estimates of How Long It Would Take to See Their Doctor to Discuss Contraception or Reproductive Health Care



Note: Percentages may not total to 100 percent because some participants' responses matched to multiple categories. The percentage represents the proportion of participants who shared that response out of the number of participants who responded to the question, not the total number of focus group participants.

Source: DACOWITS 2024 Focus Group Report³⁹⁹

Service members shared mixed and inconsistent experiences with obtaining access to their preferred method of contraceptives while servicemen reported little to no issues with accessing contraception and contraceptive care. Participants in most groups mentioned walk-in clinics made it easier to get some type of contraception, but many participants also noted it was difficult to access their preferred form of contraceptives. Some Service members reported that concerns about supply—both overall and when deploying—were the primary driver of access difficulty.

“My wife got the arm implant [birth control]; it was super easy. At the [Service] hospital, you can walk in and get it that day. ... You go down there and say you want this, they do some bloodwork, and then it’s in your arm.”

—Enlisted Man

“I went to the PINC [Process Improvement for Non-delayed Contraception (walk-up contraceptive clinic)] clinic, and she was amazing. I was having issues with my IUD, and she was able to get it out.”

—Enlisted Woman

“It depends on supply. We’re just out of some stuff. Like I walked in and wanted something, and they said they were out of it for 2 weeks.”

—Female Officer

“Here at [military hospital], the gyno [there], every month they do a contraceptive clinic. I wanted to change my birth control. I went from Depo shot to an IUD within 2 weeks. It was an easy process rather than trying to schedule an appointment.”

—Female Officer

In nearly all female focus groups, participants shared stories of feeling pressured to start using contraception or to use a type of contraception they did not want to use. Female participants reported examples of being pressured to start using contraception early in their careers when they first joined the military, but some officers later in their careers also reported similar experiences. In some cases, female participants shared how providers were reluctant to remove or switch from a form of contraception that was not working well for the Service member.

“When I came in, I was told to get on it [birth control] and didn’t get much of an explanation. I was just told to take this pill. You shouldn’t be on something unless you understand.”

—Enlisted Woman

"When I had my last child, my doctor kept coming in trying to give me birth control, even though my husband was having a vasectomy. It was very annoying. Even after the conversation telling him I don't need it, he kept pushing it. I don't want to be on it anymore."

—Female Officer

"I got my IUD taken out. We weren't actively trying, but as soon as I did that, my doctor asked if we were going to start trying, and I told her not necessarily. At that point, she said this is stupid, and I should go back on it because we have to use some kind of protection. So I said it wasn't really any of her business."

—Female Officer

Lack of Data and Inconsistent Education on Contraceptives

The FY16 NDAA mandated that the Military Services provide access to comprehensive contraception counseling for servicewomen:

*As soon as practicable after the date of the enactment of this Act, the Secretary shall ensure that women members of the Armed Forces have access to comprehensive counseling on the full range of methods of contraception provided by health care providers described in subsection (a)(1) during health care visits, including visits as follows: (1) During predeployment health care visits, including counseling that provides specific information women need regarding the interaction between anticipated deployment conditions and various methods of contraception. (2) During health care visits during deployment. (3) During annual physical examinations.*⁴⁰⁰

Relatedly, the FY17 NDAA mandated that the Military Services track the reception of and satisfaction with this counseling. Specifically, it states that Service members should be surveyed on:

1. "accessing family planning services and counseling; and
2. using family planning methods, including information on which method was preferred and whether deployment conditions affected the decision on which family planning method or methods to be used."⁴⁰¹

In response to DACOWITS' March and September 2024 RFIs, the Military Services could not identify the rate at which Service members received contraceptive counseling.^{402, 403} However as noted in the 2020 WRHS, less than a quarter of active duty servicewomen who had a physical health assessment in the past 12 months reported receiving such counseling or discussing the benefits and drawbacks of certain contraceptives with their health care provider.⁴⁰⁴

In March 2024, DHA and the Military Services briefed DACOWITS on the contraceptive counseling Service members receive.⁴⁰⁵ The only consistent time contraceptive counseling is provided is during initial training (e.g., recruit training or OCS/OTS). With the high volume of information received during initial training and its occurrence at the beginning of a Service member's military career, the Committee believes this counseling may not be sufficient, especially as Service members' individual contraceptive needs may change over time. Briefs noted physical health assessments as another opportunity to receive this counseling, although the counseling is not mandatory, and Service members must opt in to receive it.⁴⁰⁶ The current landscape of when Service members receive contraceptive counseling captures only a fraction of Service members since the NDAA mandate in 2016.

These findings suggest that comprehensive contraception counseling is not being implemented consistently or uniformly across the Military Services. Ensuring consistent counseling at all annual physical examinations, predeployment visits, and deployment visits, as outlined in the 2016 NDAA could improve servicewomen's understanding of contraceptive options and enable them to make an informed choice about the method that best suits their needs and preferences. Additionally, ensuring that all primary health care providers are trained on what contraceptive services are available may increase the likelihood that Service members receive accurate information about their methods or choices. Having continued conversations throughout the life and career stage for Service members could reduce unintended pregnancies, address several family planning concerns, and increase military readiness.

Summary

Service members have generally positive experiences gaining access to contraceptives, yet there are still challenges related to access, availability, and consistent counseling of options. Expanding access to WiCS could build on the positive experiences several Service members have had and lead to more positive outcomes. Additionally, ensuring education is consistent and available can improve understanding of available options. DACOWITS believes the timeframe of military service aligns closely with common childbearing and family formation years, making

contraceptive counseling and care a critically important part of Service member well-being and an important component of force readiness and likelihood of retention.

Recommendation 22

Recommendation 22

The Secretary of Defense should accelerate and expand the availability of telehealth options for Service members to access reproductive health care, family planning, and infertility treatment information and counseling.

Synopsis

DACOWITS recognizes that multiple legislative mandates have come out in recent years to increase the use of telehealth within MHS. However, the Committee believes telehealth appointments are still not leveraged within the DoD to the extent possible to increase access to reproductive health care services. The Committee believes that increasing the availability of telehealth appointments for reproductive health care services would increase the ability of Service members to receive the treatment and counseling they require. While the Committee understands that MHS must consider multiple barriers, such as cybersecurity and licensing requirements, those barriers should not preclude it from expanding telehealth options. Telehealth has proven to be an option that is effective both in cost and care and should be offered to all servicewomen seeking reproductive health care when appropriate.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the literature cited throughout the reasoning, the following primary source is available on the DACOWITS website:

- Findings from focus groups with Service members on the topic of recruitment and retention and key influencers (Focus Group Report 2024)⁴⁰⁷

Ensuring timely, high-quality access to medical care for Service members is critical for maintaining mission readiness. Service members have actively discussed the

need for additional health care treatment options, such as telehealth, in various forums and studies. Research shows that telehealth is an effective approach to providing some types of health care services efficiently and at a high quality. The Committee is aware that the DoD recognizes telehealth as a valuable tool for health care delivery but believes its implementation across all services and medical specialties has encountered several obstacles and challenges that could be addressed to expand access to care. DACOWITS believes dedicating the necessary resources to overcome these hurdles is essential to fully harness the benefits of telehealth service offerings.

Specifically for servicewomen, telehealth offers a lifeline by providing access to care that might not otherwise be readily available on their base or easily accessible, such as addressing routine health needs or ensuring timely access to contraception. The Committee believes that telehealth plays a crucial role in supporting our military personnel and that the DoD must ensure Service members are aware of telehealth options when appropriate.

Background

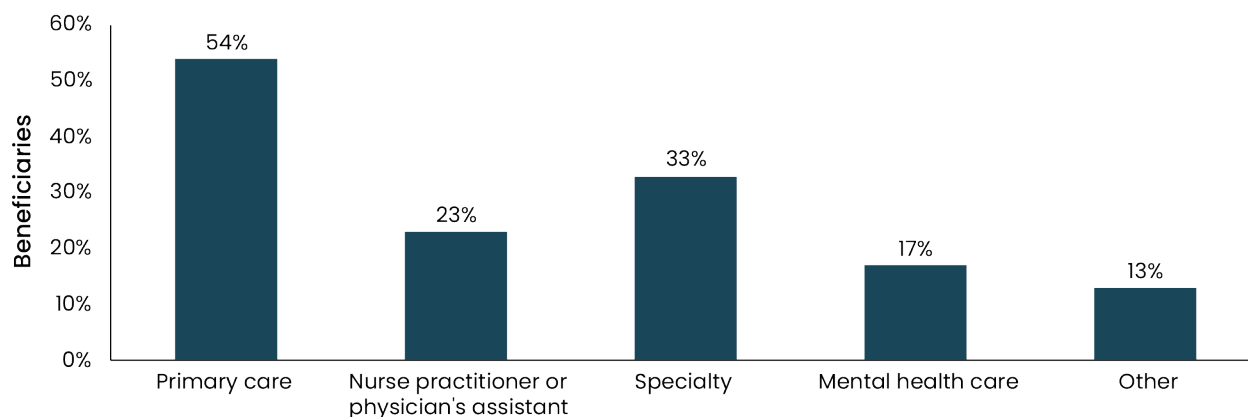
The FY17 NDAA mandated that the SecDef incorporate telehealth services into the MHS,⁴⁰⁸ while the FY21 NDAA required the DoD to conduct a comprehensive review and evaluation of technology approaches, policies, and concepts of operation related to telehealth and telemedicine programs across all Military Medical Departments (MILDEPs).⁴⁰⁹ Despite these legislative mandates, the DoD's efforts are still lagging in this initiative.

Telehealth is a promising approach that could significantly help MHS meet Service members' needs for timely access to high-quality care, including in deployed or remote/rural environments, where there are challenges with geographic access to in-person specialty care, and in nondeployed environments, where Service members still experience long wait times and challenges accessing specialty care due to provider shortages or schedules that make it difficult to attend doctor's visits during duty hours.⁴¹⁰

Telehealth could be especially beneficial for servicewomen (both deployed and nondeployed) who are beginning family planning or need fertility treatment care. Servicewomen experience unique challenges accessing OB/GYNs due to staffing shortages or lack of specialists on installation. Telehealth could be especially beneficial in expanding access to additional providers or specialists from another installation or in the community.⁴¹¹

Telehealth is available for many Service members receiving care through MHS, but it is still inaccessible to some. According to a DHA study, 44 percent of MHS patients used telehealth for at least one appointment between October 2019 and October 2020.⁴¹² As Figure 4.6 shows, more than half of MHS patients who used telehealth during this time used it to meet with their primary care doctor (54 percent), and a third of patients used it to access specialty care.⁴¹³

Figure 4.6. Type of Provider Patients Met With During Telehealth Appointments Within the Last Year



Source: DHA, 2021⁴¹⁴

In the 2024 focus groups DACOWITS conducted, nearly all participants in the female focus groups were interested in having more choices related to specialty health care providers, such as OB/GYNs. For example, female participants reported not wanting to be limited to seeing only the providers available on base.⁴¹⁵ DACOWITS believes increased access to care through telehealth aligns with this desire and would allow for much greater choice in specialty care provider.

Telehealth Increases Servicemembers' Choice in Providers

In the 2024 focus groups conducted by DACOWITS, participants from nearly all focus groups reported wanting their Service to “offer the option to seek reproductive healthcare off base,” while participants in most groups reported wanting their Service to “offer more choice in providers women can go to for reproductive healthcare.” Servicewomen in a few groups, including those quoted in this section, also spoke about how virtual health care is helpful for simple types of care appointments, such as refilling prescriptions between in-person appointments.⁴¹⁶

"The lack of availability for women seeking medical appointments—it shouldn't take you 2 months to see an OB/GYN. It shouldn't be a long time to get a birth control prescription upgrade, and then that affects your ability to [do your job]; they have to make sure you're good to go for deployments. Your delivery options are limited. I tell them I need this many birth control packs at a time, but I can't get that, so I guess I'm going to head out the door and fingers crossed I stop through a base that has some."

—Female Officer

"Giving us more options as far as medical care. When you call to see a primary care doctor, if you don't get along with them or agree with them, you can't be like, 'I'm going to fire you and get a different provider.' We don't have a lot of options or say in who we see and the quality of medical care."

—Enlisted Woman

Additionally, privacy is important for Service members, especially when discussing family planning and other reproductive care matters. In the 2024 focus groups, servicewomen spoke about the desire to receive sensitive, reproductive care from a provider outside their unit because it can be uncomfortable receiving sensitive care from Service members they see daily. Service members also said they had trouble getting leave for doctor's appointments during work hours, which telehealth appointments could help address.⁴¹⁷ Another benefit of telehealth is that servicewomen could schedule appointments at their convenience and eliminate travel time, ultimately reducing time out of work.

According to the 2021 study by the DHA, most MHS beneficiaries used telehealth for physical health needs, with less than one-quarter using it for mental health appointments. The report did not address telehealth for women's health specifically; however, those who used telehealth for various health care services had positive experiences, with 70 percent rating their last telehealth visit highly. The report also noted, that while most beneficiaries still prefer in-office visits, almost half indicated a preference for using telehealth for future visits.⁴¹⁸ Because this research was conducted during the pandemic, it is unclear how the use of telehealth may have shifted post-pandemic with the return of many in-person services.

Telehealth Is Effective

Telehealth is a proven, effective way to manage reproductive care and should be offered consistently to Service members. An exploratory study by the Cleveland Clinic Women's Health Institute compared the quality of contraceptive counseling provided via telemedicine versus in-person visits and concluded the following:

*"When patients self-select the encounter type, their assessment of the quality of contraceptive counseling among telemedicine and office visits is similar, with no statistically significant differences in the contraceptive method chosen."*⁴¹⁹

Following the rapid adoption of telehealth during the Coronavirus (COVID-19) pandemic, an exploratory survey of U.S. family planning providers found the following:

*"Family planning clinicians in the United States reported a positive experience with telemedicine for contraceptive counseling during the early stage of the COVID-19 pandemic and believe that this service should be expanded."*⁴²⁰

A study conducted in 2018 at the University of Wisconsin–Madison offering telehealth as an alternative to an in-person visit for contraception found that 97 percent of respondents reported being very satisfied or satisfied with the telehealth option.⁴²¹

Telehealth has shown to be useful for infertility management because it enables health care providers to deliver consultation, support, and monitoring remotely. This includes the initial and follow-up appointments, discussion of test results and treatment, medication management and monitoring, and emotional support.⁴²²

Barriers to Telehealth Implementation

Based on the review of *Telehealth in the Military Health System: Impact, Obstacles, and Opportunities* in 2023, several of the obstacles that prevent the implementation of telehealth across all services and medical specialties are known to the DoD, as Figure 4.7 summarizes.

Figure 4.7. Obstacles to Telehealth Implementation



Source: Madsen, Poropatich, & Koehlmoos, 2023⁴²³

This review recommended three courses of action to address these barriers, including (1) focusing on developing telehealth capabilities in deployed environments; (2) focusing on deployed environments and increasing telehealth development in nondeployed environments to maintain pace with the VA and the private sector; and (3) using lessons learned from other telehealth initiatives to expand on the private-sector offerings.⁴²⁴ DACOWITS believes telehealth offerings have the potential to transform MHS by improving costs, care quality, care access, readiness, and patient satisfaction.

Summary

DACOWITS understands that servicewomen want options to access health care services, and incorporating telehealth into routine health care services is a proven, cost-effective, efficient, and convenient strategy to support family planning and other services servicewomen may be interested in. Despite being mandated by two NDAA's and being recognized as a best practice and a preferred method of health care, telehealth is not fully implemented across all the Military Services and medical specialties. DACOWITS believes the DoD should prioritize establishing unique strategies to implement telehealth services to support servicewomen seeking family planning or other women's health care services.

Recommendations 23–26

Recommendation 23

The Secretary of Defense should direct a needs assessment to determine appropriate staffing and requirements for women’s health care providers to improve access to and the availability of women’s health care resources.

Recommendation 24

The Secretary of Defense should direct servicewomen’s health care training, adequate to achieve proficiency, for all primary care managers, unit-embedded health care providers, and deployable health care providers to improve access to and the availability of women’s health care resources.

Recommendation 25

The Secretary of Defense should modify policy to (i) exempt obstetrics/gynecology (OB/GYN) care from the primary care manager referral requirement and (ii) allow active duty servicewomen to choose a provider (including off-base referrals) for OB/GYN care, reduce wait times, and improve access to and the availability of women’s health care resources.

Recommendation 26

The Secretary of Defense should direct the Military Services to allow servicewomen in deployable units to choose a health care provider in another unit for women’s health care to promote professional decorum and preserve intra-unit relationships.

Synopsis

DACOWITS commends the DoD for directing the establishment of various studies related to the health care workforce and barriers women face accessing care in the military. However, the Committee remains concerned that many of the barriers servicewomen face accessing care still exist, including provider shortages at MTFs,

inadequately trained routine and specialty care providers, unnecessary referral wait times for OB/GYN appointments, and maintaining professional decorum in units when receiving sensitive women's health care services from embedded providers. The Committee believes each of these barriers can be addressed through studies to better understand the barriers, improved training to ensure the health care workforce's ability to provide women's health care services, policy updates to remove the requirement for referrals to OB/GYNs, and guidance allowing servicewomen to request providers from another unit to provide sensitive women's health care services.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- A briefing from the DHA and the Military Services on women's health clinics and WiCS, including services provided, utilization rates, medical provider staffing, training for providers at these clinics, and women's health care services provided by unit-embedded providers (September 2024, RFI 6)⁴²⁵
- A briefing from the DHA and the Military Services on contraceptive and family planning education provided to Service members, contraceptive options and availability, obstetric/gynecological providers at MTFs, and family planning information and services (March 2024, RFI 6)⁴²⁶
- Findings from focus groups with Service members on the topic of pregnancy and gender discrimination (Focus Group Report 2024)⁴²⁷

DACOWITS believes servicewomen are struggling to access women's health care services they need due to various barriers within the MHS identified through academic and governmental studies and from the perspectives of 2024 DACOWITS focus group participants, including provider shortages, referral requirements and associated lengthy wait times, inadequately trained routine care providers, and discomfort receiving sensitive women's health care services from providers in their unit. This reasoning offers various recommendations to address these barriers. The reasoning supporting DACOWITS' 2024 recommendations on family planning related to women's health care follows.

Background

NDAA covering FY17 through FY20 directed the transition of responsibility for MTFs and clinics from MHS to DHA. The transition and realignment of medical personnel as part of this effort, as well as the concurrent unstable health care economy in the post-COVID-19 period, created additional challenges in the care of Service members and TRICARE beneficiaries, including the ability to sustain a medically ready military. In 2023, Deputy Secretary of Defense Kathleen H. Hicks issued a memorandum to stabilize MHS through efforts to increase capacity for care, reattract patients, improve access to care across MTFs, and improve the readiness of military medical professionals.⁴²⁸

Other current and recent legislation and DoD guidance highlights additional efforts to improve access to high-quality women's health care for servicewomen. For example, the FY25 NDAA directs each Service to conduct an annual survey of health care providers to determine why they remain in or separate from active duty service and to develop a retention plan based on the results.⁴²⁹ Additionally, bipartisan legislation called the Improving Access to Maternal Health for Military and Dependent Moms Act was proposed in January 2024 and would require the DoD to report to Congress on a comprehensive study focused on access to maternal health care within TRICARE and MHS for Service members, retirees, and their dependents.⁴³⁰ Finally, Section 707 of FY22 NDAA directed enhanced access to postpartum care to promote servicewomen's readiness, resulting in the development of four clinical practice recommendations within MHS on "optimizing postpartum care, behavioral health screening and referral in pregnancy and postpartum, pelvic health evaluation, treatment, and referral for women, and pelvic health pregnancy and postpartum rehabilitation services."⁴³¹

DACOWITS recognizes that the DoD currently views barriers to care within MTFs as a priority issue but believes additional efforts are necessary to understand and address access-to-care issues Service members face. These concerns include staffing shortages, inadequate training for staff, inappropriate referral requirements, and lack of choice in providers in situations where having an in-unit provider deliver care may be uncomfortable.

MHS Provider Shortages

DACOWITS identified various challenges servicewomen face accessing care to address women's health care needs, including shortages of providers trained in women's health care services. For example, a 2022 DoD IG report identified challenges faced by MTF personnel during the COVID-19 pandemic and found many staff experienced burnout due to staffing shortages and expanded responsibilities.⁴³² One

year later, a 2023 DoD IG report highlighted perspectives from Service member focus groups and other sources, including challenges Service members face accessing care due to provider shortages, unsatisfactory network options, and long wait times for appointments. As part of this report, focus groups with Navy Sailors specifically found that medical care was consistently cited as a primary reason Sailors were dissatisfied with their Service. Finally, this report highlighted staffing issues identified by the Military Service IGs, including provider shortages at MTFs that limited access to health care services for both servicemen and servicewomen.⁴³³

TRICARE regulations require routine care appointments, such as those with Service members' primary care providers, to occur within 7 days of the request for an appointment.⁴³⁴ However, according to the 2023 RAND Corporation WRHS, only 61 percent of DoD servicewomen and 51 percent of Coast Guard servicewomen reported that TRICARE met this guideline.⁴³⁵ Across the DoD, 32 percent of servicewomen reported a wait time between 8 and 28 days for their most recent primary care, with 9 percent reporting they waited more than 1 month. Coast Guard servicewomen reported similar wait times, with 37 percent reporting 8- to 28-day waits, and 13 percent reporting wait times of more than a month. Finally, 9 percent of DoD servicewomen and 8 percent of Coast Guard servicewomen reported they were unable to get an appointment for routine care when requested.⁴³⁶ DACOWITS recognizes that regulations requiring routine care requests for all Service members to be accommodated within 7 days are in place but believes evidence shows that one of the major barriers to meeting these timelines is staffing shortages, especially among routine care providers that also provide routine women's health care services.

Female participants in the 2024 DACOWITS focus groups consistently reported a lack of access and capacity deficiencies for women's health issues, including difficulty making appointments with OB/GYNs or other women's health care providers due to provider shortages.⁴³⁷ These staffing shortages have also been seen in the civilian sector, especially following the *Dobbs v. Jackson Women's Health Organization* (2022) decision.

Access to and satisfaction with health care services and the availability of health care providers with appropriate women's health care training and knowledge are key components of providing high-quality, satisfying health care services to servicewomen. Witkop et al. (2023) offer the four following recommendations based on findings from their study on ways the MHS can improve women's health care services, and thereby readiness and retention: (1) "The Military Health System should develop and maintain reliable sources of data to assess the gynecologic health of servicewomen, including rates of unintended pregnancy;" (2) "When menstrual suppression, treatment for a medical condition, or contraception is desired, servicewomen should have ready access to the information they need to select the

option that is best suited for their personal preferences and situation;” (3) “In order to ensure that servicewomen have optimal access to the full range of contraceptive methods, the MHS should determine true access at all their facilities and identify actions to address any barriers;” and (4) “The MHS should establish service delivery targets for use of women’s preventive health services, particularly contraception, to prevent unintended pregnancies.”⁴³⁸

Therefore, DACOWITS believes that servicewomen seeking care outside MHS may encounter additional challenges in the future identifying providers in the community to provide them with women’s health care services.⁴³⁹ To get ahead of this challenge and better understand the impact of staffing on servicewomen’s access to women’s health care services, DACOWITS recommends SecDef direct a needs assessment to determine appropriate staffing and requirements for women’s health care providers to improve access to and the availability of women’s health care resources.

Health Care Training to Improve Proficiency in and Access to Women’s Health Care Services

Health care providers trained and certified in women’s health care services are staffed in several ways throughout MHS depending on the military installation and setting. For example, only some installations feature women’s health or women’s specialty clinics that address complex women-specific health care needs. PCMs and other routine health care providers are also trained in addressing some women’s health issues, but proficiency and currency in this area are not standardized across routine care providers; therefore, some PCMs may be more comfortable than others providing routine women’s health care services.⁴⁴⁰ This gap in comfortability across routine care providers may also introduce access to care barriers if too few providers at an installation are comfortable providing routine women’s health care services.

Poor quality of care is another barrier servicewomen face when seeking women’s health care services. A study by Marshall-Aiyelawo et al. (2023) analyzed MHS patient experience survey data from more than 300,000 patients between 2011 and 2019 and found that Service members and their families who had an overnight admission to an MTF for obstetric reasons, such as to give birth, rated their care and experience lower on average than similar patients with an overnight admission to an MTF for other medical or surgical reasons. The study authors conclude that obstetric patients may have unique needs that require specific types of care to satisfy patients.⁴⁴¹ Similarly, Frakes et al. (2023) conducted a large-scale study of maternity care and birth outcomes at MTF hospitals versus private hospitals and found that patients receiving care at private hospitals often received higher intensity care and experienced better outcomes; the authors posit that care at private hospitals may offer cost savings due to improved outcomes and fewer complications after birth.⁴⁴²

Servicewomen also face barriers to receiving women's health care services from providers who they feel are uneducated or unable to provide them with the quality of care they desire. For example, many providers, other than OB/GYNs, regularly deliver women's health care services, including PCMs, general medical officers, and deployable and unit-embedded health care providers. However, while these providers may have the training or certification to provide routine women's health care services, they do not always have adequate training to address more complex women's health care needs or may not use this knowledge enough to maintain proficiency in routine services. This challenge was described by participants in the 2024 DACOWITS focus groups:

"It's been easy for me to get an appointment, but the problem is that I have never seen the same doctor for my basic well-woman appointment, and it's usually some guy who isn't even an OB/GYN. Then I have to ask questions to a random person who I won't see again. You can't make a relationship, and you want consistency there."

—Female Officer

"I will never forget needing my 3-year pap smear and showing up to the only female doctor in [OCONUS location]. She was a brand new [doctor embedded in unit], and when they're new, they are doctors who have completed their internship but not a residency. So, you are basically showing up to a high-school freshman of a doctor in the medical world. She was like, 'I've done a couple of these. I think it will be fine, and if I didn't get a good enough sample because I'm not trained well in this, I will send you out in town to do it again.' Um ... what? She's a general practitioner and the only female doctor; I prefer a woman. Or you have to wait to go out in town, but then are you willing to accept her risk mitigation speech beforehand? It's frustrating."

—Female Officer

"Before I had my second daughter, I had a miscarriage at 12 weeks; I was still passing tissue. After [an] hour and a half [during my doctor's appointment], they dug around in my cervix and were pulling pieces out, I started shaking and crying. The doctor was like, 'I'm almost done;' the poor med student was in the back. I was not offered ibuprofen or [a] heating pad. He was like, 'I can get this all out; don't worry about it,' and later a female doctor walked past and asked him what he was doing and was like, 'You need to stop.' She was horrified."

—Female Officer

“The first pap smear I ever had was very rough, and they don’t let you go see an OB/GYN. They’re like, ‘The general practitioner can do it.’ And I’m like, ‘Okay, but I’d really feel more comfortable if I could see someone who specialized in this.’”

—Female Officer⁴⁴³

DACOWITS believes the barriers servicewomen face accessing routine and specialty women’s health care services are detrimental to the readiness of the force and to servicewomen’s satisfaction with their military experience, which affects their retention. However, evidence gathered by the Committee seems to indicate that limited proficiency in providing women’s health care services may be one of the major barriers servicewomen face accessing care. To address this barrier, DACOWITS believes routine care providers should be required to maintain proficiency in some routine women’s health care services, such as contraceptive counseling. Therefore, DACOWITS recommends SecDef direct servicewomen’s health care training, adequate to achieve proficiency, for all PCMs, unit-embedded health care providers, and deployable health care providers to improve access to and the availability of women’s health care resources.

Referral Requirements for OB/GYN Treatment

OB/GYN services are considered specialty care under TRICARE, meaning servicewomen require a referral from their PCM to access these services. Specialty care may be especially important during times when health care services are critical and are needed quickly, such as during pregnancy and at birth. One of the key themes that arose during 2024 focus groups with Service members was that getting a referral from PCMs for specialty services, such as those provided by an OB/GYN, can take weeks to process, and PCMs may not always feel comfortable providing referrals off installation if they believe services can be rendered on installation. DACOWITS believes one way to expand access to women’s health care services is to allow servicewomen to schedule OB/GYN appointments without referrals from their PCM and to let them choose an on- or off-base provider.

Health Affairs Policy 11-005, TRICARE Policy for Access to Care, describes the timeline requirements for which Service members must receive an appointment after a request depending on the type of service requested. These requirements include the following:

- **Urgent care:** “Beneficiaries should have an appointment to visit an appropriately trained provider within 24 hours and within 30 minutes travel time of the beneficiary’s residence.”

- **Routine care:** “Beneficiaries must be offered an appointment to visit an appropriately trained provider within 7 calendar days and within 30 minutes travel time of the beneficiary’s residence.”
- **Well-patient care:** “Beneficiaries must be offered an appointment with an appropriately trained provider within 4 weeks (28 calendar days).”
- **Referrals for specialty care services:** “Beneficiaries must be offered an appointment with an appropriately trained provider within 4 weeks (28 calendar days) or sooner, if required, and within 1-hour travel time from the beneficiary’s residence.”⁴⁴⁴

As these timelines indicate, Service members are required to have an appointment established within 7 days of request for routine care and within 4 weeks of request for specialty care, creating a major wait time for servicewomen requesting a referral to an OB/GYN, even if for routine care. Service members are asked to first seek both urgent and routine care from their primary care providers, and if it is determined that care cannot be provided by the primary care provider within an MTF or within the TRICARE network of civilian providers, patients may be referred outside MHS for services. DACOWITS believes exempting OB/GYNs from this referral requirement would allow patients to access these services more quickly.

Focus group participants expressed frustration with the referral requirement and time involved in making an OB/GYN appointment as currently required under TRICARE:

“You have to convince your PCM with everything you’ve got to try and give you a referral. Come with all your reasoning, and if you really want the referral, that’s how you are going to get it.”

—Female Officer

“It’s annoying to go through your PCM, get a referral, and then go see someone if they feel there’s a need.”

—Enlisted Woman

“When the OB/GYN clinic was still open ... I transferred here almost 2 years ago. I had to go get my well-woman exam done. I couldn’t just schedule it. I had to go to my PCM to request a referral to go to OB [obstetrics] within the same building to get a well-woman exam done. It’s absurd to think someone would have to go get a referral to do their annual hearing test.”

—Enlisted Woman

Additionally, servicewomen in most 2024 DACOWITS focus groups reported experiencing challenges getting or using referrals for specialty care, and female participants from nearly all focus groups recommended offering the option to seek women's health care services off base. Similarly, female participants in about half of the focus groups recommended changing policies and practices for referrals.⁴⁴⁵

"Allow us to choose our providers. If we want to go off post, we should be able to."

—Female Officer

"I have peers who are pregnant, and they talk about how, if you're a civilian spouse, you have more control on how you have your child. I have a friend who plans to be on leave when it's time to give birth, so they don't have to go to [installation MTF]. I also know people paying for their own midwives. [Installation MTF] is being forced on active duty pregnant women."

—Female Officer

"I got a referral to go out in town with my son, and that's simplified everything. If we could get that all around—like the maternity care automatically gets referrals when pregnant to have the choice if they don't have [an] appointment right away. If we could get automatic referrals, that would solve so many problems. I was in [location], and we were allowed to go to any TRICARE provider in town to get our OB stuff done. That was my first experience in the [Service]. Now I am experiencing everything people are talking about. The medical sector is so understaffed, and maybe our care needs to be outsourced."

—Female Officer

Given that OB/GYN services are considered specialty care under TRICARE, but servicewomen often require more routine women's health care services that routine care providers may be uncomfortable providing, DACOWITS recommends SecDef modify policy to exempt OB/GYN care from the PCM referral requirement and allow servicewomen to choose a provider, including off-base referrals for OB/GYN care, if desired.

Promoting Professional Decorum Within Units

Servicewomen participating in both the 2023 and 2024 DACOWITS focus groups indicated that it can be uncomfortable receiving women's health care services, especially those that are more sensitive in nature, from providers embedded within their unit. Therefore, many participants reported their preference to see a provider

outside their unit for more sensitive women's health services to maintain privacy and promote professional decorum with Service members they see regularly in their unit. This issue may be especially uncomfortable for women on ships or other tight-knit communities where they see their health care providers daily.⁴⁴⁶ Participants shared the following perspectives during focus groups:

"One medic who did my IUD, I saw her in the hallway a week later. It's weird."

—Female Officer

"I don't want to have the doctor I'm sitting across from the table in the board room do my pap smear. ... I have to have meals with these people."

—Female Officer

"I don't understand why I have to get a pap smear from my PCP [primary care physician]; he's in my unit; he's a fellow captain. He's rated against me, and in addition, the pap smears are ... why does it hurt so much? They say it's not supposed to hurt, but it always hurts with a PCP. Maybe an OB would do a better job?"

—Female Officer

DACOWITS believes it is reasonable for servicewomen to be able to request sensitive women's health care services from a provider in another unit or an off-base provider if having their unit-embedded provider provide these services makes them uncomfortable. Therefore, DACOWITS recommends the SecDef direct the Military Services to allow servicewomen in deployable units to choose a health care provider in another unit for women's health care.

Women's Health Specialty Clinics

According to results from the 2023 RAND Corporation WRHS report, women's health specialty clinics (referred to by a variety of titles that vary by MTF) demonstrate the ability to provide quicker appointments in a timely manner to servicewomen, thereby increasing access, capacity, and expected quality and type of care. The survey study results show that scheduling appointments with OB/GYNs was easier on bases with women's health specialty clinics, but wait times were not significantly different. DACOWITS believes women's health specialty clinics may be a best practice to help provide timely appointments and greater access to care for servicewomen.

According to the 2023 RAND WRHS results, 55 percent of servicewomen who used a women's health specialty clinic in the past year reported that it was usually or always

easy to get an appointment with an OB/GYN, while 83 percent of servicewomen who used a women’s health specialty clinic were able to get an appointment within the TRICARE-required 28 days.⁴⁴⁷ One 2024 DACOWITS focus group participant compared her experience seeking care on an installation with a women’s clinic with a different installation that did not have a women’s clinic, stating:

“I’ve had two very different experiences. In [the previous installation I was stationed at], there’s a women’s clinic, and you can talk and directly call them. Here, I had something similar and had to have a referral, and it’s a high threshold to pass before you get to the appointment, which is a deterrent for reproductive health.”⁴⁴⁸

—Female Officer

Summary

DACOWITS believes ample evidence from academic and primary sources identifies barriers servicewomen face accessing timely, high-quality women’s health care services in the military, including provider shortages, inadequate provider proficiency, unnecessary specialty care referral requirements, and uncomfortable situations receiving sensitive women’s health care services from providers in their units. DACOWITS believes the DoD and Military Services should take steps to address these barriers, including by adopting the Committee’s recommendations preceding this reasoning. Although the Committee does not believe its recommendations represent an exhaustive list of options for addressing barriers servicewomen face in accessing women’s health care, DACOWITS believes these recommendations are a good starting point for addressing the difficulties servicewomen face in accessing the care they need.

Recommendations 27–28

Recommendation 27

The Secretary of Defense should identify the demand for and current use of fertility services (covered and noncovered) and investigate options to expand fertility service coverage for all Service members, including cryopreservation, regardless of whether the need is due to a Service-related injury or illness.

Recommendation 28

The Secretary of Defense should make information on fertility services readily available through Military OneSource to enable the robust use of such services and promote understanding of the resources offered.

Synopsis

DACOWITS commends the DoD for its recent policy updates established in February 2023 to extend the timeframe in which Service members must inform their commanders about their pregnancy status, allow for administrative absences to access noncovered reproductive health care services, and provide travel and transportation allowances when noncovered reproductive health care services are not available in a Service member's location. DACOWITS believes these policies will improve access to care and treatment in the military for servicewomen who are pregnant. However, the Committee believes additional efforts are needed to address servicewomen's access to covered reproductive health services, especially those focused on addressing infertility, whether due to a service-related injury or not. Therefore, DACOWITS recommends the DoD investigate the demand for and current utilization of covered and noncovered reproductive health services to determine options for expanding TRICARE coverage. Additionally, DACOWITS recommends the DoD implement efforts to make fertility services coverage and availability information readily available through Military OneSource to ensure all Service members have access to this information.

Reasoning

Introduction

To develop its recommendations on this topic, DACOWITS collected information from several sources during the past year. In addition to the literature cited throughout the reasoning, the following primary sources are available on the DACOWITS website:

- Findings from focus groups with Service members on the topic of pregnancy and gender discrimination (Focus Group Report 2024)

DACOWITS has been interested in Service members' access to reproductive health care for many years. In 2012 and 2014, the Committee raised reproductive health care access and barriers to family planning, contraception, and general reproductive

health care as continuing concerns. The Committee also made the following recommendation related to reproductive health care in 2023:

The Secretary of Defense should direct the Defense Health Agency to further study and take proactive action to improve quality of and access to care for servicewomen's unique reproductive healthcare needs (e.g., fertility, assisted reproductive technology, pregnancy, depression) that could adversely impact their well-being, readiness, and retention.

The Committee remains committed to understanding fertility challenges in the military and ensuring that Service members experiencing infertility have access to the treatments they need to become pregnant. DACOWITS believes limited access to reproductive health care services, especially those focused on addressing infertility, negatively affects Service members' experiences in the military, including their career satisfaction, readiness to serve, and retention. Therefore, the Committee believes increasing access to high-quality reproductive health care services that are covered under TRICARE would positively influence the recruitment, retention, well-being, and treatment of Service members, especially women. The reasoning supporting the Committee's 2024 recommendation on access to reproductive health care follows.

More Research Is Necessary to Understand the Scope of Infertility in the Military

Many scientific advancements have been made in the field of fertility science over the past 10 years, including those related to better outcomes associated with the freezing of eggs and in vitro fertilization (IVF). Because of these advancements, individuals experiencing infertility challenges have more reliable options available to them today to support their pursuit of having a family. Assisted reproductive technology (ART) accounts for a small percentage of births in the United States each year. For example, 86,146 infants, or 2.3 percent of all infants born in the United States in 2021, were conceived through ART procedures, with IVF accounting for more than 99 percent of ART procedures performed.⁴⁴⁹ Additionally, the average cost for a single IVF cycle, including all medications and testing, is more than \$20,000 and can vary substantially by region, and multiple IVF cycles are often necessary before patients are able to have a live birth outcome.⁴⁵⁰ Therefore, IVF cycles and other reproductive health services can be very expensive for individuals without insurance coverage.

Although the field of fertility science has advanced in recent years, the prevalence of infertility in the military remains understudied, including remaining questions about the nature of infertility issues in the military and their causes, access to care options available to Service members through the MHS and the private sector, the reliability and effectiveness of Military Services' policies in place to support Service members'

time away from their unit and infertility service costs, the impact access to care for infertility challenges has on Service members' retention and readiness, and how aware Service members are of the reproductive health care services available to them through TRICARE or other means.

The prevalence of infertility among active duty Service members remains unclear, although various studies have tried to quantify the rate of Service members experiencing infertility, often with varying results. Table 4.8 describes studies conducted to better understand the prevalence of diagnosed infertility and self-reported infertility among active duty Service members and veterans across different time periods. Rates of infertility vary significantly across studies, ranging from 1.6 percent to 15.8 percent.⁴⁵¹ This variation makes it difficult to understand the full scope of fertility challenges Service members face today and how their needs compare with individuals in the civilian population.

Table 4.8. Rates of Diagnosed and Self-Reported Infertility Across Studies

Data Source (Time Period)	Type of Infertility	Rate	Population
U.S. Department of Veterans Affairs National Health Study for a New Generation of U.S. Veterans (2009–2011)	Self-reported infertility	Males: 13.8 percent Females: 15.8 percent	Male and female Service members deployed to Afghanistan and Iraq
CDC 2011–2015 National Survey of Family Growth	Self-reported infertility	6.7 percent	General population of married women aged 15–44
Health.mil study (2013–2018)	Diagnosed female infertility	1.6 percent*	Active duty servicewomen
2020 Women's Reproductive Health Survey (WRHS)	Self-reported infertility	15.2 percent	Active duty servicewomen

Note: CDC = Centers for Disease Control and Prevention

* Study author cautioned that the percentage of diagnosed female infertility (1.6 percent) may be underreported because of servicewomen neglecting to seek care for infertility or seeking care outside the MHS.

Source: Fan, 2019⁴⁵²

Recent DoD Policy Updates and Next Steps Related to Reproductive Health Care

The Committee commends the DoD on its efforts to introduce and update policies to expand access to reproductive health care services in recent years. For example, in February 2023, the DoD introduced policies to standardize and extend the timeframe

in which Service members must inform their commanders about their pregnancy status,⁴⁵³ allow for administrative absences to access noncovered reproductive health care services,⁴⁵⁴ and provide travel and transportation allowances when noncovered reproductive health care services that are not available in a Service member's location.⁴⁵⁵ Additionally, in March 2024, the DoD updated its policies to allow TRICARE coverage for IVF services regardless of Service members' marital status or whether they were using their own sperm and eggs, although Service members must still acquire donor sperm and eggs at their own expense. Additionally, the updated DoD policy still limits TRICARE coverage for IVF services to fertility issues stemming from service-related injuries, many of which can be difficult to identify.⁴⁵⁶

The Committee believes that the DoD should investigate options to expand its policies to cover IVF services and other reproductive health care services for all Service members, whether their infertility stems from a service-related injury or not, for various reasons, including (1) evidence that coverage of IVF services and other reproductive health care services may not significantly increase costs but may significantly influence Service member satisfaction and retention; (2) evidence that identifying service-related causes for infertility can be difficult and may disqualify Service members who should be legitimately eligible for services; and 3) Service members' feedback on the need for expanded reproductive health coverage and access to information about reproductive health service policies and coverage.

Evidence From the Civilian Industry

Mercer, a large-scale consulting firm, conducted the *2021 Survey on Fertility Benefits* on behalf of RESOLVE: The National Infertility Association, to better understand the landscape of fertility benefits employers offer. Of the 459 employers responding to the survey, 254 (55 percent) employers reported providing coverage for some type of fertility services. Specifically, in 2020, employers with more than 20,000 employees were more likely to cover evaluations by an infertility specialist (73 percent), drug therapy (53 percent), IVF (38 percent), intrauterine insemination (42 percent), and egg freezing (19 percent) services than employers with 500 or more employees. Additionally, 18 percent of employers that did not cover IVF reported that it was at least somewhat likely they would add coverage for IVF in the next 2 years, while 12 percent of employers that did not cover the freezing of eggs reported it was at least somewhat likely they would add coverage for the freezing of eggs in the next 2 years. The survey indicated that *perceived costs* remain a major barrier to companies adopting coverage for IVF services, but survey results indicated that 97 percent of all respondents "said they have not experienced a significant cost increase," including employers that cover IVF services under their medical plans. To mitigate costs, employers reported implementing limitations on fertility benefits, including lifetime maximum dollar benefits, limited number of IVF cycles covered, or other limitations, while only 12 percent of employers did not place limitations on IVF service benefits.

Although the Congressional Budget Office (CBO) conducted cost estimate analyses to support considerations for covering ART services in the FY16 NDAA and found that doing so would increase DoD discretionary spending by \$175 million per year, the Committee believes that these costs may be outweighed by costs associated with low retention rates due to family planning barriers, resulting in costly retraining of newly recruited Service members.⁴⁵⁷ DACOWITS believes the DoD should more comprehensively study the cost implications of covering reproductive health care services that are not currently covered under TRICARE, after better understanding the scope of infertility in the military. Additionally, the FertilityIQ 2019–2020 Family-Building Workplace Index, a review of data from more than 50,000 FertilityIQ users, showed that among respondents who had their IVF services covered by their employer, 88 percent returned to their employer after maternity leave, 73 percent felt more grateful for their employer, and 61 percent reported feeling more loyal to their employer.

From a DoD perspective, there is an important potential benefit to extending infertility coverage to all Service members. Fertility issues increase with age and seniority, and it is established that active duty servicewomen are 28 percent more likely to leave the military than men at any point in their period of service, and many leave midcareer.⁴⁵⁸ The difficulty of aligning family planning with career progression is one of the reasons cited for their departure. Women are a small but significant talent pool the Services cannot afford to lose, and replacing their experience and training is costly. For example, it is estimated the cost of pilot training ranges from \$1.1–\$10.9 million,⁴⁵⁹ so it would be far less costly to retain female pilots than to retrain new recruits.

Costs and competing resources for the military may differ from private employers. Data from the Pentagon reported the time and travel benefits for out-of-state reproductive health care were used just 12 times from June to December 2023 at a cost of about \$40K.⁴⁶⁰ The Pilot Program on Cryopreservation and Storage of Gametes for a Specific Population of Armed Forces estimated the costs of offering cryopreservation of gametes to active duty Service members aged 18–35 to range between \$801M to \$3.21B based on 25 percent to 100 percent utilization. This pilot found limited data linking cryopreservation to retention and concluded it is “outside the current capacity and funds available.”⁴⁶¹ However, based on the evidence the Committee found and other data sources on the cost implications and impact on the likelihood of retention, the Committee believes the DoD should further investigate the feasibility of covering IVF services and other reproductive health care services as a tool to increase retention and career and Service satisfaction among Service members.

Identifying Service-Related Causes for Infertility

The DoD currently limits coverage of infertility services to Service members who experience infertility issues due to category 2 and category 3 service-related injuries

or illnesses. However, the Committee believes aspects of military service may cause infertility in Service members, but they are difficult to identify as directly attributable to service, unlike physically observable injuries such as damage to sex organs. These factors are described in Table 4.9.

Table 4.9. Military Factors That Could Potentially Impact Male and Female Fertility

Factors That Can Affect Fertility	Description of Impact
Post-traumatic stress disorder (PTSD)	<ul style="list-style-type: none"> Can lead to intimacy issues Male veterans with PTSD are four times more likely to have erectile dysfunction than men without PTSD Male veterans have significantly reduced sperm motility⁴⁶² Women with PTSD may take longer to become pregnant⁴⁶³ Couples with male partners with PTSD face significantly higher rates of secondary infertility (inability to conceive after previously having a child)⁴⁶⁴
Traumatic brain injuries	<ul style="list-style-type: none"> Can cause changes in sexual desire, decreased sperm production, and sexual dysfunction⁴⁶⁵ Civilian women who suffer sports-related head injuries experience missed periods due to reproductive system disruptions⁴⁶⁶
Combat stress and depression	<ul style="list-style-type: none"> Combat stress alone is less likely to cause infertility than other factors, but stress affects women's ability to get pregnant⁴⁶⁷ Women with a history of depression, including depression caused by persistent stress, are two times as likely as nondepressed women to experience infertility⁴⁶⁸ Women with severe depression are significantly less likely to conceive, even if taking psychotropic medications to manage depression⁴⁶⁹ Couples in which men had major depression were 60 percent less likely to conceive and have a live birth than couples in which men did not have major depression⁴⁷⁰
Toxic exposure	<ul style="list-style-type: none"> Servicemen may be exposed to heavy metals, chemicals, or radiation that can reduce sperm production and health⁴⁷¹ Veterans of the Gulf War and post-9/11 eras exposed to burn pit toxins may be more likely to develop cancer in their reproductive organs⁴⁷²
Noise exposure	<ul style="list-style-type: none"> Veterans experience higher rates of tinnitus (ringing in the ears) than civilians because of exposure to loud noises, such as gunfire and aircraft.⁴⁷³
Sexual violence	<ul style="list-style-type: none"> As high as one in four female veterans report experiencing sexual trauma in the military.⁴⁷⁴
Delayed efforts to start a family	<ul style="list-style-type: none"> Service members may decide to postpone efforts to start a family due to deployments, training schedules, and impact on career progression.⁴⁷⁵

The CRS reports that servicewomen in certain military careers, such as pilots and aircrew, are at higher risk of infertility due to increased exposure to radiation or the physical demands of the job while servicewomen in other careers, such as health care, may be more likely to seek care for infertility. The Committee believes the DoD should implement efforts to better understand infertility in these positions specifically, as well as others with more physically demanding requirements or likelihood of chemical exposure.

In addition to the academic literature on aspects of military service that may lead Service members to experience infertility, DACOWITS focus group participants also highlighted concerns about many of these factors:

"I do have concerns; I am awash with hazmat. ... They should do fertility testing so you know where you stand, and then every couple years after that to track it. I have a friend who paid out of pocket for hers; she's on the lower side of what's normal for her age range. Is that because she already was less fertile to begin with, or [have the hazardous exposures of her occupation] taken that from her?"

—Female Officer

"Timing is so important with permanent change of duty stations every few years. The military should cover in vitro fertilization and anything leading to it. If women are going to be forced to plan out pregnancies with duty station moves, the military should cover in vitro fertilization."

—Female Officer

"Freezing your eggs should be covered. You spend 10 years in your career and then realize it's too late. We dedicate our fertile years."

—Female Officer

Infertility issues are known to increase with age as well, so limited fertility treatments for Service members without service-related injuries are likely to result in older, more experienced Service members leaving the military due to infertility associated with delayed pregnancy.⁴⁷⁶ Both male and female focus group participants shared beliefs that having access to fertility services, especially the freezing of eggs, sperm, and embryos, could help them better plan and reduce stress related to planning a family while serving in the military and would likely increase the retention of Service members and enable them to serve later in life. In addition, 80 percent of Service members who participated in the 2024 DACOWITS focus groups indicated in their pre-focus group survey that a hypothetical expansion of reproductive health care benefits, such as fertility treatment, would influence their likelihood of staying in the military longer.

“But also, freezing eggs or sperm, [Service members] want to wait until they’re set in their career, and that might be when they’re 40 years old. So that should be covered. They might want to wait [to have kids] to serve the [Service].”

—Enlisted Woman

“I think it would be extremely helpful, especially for people who join the military later in life, where they have that flexibility to pursue or get into a comfortable position in their career, ... but maybe their body is not able to [have children] at that point. I think being able to freeze both [eggs and sperm] would be helpful.”

—Male Officer

“You could preserve some of your career and do the underway stuff when you’re younger and have that option later on.”

—Enlisted Woman

Pregnancy and barriers to having children in the military, including infertility or delayed fertility, may uniquely affect servicewomen’s career progression and likelihood of retention. Participants from the 2024 DACOWITS focus groups also indicated that family planning and maintaining a family in the military are two of the biggest challenges facing servicewomen today, especially due to the negative impact time away from their unit can have on servicewomen’s career progression. Therefore, DACOWITS believes the DoD should investigate expanding its coverage of reproductive health care services, including the freezing of eggs, sperm, and embryos, to Service members who have infertility issues that are not directly attributable to a service injury.

Servicewomen Perspectives on the Need for and Understanding of DoD Policies Related to Reproductive Health Care

In addition to challenges in understanding the full scope of infertility in the military and considerations about service-related injuries and illnesses as identified through the academic literature, servicewomen have also shared their perspectives on the need for reproductive health care services in the military and their understandings of current DoD policies related to reproductive health care through various mechanisms, including the RAND Corporation WRHS of active duty Service members and DACOWITS focus groups.

Access to IVF and other reproductive health care services remains an ongoing issue for servicewomen. Results of the 2020 WRHS found 12 percent of active duty servicewomen reported unmet needs for fertility service after joining the military,

meaning they sought but did not receive the services they desired. Additionally, only 1.1 percent froze their eggs while in the service, but 43.5 percent reported they would consider freezing their eggs if TRICARE completely covered the process. These findings show that there may be a greater desire to pursue the freezing of eggs or other reproductive health care services in the military than is currently being actualized, potentially due to costs associated with these services.⁴⁷⁷

This sentiment was echoed by 2024 DACOWITS focus group participants, highlighting that participants from most female focus groups believe IVF and other reproductive health care services should be covered under TRICARE, and doing so would make them more likely to stay in the military longer.

“Pay for [fertility treatments]. And if you need to take a day off, 2 weeks off, the pot of time off should be an authorized absence instead of personal time off.”

—Enlisted Woman

“If you tell women they’d get IVF covered if they stay in, that’s a huge incentive. Just like any healthcare that costs a lot of money.”

—Enlisted Woman

“I think if a woman is struggling with fertility and they are in a relationship where they can’t get pregnant together, if you are told you can start a family and the [Service] will provide you that family, that’s a huge motivator for female Service members to continue staying in just like any other medical benefits are to stay in. You get free healthcare; that’s a huge reason a lot of people stay in the military.”

—Female Officer

Additionally, 2024 DACOWITS focus group participants shared conflicting views and knowledge about what, if any, fertility treatments were covered under TRICARE, with the majority of groups believing no fertility treatments were covered under TRICARE, and participants in at least half of groups reported not knowing what services were covered. To address this knowledge gap, participants recommended increased dissemination of information about access to and coverage of fertility treatments:

“There is no proactive education though. It happens when the person reaches the obstacle. Then they start the research, and that can expand timelines, while you also have personal stress. So, like, in the event you’re not trying to have kids, it would be good to market those reproductive assistance services when you’re [in your] early career. It would be good to know beforehand.”

—Female Officer

Service member's perspectives from the 2020 WRHS and 2024 DACOWITS focus groups show that there is a desire for expanded reproductive health services for servicewomen and a need for greater access to information about what fertility treatments are covered under TRICARE, which could be accomplished by incorporating service offerings into Military OneSource. The DoD could explore options to offset the cost of expanded IVF treatment, such as extending military service obligations, or in lieu of using other military benefits, such as the GI Bill. The DoD should also explore policies to allow temporary additional duty (TAD) options.

Summary

There are gaps in Service members' awareness, understanding, and ease of access to fertility treatments in the military, with costs for treatment without insurance coverage being the most prominent barrier. Service members have expressed the need and desire for increased access and coverage of reproductive health treatments, including those focused on addressing infertility, and discussed various negative impacts not having access to these services has had on their experience in the military. Service members report that limited access to reproductive health services affects their health, readiness, and retention, which can be costly to the DoD because infertility is more common in older servicewomen who typically require more training and specialized knowledge to replace. DACOWITS recognizes the potential cost of expanded TRICARE coverage of reproductive health services but also believes that the costs of women leaving the military in their midcareer to start families could outweigh the costs of expanded TRICARE coverage. Furthermore, the Committee believes expanded reproductive health coverage could be a significant recruiting incentive, especially when female applicants are considering the similar benefits offered by employers in the civilian industry.

Continuing Concern

Career Progression

Synopsis

DACOWITS is dedicated to ensuring servicewomen who choose to have children can continue to progress in their military careers. DACOWITS remains concerned that having a child during military service may negatively affect servicewomen's career prospects and promotability. This can occur when pregnant servicewomen are placed on limited duty assignments that prevent them from meeting career

milestones and qualifications. In 2023, the Committee made two recommendations related to the impacts of pregnancy on career progression, neither of which have been implemented. The Committee believes the DoD will continue to lose talented servicewomen who wish to continue their service unless these issues are addressed.

Reasoning

Introduction

To inform this continuing concern, DACOWITS collected information from several data sources during the past year. The following primary sources are available on the DACOWITS website:

- Findings from 20 focus groups with Service members on the topic of family planning (Focus Group Report 2024)⁴⁷⁸
- In 2023, DACOWITS made two recommendations for policy initiatives that could help reduce barriers to career advancement for servicewomen who wish to continue their military service after having children⁴⁷⁹

In the DACOWITS' 2023 Annual Report, the Committee made two recommendations urging the Secretary of Defense to undertake policy initiatives that could serve to eliminate barriers to career advancement and promotion opportunity for servicewomen who choose to have children but also wish to continue their military service. These specific recommendations were:

1. The Secretary of Defense should direct the USD(P&R) to review, and revise as needed, DoD and Military Services' parental leave and operational deferment policies to ensure they do not adversely impact servicewomen's career progression, including training, professional education opportunities, promotions, and performance evaluations.
2. The Secretary of Defense should direct a study of the feasibility of and the implementing actions necessary to establish programs enabling servicewomen to (1) transfer from the Active to Reserve Component for a temporary period and (2) elect a later promotion year group to recover lost training, education, or operational opportunities resulting from pregnancy duty reassignments, operational deferments, and maternity convalescent and parental leave absences.

This year, DACOWITS continued its examination of issues related to servicewomen's family planning and career progression. The reasoning supporting DACOWITS' continuing concern about these topics follows.

Findings From DACOWITS' 2024 Focus Groups: High Levels of Perceived Incompatibility of Military Service and Having a Family

In 2024, DACOWITS was directed to study challenges in the Military Services' institutional policies and procedures that may inhibit family planning. Women in nearly all the 2024 DACOWITS focus groups expressed the belief that having a family and serving in the military are incompatible, and women in most focus groups voiced their perceptions that women's careers are affected differently by having children compared with men's careers.⁴⁸⁰ Survey results indicated that 90 percent of female participants thought it was "somewhat or very difficult" to have a family and continue serving in the military, and 76 percent of female participants identified career progression as the factor that most affected servicewomen's ability to start a family.⁴⁸¹ Female participants felt having a family, both during their pregnancy and after delivery, was hindering their ability to meet career milestones and acquire qualifications necessary for progression, which adversely impacted their performance evaluations and ability to progress in their career.⁴⁸² Service members shared a variety of examples of how servicewomen's careers are negatively affected when they become pregnant:⁴⁸³

"For officers, your officer evaluation report [OER] is your ticket. That is your next job. To get the next job you want, you need a good rating, but if you're pregnant, you're out. You can see it from commanders. They'll say they're going to promote someone that [deployed] rather than someone who was pregnant."

—Female Officer

"I think for women, it [pregnancy] makes it harder. You go through the time of being pregnant, and you're on limited duty, so leadership are already saying you can't do your job. My supervisor told me he was worried about my performance review. ... He said, 'I don't know what we're going to do with your evaluation report.' They already count you out. You're counted out of the promotion cycle."

—Enlisted Woman

"If you are a young lady on a deployable unit and you're taken off [due to pregnancy] ... I've seen folks that were halfway through a qual, and now they're off the [platform], and now all that time is scratched."

—Male Officer

"I saw three pregnant females who were put on watch indefinitely, where they could have and wanted to do more. They tried to fight it, but command didn't want the liability of dealing with a pregnant member. And when the child came, they separated and didn't finish their tour."

—Enlisted Woman

"It depends, there are different sides to it. Female [Service members] actually carry the weight, literally and figuratively. For them, you have to do your job while carrying the child for the next 9 months. [In my occupational specialty], if you got pregnant ... now you are staying in the office and not going to go field, which could slow down your progression. I had a [Service member] sent to the chow hall, not going on deployment or the field. If you aren't doing those things, your evals will be different because you are being compared with people who are doing big stuff while you are sitting in the chow hall doing whatever."

—Enlisted Man

Without Further Action, the DoD Will Continue to Lose Talented Servicewomen

The Committee believes urgent action is needed to implement its 2023 recommendations regarding career progression issues for women who become pregnant and have families while serving. Servicewomen should not have to forego promotion or career advancement to have a family in the military; it should not be an either/or choice. The Committee understands health and safety considerations may limit the range of duties a servicewoman is permitted to perform during pregnancy, but temporary placement on limited duty or lost training opportunities due to outdated policies should not damage a career. Pregnancy is a temporary state that has no bearing on competence, merit, or potential, especially for women who are already successfully serving. The civilian labor market is highly competitive, which gives servicewomen many options should they determine their military careers are stalled or feel service is not compatible with their family life. It is imperative for readiness to retain this increasingly important segment of the military population.

Summary

The Committee remains concerned that servicewomen continue to face barriers to progressing in their careers after having children. Current practices lead to an avoidable loss of talented servicewomen, which exacerbates current challenges with recruitment and retention. DACOWITS believes that the DoD should continue to explore and implement options that support rather than penalize servicewomen who choose to become parents.



U.S. Air National Guard Master Sgt. Alyssa Kissell, aircraft armament systems technician, 114th Fighter Wing, South Dakota Air National Guard, performs a post flight check on the F-16 Fighting Falcon's weapons system during Operation Seawolf, a joint maritime Agile Combat Employment exercise at Naval Air Station North Island, Coronado, California, Jan. 24, 2024.

U.S. Air National Guard Staff Sgt. Brandy Nelson, a 118th Wing Security Forces Squadron journeyman, adjusts her scope at the range in Milan, Tennessee, January 30, 2024.



Appendix A

DACOWITS Charter

Appendix A. DACOWITS Charter

Committee’s Official Designation: The committee will be known as the Defense Advisory Committee on Women in the Services (DACOWITS).

Authority: The Secretary of Defense, in accordance with chapter 10 of title 5, U.S.C. (commonly known as “the Federal Advisory Committee Act” or “FACA”) and 41 C.F.R. § 102-3.50(d), established this discretionary advisory committee.

Objectives and Scope of Activities: The DACOWITS provides advice and recommendations on matters relating to women in the Armed Forces of the United States, as set out in paragraph four below.

Description of Duties: The DACOWITS shall provide independent advice and recommendations on matters and policies relating to recruitment, retention, employment, integration, well-being, and treatment of servicewomen in the Armed Forces of the United States. All DACOWITS work, including subcommittee work, will be in response to written terms of reference (ToR) or taskings approved by the Secretary of Defense or the Deputy Secretary of Defense (“the DoD Appointing Authority”) or the Under Secretary of Defense for Personnel and Readiness, (USD(P&R)) unless otherwise provided by statute or Presidential directive.

Agency or Official to Whom the Committee Reports: The DACOWITS reports to the DoD Appointing Authority, through the USD(P&R), who may act upon the DACOWITS’ advice and recommendations in accordance with Department of Defense (DoD) policy and procedures.

Support: The DoD, through the Office of the USD(P&R), provides support for the DACOWITS’ functions and ensures compliance with requirements of FACA, 5 U.S.C. 552b (commonly known as “the Government in the Sunshine Act” or “the Sunshine Act”), governing Federal statutes and regulations, and DoD policy and procedures.

Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost for the DACOWITS, to include travel, meetings, and contract support, is approximately \$1,039,000.00. The estimated annual personnel cost to the DoD is 4.0 full-time equivalents.

Designated Federal Officer: The DACOWITS’ Designated Federal Officer (DFO) shall be a full-time or permanent part-time DoD Federal civilian officer or employee, or active duty member of the Armed Forces, designated in accordance with DoD policy and procedures.

The DACOWITS' DFO is required to attend all DACOWITS and subcommittee meetings for the entirety of each meeting. However, in the absence of the DACOWITS' DFO, a properly approved Alternate DFO, duly designated to the DACOWITS in accordance with DoD policy and procedures, shall attend the entirety of all DACOWITS and subcommittee meetings. The DFO, or the Alternate DFO, calls all DACOWITS and subcommittee meetings; prepares and approves all meeting agendas; and adjourns any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public interest or required by governing regulations or DoD policy and procedures.

Estimated Number and Frequency of Meetings: The DACOWITS shall meet at the call of its DFO, in consultation with the DACOWITS' Chair and the USD(P&R). The estimated number of meetings is four per year.

Duration: The need for this advisory function is on a continuing basis; however, the DACOWITS is subject to renewal every two years.

Termination: The DACOWITS shall terminate upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless the DoD renews the DACOWITS in accordance with DoD policy and procedures and FACA.

Membership and Designation: The DACOWITS shall be composed of no more than 20 members who have prior experience in the military or with women-related workforce issues. Members will include leaders with diverse and inclusive backgrounds, experience, and thought relating to the recruitment and retention, the employment and integration, and the well-being and treatment of women. These members will come from varied backgrounds including academia, industry, private and public sectors, and other professions.

The appointment of DACOWITS members shall be approved by the DoD Appointing Authority for a term of service of one-to-four years, with annual renewals, in accordance with DoD policy and procedures. No member, unless approved by the DoD Appointing Authority, may serve more than two consecutive terms of service on the DACOWITS, to include its subcommittees, or serve on more than two DoD federal advisory committees at one time. DACOWITS members who are not full-time or permanent part-time Federal civilian officers or employees, or active duty members of the Uniformed Services, shall be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. DACOWITS members who are full-time or permanent part-time Federal civilian officers or employees, or active duty members of the Uniformed Services, shall be designated pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular government employees (RGE) members. The DoD Appointing Authority shall appoint the DACOWITS' leadership from among the membership previously appointed in accordance with DoD policy and

procedures, for a term of service of one-to-two years, with annual renewal, not to exceed the member's approved appointment.

All members of the DACOWITS are appointed to exercise their own best judgment, without representing any particular point of view, and to discuss and deliberate in a manner that is free from conflict of interest. With the exception of reimbursement of official DACOWITS-related travel and per diem, DACOWITS members serve without compensation.

Subcommittees: The DoD, when necessary and consistent with the DACOWITS' mission and DoD policy and procedures, may establish subcommittees, task forces, or working groups ("subcommittees") to support the DACOWITS. Establishment of subcommittees shall be based upon a written determination, to include terms of reference (ToR), by the DoD Appointing Authority or the USD(P&R), as the DACOWITS' Sponsor. All subcommittees operate in accordance with the FACA, the Sunshine Act, governing Federal statutes and regulations, and DoD policy and procedures. All subcommittees terminate when DACOWITS does.

Individual appointments to serve on DACOWITS subcommittees are separate and distinct from appointments to the DACOWITS itself and shall be approved by the DoD Appointing Authority for a term of service of one-to-four years, with annual renewals, in accordance with DoD policy and procedures. No member shall serve more than two consecutive terms of service on the subcommittee, unless approved by the DoD Appointing Authority. Subcommittee members who are not full-time or permanent part-time Federal civilian officers or employees, or active duty members of the Uniformed Services, shall be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as SGE members. Subcommittee members who are full-time or permanent part-time Federal civilian officers or employees, or active duty members of the Uniformed Services, shall be designated pursuant to 41 C.F.R. § 102-3.130(a) to serve as RGE members. The DoD Appointing Authority shall appoint the subcommittee leadership from among the membership previously approved to serve on the subcommittee in accordance with DoD policy and procedures, for a term of service of one-to-two years, with annual renewal, which will not exceed the member's approved appointment.

Each subcommittee member is appointed to exercise their own best judgement on behalf of the DoD, without representing any particular point of view, and to discuss and deliberate in a manner that is free from conflicts of interest. With the exception of reimbursement of travel and per diem related to the DACOWITS or its subcommittees, subcommittee members shall serve without compensation.

Subcommittees shall not work independently of the DACOWITS and shall report all their advice and recommendations solely to the DACOWITS for its thorough deliberation and discussion at a properly noticed and open DACOWITS meeting, unless the meeting can be closed in accordance with one or more of the exemptions found in the Sunshine Act. Subcommittees have no authority to make decisions and recommendations, orally or in writing, on behalf of the DACOWITS. Neither the subcommittee nor any of its members may provide updates or report directly to the DoD or any Federal officer or employee, whether orally or in writing. If a majority of DACOWITS members are appointed to a particular subcommittee, then that subcommittee may be required to operate pursuant to the same notice and openness requirements of FACA which govern the DACOWITS' operations.

The USD(P&R) has established three permanent subcommittees. While the number of individuals appointed to each subcommittee may vary, as determined by the DoD Appointing Authority, no individual subcommittee shall have more than 15 members. The three permanent subcommittees are:

1. **Employment and Integration**—This subcommittee, when tasked in accordance with DoD policy and procedures, will examine the Military Services' gender integration efforts to determine whether existing policies and programs inhibit the full integration of servicewomen into all military career fields, and identify innovative solutions, as necessary. In addition, the subcommittee will review occupational policies and programs that may limit servicewomen's career progression. Members shall have experience in the military or with women-related workforce issues, specifically pertaining to the employment and integration of women serving in the Armed Forces.
2. **Recruitment and Retention**—This subcommittee, when tasked in accordance with DoD policy and procedures, will examine current military recruitment and retention programs to determine whether existing policies and procedures inhibit the recruitment and retention of servicewomen. In addition, the subcommittee will identify innovative solutions to increase women's propensity to serve and further expand opportunities for women to continue serving. Members shall have experience in the military or with women-related workforce issues, specifically pertaining to recruitment and retention.
3. **Well-Being and Treatment**—This subcommittee, when tasked in accordance with DoD policy and procedures, will examine whether existing DoD and Military Services institutional policies and procedures safeguard the well-being and treatment of servicewomen, and provide recommended policy changes as gaps are identified. Members shall have experience in the military or with women-related workforce issues, specifically pertaining to well-being and treatment.

Recordkeeping: The records of the DACOWITS and its subcommittees shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, or other approved agency records disposition schedule, as well as the appropriate DoD policy and procedures. These records will be available for public inspection and copying, subject to 5 U.S.C. § 552 (commonly known as “the Freedom of Information Act”).

Filing Date: April 22, 2024



U.S. Air Force Airman First Class King Keats, a security forces specialist with the 4th Security Forces Squadron, takes a defensive position during AGILE FLAG 24-1, at Fresno Air National Guard Base, California, Jan. 29, 2024.

Guardian Arena participants compete in a relay race at Cape Canaveral Space Force Station, Florida, Dec. 9, 2024. Thirty-five teams, comprised of United States Space Force Guardians, United States Air Force Airmen, and civilians, participated in the world's largest Space Force competition.



Appendix B

Biographies of DACOWITS Members

Appendix B. Biographies of DACOWITS Members

Vice Admiral Robin R. Braun (Chair), USN, Retired

DACOWITS Position	<ul style="list-style-type: none"> Chair
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Chairman, Naval Aviation Museum Foundation, Pensacola, FL Treasurer and Finance Committee Chair, Northern Arizona University Foundation Flag Officer Advisory Council, Arizona State University B-727 and A-300 Pilot, FedEx Corporation (Retired) Board of Directors, Identiv, Inc. (Retired)
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from the U.S. Navy in 2016 with 37 years of Active and Reserve service Last assignment: Chief of Navy Reserve and Commander, Navy Reserve Force Previous: Deputy Director of Operations, U.S. European Command, Stuttgart, Germany Director, Total Force Management for Information Warfare (OPNAV N2/N6 C1) Commander / Deputy Commander, Navy Recruiting Command Naval Aviator; first woman to command a Navy Reserve aviation squadron; 5,800 flight hours in Naval aircraft
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> Master of Public Administration, University of Washington Bachelor of Science, Northern Arizona University Honorary Doctorate of Humane Letters, Northern Arizona University Honorary Doctorate of Laws, Concordia University of Chicago Executive Education, Leading Innovation, Babson College Executive Education, Strategic Thinking, University of North Carolina Joint Professional Military Education, U.S. Naval War College
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> Distinguished Service Medal Defense Superior Service Medal Legion of Merit (3 awards) Honorary Chief Petty Officer Daughters of the American Revolution (DAR) Patriot Award 2015 Distinguished Citizen of the Year Award, Northern Arizona University

Dr. Elizabeth Van Winkle (Vice Chair)

DACOWITS Position	<ul style="list-style-type: none"> Vice Chair
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Industry Executive for Federal Government at Oracle Council Member, Leadership Council for Women in National Security (LCWINS) Board Member, WeBe Life Foundation Strategic Advisor, Sandboxx
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Deputy Director, Military Force Management Policy (USAF/DoD) Executive Director, Office of Force Resiliency (OSD/DoD) Assistant Secretary of Defense for Readiness (Performing the Duties) (OSD/DoD) Director, Health and Resilience Surveys and Research Division (OSD/DoD)
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> Doctor of Philosophy, Applied Experimental Psychology (2012) Master of Arts, Applied Experimental Psychology (2010) Master of Arts, Sociology (2000) Bachelor of Arts, Psychology and English (1996)
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> Secretary of Defense Medal for Meritorious Civilian Service for accomplishments from 2018–2020 Secretary of Defense Medal for Exceptional Civilian Service for accomplishments from 2016–2017

Colonel Nancy P. Anderson, USMC, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Employment and Integration Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Retired Served as Interim CEO, Westmoreland Cultural Trust [2019] Volunteer, Excelsa Health Westmoreland Hospital for 20 years, Westmoreland Hospital Auxiliary [board member for 10 years, and past president], YWCA of Westmoreland County [board member for 8 years and board treasurer for 2 years], YWCA Thrift Shop Volunteer for 8 years, American Red Cross, Westmoreland County Historical Society volunteer and co-chair of multimillion-dollar Capital Campaign, Westmoreland County Food Bank, Our Lady of Grace Catholic Church, Military Officers Association of America (MOAA) [at the local/chapter and state/council levels]
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired Colonel, U.S. Marine Corps
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> MS, Naval Postgraduate School [1985] Naval War College [1988] National War College [1995]

Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> ▪ Women in NAACP Community Service Award [2009] ▪ YWCA President's Award for significant volunteer service [2011] ▪ Red Cross Carol Navarre Memorial Award for outstanding volunteerism [2011] ▪ National Board Member, MOAA [2009–2014] ▪ Secretary, MOAA PA Council of Chapters [2012–present] ▪ MOAA Leadership Award for exceptional volunteer contributions [2019] ▪ Westmoreland County Lifetime of Service celebration, with husband, Charles, with proclamations from the PA Senate, House of Representatives and the Westmoreland County Commissioners [2019]
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Captain Kenneth J. Barrett, USN, Retired

DACOWITS Position	<ul style="list-style-type: none"> ▪ Committee Member; Chair, Recruitment and Retention Subcommittee
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> ▪ Families and Work Institute Board of Directors ▪ Serves on the Advancing Minorities' Interest in Engineering Board of Directors ▪ Board of Trustees, St. John's High School, Shrewsbury MA ▪ Former Global Chief Diversity Officer, General Motors
Prior Military Service or Affiliation	<ul style="list-style-type: none"> ▪ Retired from the Navy in 2012 after 28 years ▪ Surface Warfare Officer, Diversity Director for the U.S. Navy ▪ Last assignment: Acting Director, Office of Diversity Management and Equal Opportunity, OSD
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> ▪ Federal Executive Fellow, Harvard University, Olin Institute for Strategic Studies ▪ Executive MBA, Naval Post Graduate School ▪ Master of Arts, National Security Affairs and Strategic Studies, Naval War College ▪ Bachelor of Arts, Political Science, College of the Holy Cross
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> ▪ Defense Superior Service Medal ▪ Legion of Merit ▪ Defense Meritorious Service Medal ▪ Meritorious Service Medal (2 gold stars) ▪ Ted Childs Life Work Excellence Award ▪ Global Diversity and Inclusion Leadership Award, World Diversity and Inclusion Congress

Major General Peggy C. Combs, USA, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Recruitment and Retention Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> President and CEO Army and Navy Academy, Carlsbad CA Advisory Board Member, Office of Veterans Affairs, Syracuse University Co-Chair America 250 Americas Service Members Advisory Council Advisory Board Member Shenandoah University Leadership Academy Board of Directors, Member Connected Nation
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired U.S. Army with 33.5 years of service Leadership experience across tactical, operational, and strategic levels 17 years of experience in training and leader development, including Commanding General United States Army Cadet Command, and Fort Knox KY, and Commandant U.S. Army Chemical, Biological, Radiological, and Nuclear School Last Assignment: Chief of Staff, U.S. Northern Command and Northern American Aerospace Defense Command, Peterson AFB, CO
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> Doctorate of Laws, Honoris Causa, Syracuse University 2021, Syracuse, NY Masters of Strategic Arts, 2007 U.S. Army War College, Carlisle, PA Masters of Science, Business, 1999, St. Mary College, Leavenworth, KS Bachelor of Science, Biology, 1985, Syracuse University, Syracuse, NY
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> American Legion Auxiliary Woman of the Year, 2017 Defense Superior Service Medal Distinguished (Orange Circle) Alumnus Syracuse University, 2024

Dr. (Captain) Catherine W. Cox, USNR, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Recruitment and Retention Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Associate Professor, George Washington University School of Nursing Fellow, American Academy of Nursing (2020) Fellow, Academy of Nursing Education (2022)
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired U.S. Navy Nurse
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> PhD in Nursing

Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> ▪ Navy and Marine Corps Commendation Medal (2) (2005, 2008) ▪ Navy and Marine Corps Achievement Medal (1998) ▪ Meritorious Unit Commendation Medal (3) ▪ National Defense Service Medal (2) ▪ Global War on Terrorism Service Medal ▪ Navy and Marine Corps Overseas Service Ribbon ▪ Armed Forces Reserve Medal with the "M" and Hourglass Devices
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Major General Mari K. Eder, USA, Retired

DACOWITS Position	<ul style="list-style-type: none"> ▪ Committee Member; Recruitment and Retention Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> ▪ Member, Global Strategic Communications Consortium, Board Member, the National D-Day Memorial. U.S. Army War College Foundation 2014–2022 ▪ Member Homeward Bound Schnauzer Rescue ▪ Self-employed as author/communications consultant at Benson's ReView
Prior Military Service or Affiliation	<ul style="list-style-type: none"> ▪ Retired U.S. Army Major General with 36 years of service ▪ National D-Day Memorial Foundation (Bedford, VA) ▪ American College of National Security Leaders ▪ Department of Defense Information School (DINFOS) Hall of Fame 2024
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> ▪ Military: Capstone, U.S. Army War College ▪ Civilian: George Washington University School of Business (certificate in Transformative Leadership in Disruptive Times); Edinboro University of Pennsylvania (PennWest) Doctor of Humane Letters (Hon)
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> ▪ National Trust for Historic Preservation/Historic Hotels of America Historian of the Year 2023 ▪ The National Society of The Daughters of the American Revolution, Medal of Honor, 2023 ▪ Veterans Administration Author of the Month, May 2022 ▪ Library of Virginia People's Choice Award for Nonfiction, 2022 ▪ U.S. Army Womens Foundation Hall of Fame, March 2021 ▪ U.S. Army Public Affairs Hall of Fame, 2017 ▪ Dame, Vatican award of the Knight, Grand Cross of the Order of Saint Gregory the Great, 2008

Dr. Trudi C. Ferguson

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Well-Being and Treatment Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Emeritus Professor, University of Southern California, Marshall School of Business Vice Chair, LA Best Governing Board Previous Adjunct Professor, Stanford University; UCLA; Antioch; Loyola Marymount Previous Dean, National Training Laboratories
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Organizational Development with OSD, U.S. Army Ground Warfare
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> PhD, Business Administration Behavioral Science, Univ. of California, Los Angeles MA, Dance, California State University BA, History, University of California, Berkeley

Command Master Chief Octavia D. Harris, USN, Retired

DACOWITS Position	<ul style="list-style-type: none"> Employment and Integration Subcommittee Chair
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Committee Member, Secretary, U.S. Department of Health and Human Services Advisory Committee for Women Services Committee Member, NAACP Armed Services and Veterans Affairs Former Chair, Advisory Committee on Women Veterans, Department of Veteran Affairs Texas Ambassador for the Women in Military Service for America Memorial (Women's Memorial) Member, San Antonio Texas Women Veterans Association Disabled American Veterans active in local chapter/state chapter and National (DAV) Military and Veteran Women Military Consultant on transition support (volunteer)
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from the U.S. Navy in 2012, after 30 years Program Manager Naval Medical Center, San Diego Comprehensive Advanced Restorative Effort (CARE program) managing care and "warm handoffs" from DoD to VA care of the DoD's most critically injured Service members to VA advanced care

Highest Education (Military/Civilian)	<ul style="list-style-type: none"> Master of Science in Operations Management, specializing and certified in Healthcare and Safety Management, University of Arkansas
Achievements/Awards/Recognition	<ul style="list-style-type: none"> Legion of Merit, Meritorious Service Medal (3) Navy and Marine Corps Commendation Medal (2) Navy and Marine Corps Achievement Medal (5) Other medals and campaign awards recognizing overseas service and deployments to the Mediterranean, South China Sea, Persian Gulf/Middle Eastern region, Horn of Africa, and other parts of the world in support of Global War on Terrorism Other various operations and unit achievements, including Battle Efficiency

Dr. Kyleanne M. Hunter, USMC Veteran

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Well-Being and Treatment Subcommittee Member
Other Positions/Employment/Community Involvement	<ul style="list-style-type: none"> Senior Political Scientist, RAND Professor of Policy Analysis, Pardee RAND Graduate School Adjunct Professor, Oregon State University
Prior Military Service or Affiliation	<ul style="list-style-type: none"> USMC Cobra Pilot Climate and Culture Lead, Independent Review Commission on Military Sexual Assault (2021)
Highest Education (Military/Civilian)	<ul style="list-style-type: none"> PhD, International Studies, Korbel School of International Studies, University of Denver
Achievements/Awards/Recognition	<ul style="list-style-type: none"> Women Veteran Trailblazers, Inaugural Class (2019) Defense Exceptional Public Service Medal RAND Gold Medal for Mission and Impact

Ms. Robin S. Kelleher

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Employment and Integration Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> CEO/Founder, Hope For The Warriors Board Member, Military Family and Veterans Service Organizations of America (MFVSOA) Member, Virginia Chamber's Military & Veterans Affairs Executive Committee Member, Washington Board of Trade Board Member, Mystic Schooners Member, Veteran's Courage Project Advisory Board, Duke University
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Former Military Spouse Military Child/Grandchild
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> Bachelor of Arts, Business/Economics at Randolph-Macon College Specialized Education in Leadership from Duke Fuqua School of Business Specialized Education in the Psychology of Leadership from Cornell University

Brigadier General Jarisse J. Sanborn, USAF, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Well-Being and Treatment Subcommittee Chair
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> VP/General Counsel, Falcon Foundation Trustee, The Air Force Judge Advocate General's School Foundation Inc. General Counsel and Associate Executive Director, American Bar Association, 2011–2019
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from U.S. Air Force after 33 years of service Last assignment: Dual-hatted Staff Judge Advocate of Air Mobility Command and Chief Counsel, U.S. Transportation Command Previous: First Staff Judge Advocate of U.S. Northern Command Previous: Triple-hatted Staff Judge Advocate of Air Force Space Command, U.S. Space Command and NORAD
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> Juris Doctor, Magna Cum Laude, Creighton University School of Law Master of Science, National Security Studies, National War College Bachelor of Arts, Magna Cum Laude and Phi Beta Kappa, Psychology, Randolph-Macon Woman's College
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> Distinguished Service Medal Defense Superior Service Medal with oak leaf cluster Legion of Merit Bronze Star Medal 1985 Air Force Outstanding Young Judge Advocate of the Year 1985 Younger Federal Lawyer of the Year Award, Federal Bar Association DoD Inspector General: Led congressionally mandated review of Navy Post-Trial Review Processes, awarded Best Project of Year

Honorable (Colonel) Dawn E.B. Scholz, USAF, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Recruitment and Retention Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Comparative Systems subcommittee member of Congressionally directed Response Systems to Adult Sexual Assault Crimes Panel Three-time Federal Judge: U.S. Air Force, Social Security Administration, and the Federal Energy Regulatory Commission Deputy Associate General Counsel for General Law, Office of the General Counsel, Department of Homeland Security Member of the International and National Associations of Women Judges
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from the U.S. Air Force in 2010 after 30 years Last Assignment: Staff Judge Advocate, Headquarters Pacific Air Forces, Hickam AFB
Highest Education (Military/ Civilian)	<ul style="list-style-type: none"> Air War College Graduate Law Degree, The George Washington University School of Law Juris Doctorate, University of Oklahoma School of Law Bachelor of Arts, University of Miami, FL
Achievements/ Awards/ Recognition	<ul style="list-style-type: none"> Legion of Merit with two oak leaf clusters Defense Meritorious Service Medal Lance Sijan Award for Leadership Air Force General Counsel's Award Department of Justice Commendation for Outstanding Performance

Lieutenant General Mark C. Schwartz, USA, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Employment and Integration Subcommittee Member
Other Positions/ Employment/ Community Involvement	<ul style="list-style-type: none"> Owner, Indelible Alliance LLC Faculty, Thayer Leadership Senior Fellow, RAND Corporation Senior Advisor, Aerospace, Defense, and Intelligence Sectors Vice Chair, Warriors and Quiet Waters Board of Directors Senior Mentor, American Corporate Partners
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from the United States Army in 2022 after nearly 34 years of active duty service Last Assignment, United States Security Coordinator for Israel and the Palestinian Authority

Highest Education (Military/Civilian)	<ul style="list-style-type: none"> MA National Security and Strategic Studies, U.S. Naval War College, 2009 Capstone, National Defense University, 2015 BBA Finance, Idaho State University, 1987
Achievements/Awards/Recognition	<ul style="list-style-type: none"> Defense Distinguished Service Medal Defense Superior Service Medal (5th Award)

Dr. (Captain) David G. Smith, USN, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Well-Being and Treatment Subcommittee Member
Other Positions/Employment/Community Involvement	<ul style="list-style-type: none"> Associate Professor, John Hopkins Carey Business School
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from Navy in 2017 after 30 years of active duty service
Highest Education (Military/Civilian)	<ul style="list-style-type: none"> Doctor of Philosophy, Sociology, University of Maryland, 2010 Master of Science, Global Leadership, University of San Diego, 2003 Bachelor of Science, Oceanography, United States Naval Academy, 1987
Achievements/Awards/Recognition	<ul style="list-style-type: none"> Axiom Business Book Award Gold Medalist for Good Guys: How Men Can Be Better Allies for Women in the Workplace (Harvard Business Review Press, 2020) Charles H. Coates Commemorative Award for Research in Military Sociology, 2017 Pacific Century Fellow, 2002 Legion of Merit

Commander Patricia J. Tutalo, USCG, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Well-Being and Treatment Subcommittee Member
Other Positions/Employment/Community Involvement	<ul style="list-style-type: none"> Founder and CEO, Patti Tutalo Consulting, LLC Co-founder, Women and Veteran Executives (WAVES) Communication and Fundraising Committee Member for non-profit, Medical Missionaries
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from the U.S. Coast Guard in 2019 after 20 years of active duty service Last assignment: Gender Policy Advisor to the Commandant of the U.S. Coast Guard from 2016–2019

Highest Education (Military/Civilian)	<ul style="list-style-type: none"> Executive Certificate in Public Leadership, Harvard Kennedy School, 2021 Certificate, Next Step: Transition to Business, Dartmouth's Tuck School, 2021 Master of Arts in Holistic Counseling, Salve Regina University, 2006 Bachelor of Science in Management, U.S. Coast Guard Academy, 2000
Achievements/Awards/Recognition	<ul style="list-style-type: none"> Excellence in Diversity and Inclusion Award, Dept. of Homeland Security, 2018 Compass Award, U.S. Coast Guard Women's Leadership Initiative

Dr. (Colonel) Samantha A. Weeks, USAF, Retired

DACOWITS Position	<ul style="list-style-type: none"> Committee Member; Employment and Integration Subcommittee Member
Other Positions/Employment/Community Involvement	<ul style="list-style-type: none"> Mission Director, Science & Research, Polaris Dawn–Commercial Space Program Advisory Board Member to ROGER, the digital military bank division of Citizens Bank of Edmond Director, Victory Strategies, a leadership development, training, and coaching firm Chief Transformation Officer (July 2022–February 2024), Shift4 Payments, a \$7B public payments company
Prior Military Service or Affiliation	<ul style="list-style-type: none"> Retired from the Air Force in 2020 after 23 years of active duty service USAFADS, Thunderbirds, first female solo demonstration pilot Last assignment: Commander, 14th Flying Training Wing, Columbus AFB, MS
Highest Education (Military/Civilian)	<ul style="list-style-type: none"> Associate Certified Coach, International Coaching Federation, January 2024 Executive and Professional Coaching Certificate, University of Texas, Dallas, 2022 Doctor of Philosophy, Military Strategy, Air University, 2019 Master of Science, Military Strategy, Air University, 2011 Master of Human Relations, University of Oklahoma, 2005 Bachelor of Science, Biology, United States Air Force Academy, 1997
Achievements/Awards/Recognition	<ul style="list-style-type: none"> International Women's Forum (IWF) Fellow, 2019–2022 Robert J. Collier Trophy recipient, National Aeronautical Association, 2018 Defense Superior Service Medal Legion of Merit

*Automated Logistical Specialists (92As)
assigned to E Company, 3-82 General
Support Aviation Battalion, 82nd Combat
Aviation Brigade, 82nd Airborne Division
organize materials for future missions on
March 12, 2024.*



Appendix C

Research Methodology

Appendix C. Research Methodology

This appendix provides an overview of DACOWITS’ research methodology.

Study Topic Development

The current research cycle began in September 2023. DACOWITS gathered input on study topics from the DoD, the Military Services, Service members, and the general public. The Committee analyzed the study topic inputs and identified potential areas of concern, which were briefed to USD(P&R). The SecDef, via USD(P&R), designated the Committee study topics for DACOWITS to examine for 2024 based on the synthesis of study topic inputs, current issues affecting servicewomen, and lingering concerns carried over from previous research cycles.

Following the receipt of the approved study topics, the Committee developed clear, testable research questions to guide its work on these topics. The Committee then identified the most appropriate methodologies to address each research question (e.g., soliciting written or verbal Service input through RFIs, performing literature reviews). This methodology information was entered into a research plan matrix and revisited quarterly to address new information obtained during the Committee’s business meetings and track new questions that arose. This research plan formed the basis for the development of the RFIs the Committee distributed in preparation for each of its QBMs (see Table C.1).

Table C.1. DACOWITS 2024 Study Topics and Data Sources

Study Topic	Data Sources	
	Responses to RFIs	Other Sources
Recruitment and Retention		
Recruitment Barriers	●	●
Retention Initiatives	●	●
Employment and Integration		
Implementation of DoD Women, Peace, and Security Requirements	●	●
Impact of Key Influencers on Servicewomen’s Career Paths	●	●

Study Topic	Data Sources	
	Responses to RFIs	Other Sources
Well-Being and Treatment		
Intimate Partner Violence and Domestic Abuse	●	●
Family Planning	●	●

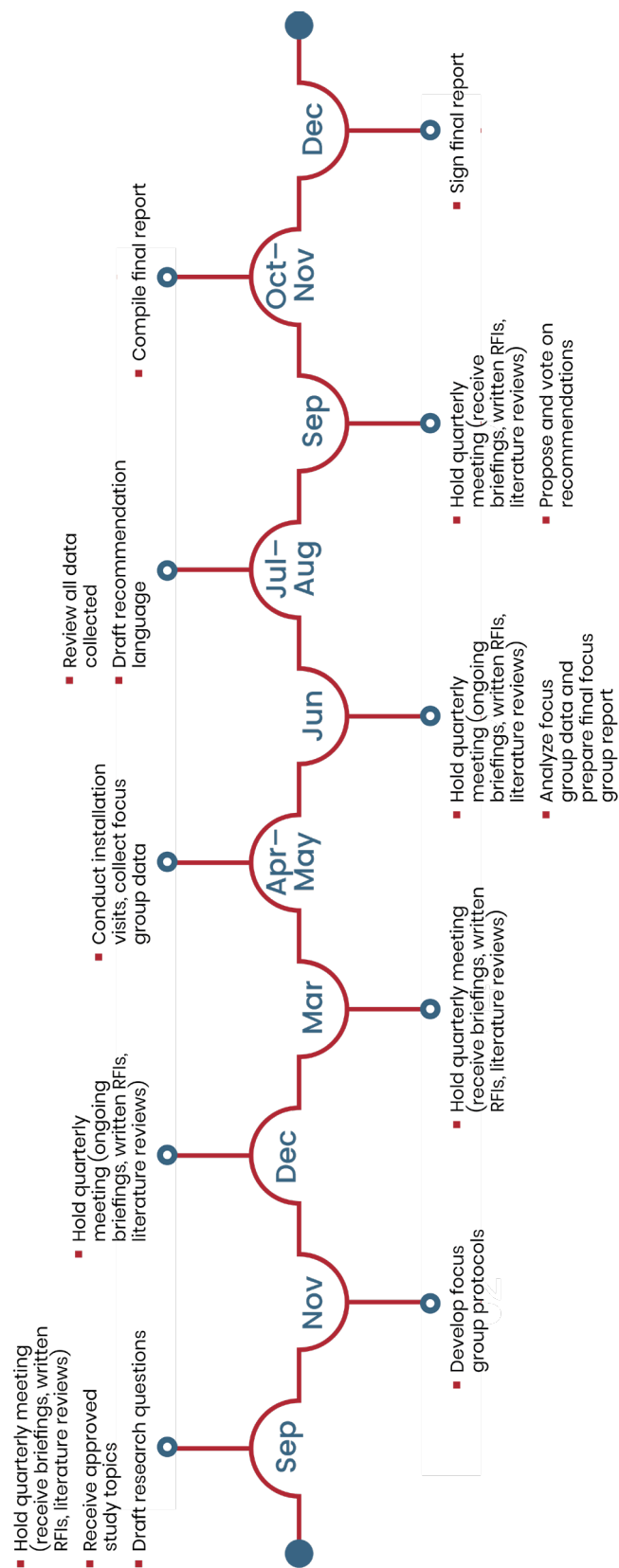
Note: RFI = request for information

As the timeline presented in Figure C.1 shows, data collection activities progressed throughout the research year after the Committee developed its study plan.



231212-N-JM579-1057 MEDITERRANEAN SEA (Dec. 12, 2023) Sonar Technician Surface 2nd Class Jennifer Castro, assigned to the Arleigh Burke-class guided-missile destroyer USS Bulkeley (DDG 84), supervises sailors while they heave line during a replenishment-at-sea evolution, Dec. 12, 2023.

Figure C.1. Standard Timeline of Key Research Activities for DACOWITS Research Lifecycle



Note: RFI = request for information

Focus Groups

Between the September 2023 and December 2023 meetings, the Committee partnered with the DACOWITS research contractors to develop preliminary and final focus group protocols and mini-surveys to administer to focus group participants.

DACOWITS collected qualitative and quantitative data through focus groups conducted during site visits in April and May 2024 at 10 military installations^{xi} representing all five DoD Service branches (Army, Navy, Marine Corps, Air Force, and Space Force) and the Coast Guard (see Appendix D for the full list of installations visited and dates). During the focus groups at these sites, the Committee administered three distinct focus group protocols, each of which covered one of the following three topics:

- Recruitment and retention
- Key influencers on servicewomen's career paths
- Family planning

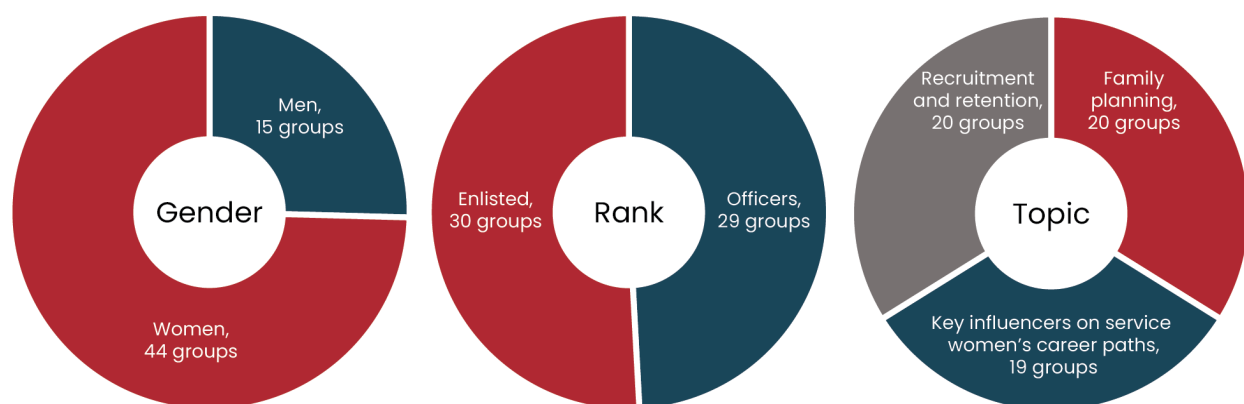
Each focus group lasted 90 minutes and was composed of Service members of one gender (male or female) and one rank (enlisted or officer). However, Service members from different Military Services participated in focus groups in some instances when Service members from multiple services were stationed on a base. Protocols were assigned to groups in a manner to ensure each study topic was addressed by each Service, gender, and pay grade group. Committee members facilitated focus group discussions to elicit and assess the views, attitudes, and experiences of Service members regarding the selected study topics. The Committee also distributed mini-surveys to the participants to determine the demographic composition of the groups and ask supplemental questions related to each study topic. All the data collection instruments were reviewed and approved by the DoD, Washington Headquarters Service (WHS) (Control No. 0704-DACW), and considered exempt from institutional review board requirements by the Defense Human Resources Activity Component Office of Human Research Protection.

DACOWITS conducted 59 focus groups in 2024. Of the 59 groups, 44 were held with women, and 15 were held with men. Thirty of the groups were conducted with enlisted personnel (pay grades E4–E7), and 29 were held with officers (pay grades O2–O5

^{xi} The 10 installations were Peterson Space Force Base, Fort Carson, Camp Pendleton, Naval Base San Diego, Marine Corps Air Station Miramar, Sector Puget Sound, Joint Base Lewis-McChord (Air Force), Joint Base Lewis-McChord (Army), Naval Base Kitsap, and Training Center Yorktown.

and W1–W4). There were 596 participants with an average of 10 participants per session. DACOWITS addressed the topic of recruitment and retention in 20 groups, key influencers on servicewomen’s career paths in 19 groups, and family planning in 20 groups. Each installation was responsible for recruiting focus group participants from the demographic categories specified by DACOWITS (see Figure C.2). The results of these focus groups are posted to the DACOWITS website (<https://dacowits.defense.gov>).

Figure C.2. Focus Group Breakdown



RFIs

In advance of each quarterly business meeting, DACOWITS prepares RFIs for the DoD, the Military Services, and other entities as appropriate. These requests include targeted research questions and the preferred delivery method for each request (i.e., briefing during a quarterly meeting or a written response). The Committee’s RFIs take many forms, including requests for data, policy briefs, literature reviews, and status updates.

DACOWITS received responses to RFIs during each of its QBMs (held in December 2023, March 2024, June 2024, and September 2024). The Committee acknowledges each of the Service representatives for the numerous briefings and written responses they developed to respond to DACOWITS’ requests. All 2024 DACOWITS RFIs are listed on the DACOWITS website at <https://dacowits.defense.gov/Home/Documents/2024-Documents/>.

Review of Other Data Sources

Throughout the year, Committee members reviewed data sources in addition to responses to RFIs. DACOWITS Executive Staff prepared research reports and digests of timely news articles for Committee members, and the Research Contractor helped Committee members by identifying appropriate academic and professional literature sources to inform their recommendations and reasonings.

Recommendation Development

During the September 2024 quarterly business meeting, the Committee members voted on their recommendations. Members developed these recommendations after thoroughly examining the RFI responses and all other information received and uncovered throughout the year. These recommendations were then compiled into this final report, which the Committee approved and signed.



Army National Guard reservist, PV2 Talayia McGraw, holding her son following a Quartermaster School graduation ceremony held at Fort Gregg-Adams on September 18, 2024.



Appendix D

Installations Visited for 2024 Focus Groups

Between April and May 2024, DACOWITS members visited 10 military installations representing all 5 DoD Service branches and the Coast Guard.

Appendix D. Installations Visited for 2024 Focus Groups

Service	Installation	State	Date of Site Visit
Space Force	Peterson Space Force Base	Colorado	April 8–9, 2024
Air Force	United States Air Force Academy*	Colorado	April 10, 2024
Army	Fort Carson	Colorado	April 11–12, 2024
Marine Corps	Camp Pendleton	California	April 15–16, 2024
Navy	Naval Base San Diego	California	April 18–19, 2024
Marine Corps	Marine Corps Air Station Miramar	California	April 22–23, 2024
Coast Guard	Sector Puget Sound	Washington	April 24–25, 2024
Air Force	Joint Base Lewis-McChord	Washington	April 29–30, 2024
Army	Joint Base Lewis-McChord	Washington	May 2–3, 2024
Navy	Naval Base Kitsap	Washington	May 6–7, 2024
Coast Guard	Training Center Yorktown	Virginia	May 9–10, 2024

* The visit to the United States Air Force Academy was a supplemental visit for the Committee. Therefore, no installation visit focus groups were conducted.



The 95th Civil Affairs (Special Operations) (Airborne) conducts an airborne operation in Fort Liberty, NC, June 29, 2023. The Soldiers conduct an airborne operation to promote proficiency and military readiness.

Recruits with Echo Company, 2nd Recruit Training Battalion, meet their drill instructors for the first time, at the conclusion of forming on Marine Corps Recruit Depot Parris Island, S.C. on 20 April, 2024.



Appendix E

Gender Distribution of Officers
and Enlisted Service Members in
Each Service and Across the Total
Force, 2024

Appendix E. Gender Distribution of Officers and Enlisted Service Members in Each Service and Across the Total Force, 2024

This appendix presents the percentages of men and women in each rank for each Service, including the Reserve and Guard, in 2024. Tables E.1–E.4 were calculated using DoD data.⁴⁸⁴



U.S. Marine Corps Sgt. Laura Rodriguez, an air traffic controller assigned to the Marine Medium Tiltrotor Squadron (VMM) 165 (Reinforced), 15th Marine Expeditionary Unit, and a native of Tennessee, conducts familiarization training with an M240B machine gun aboard the amphibious assault ship USS Boxer (LHD 4) in the Pacific Ocean July 11, 2024.

**Table E.1. Gender Distribution of Service Members by Component and Rank,
September 2024**

Rank	Active Component Total				Reserve Component Total				National Guard Total			
	Female		Male		Female		Male		Female		Male	
	#	%	#	%	#	%	#	%	#	%	#	%
O10	4	9.3	39	90.7	0	N/A	0	N/A	0	N/A	0	N/A
O9	19	11.2	151	88.8	1	33.3	2	66.7	0	0.0	4	100.0
O8	25	8.3	277	91.7	25	28.1	64	71.9	18	11.9	133	88.1
O7	47	12.0	346	88.0	43	23.8	138	76.2	46	14.8	264	85.2
O6	1,747	15.5	9,503	84.5	878	20.5	3,400	79.5	362	14.6	2,109	85.4
O5	4,987	17.7	23,140	82.3	3,091	21.1	11,550	78.9	1,370	16.5	6,941	83.5
O4	9,490	20.7	36,380	79.3	4,831	21.6	17,551	78.4	1,896	16.8	9,406	83.2
O3	17,231	23.0	57,633	77.0	4,692	27.6	12,314	72.4	2,847	19.3	11,918	80.7
O2	7,601	23.7	24,430	76.3	2,095	31.0	4,670	69.0	2,022	21.3	7,472	78.7
O1	6,998	25.2	20,752	74.8	1,180	28.8	2,911	71.2	1,719	23.4	5,636	76.6
Officer Total	48,149	21.8	172,651	78.2	16,836	24.2	52,600	75.8	10,280	19.0	43,883	81.0
W5	60	8.2	674	91.8	15	10.6	127	89.4	37	8.1	421	91.9
W4	232	8.2	2,583	91.8	100	12.0	735	88.0	160	9.1	1,592	90.9
W3	490	9.8	4,515	90.2	152	14.2	916	85.8	258	10.8	2,134	89.2
W2	945	11.0	7,635	89.0	255	17.4	1,212	82.6	395	14.7	2,285	85.3
W1	448	9.6	4,226	90.4	117	20.6	451	79.4	231	13.3	1,512	86.7
Warrant Total	2,175	10.0	19,633	90.0	639	15.7	3,441	84.3	1,081	12.0	7,944	88.0
E9	1,410	12.9	9,500	87.1	598	21.7	2,162	78.3	515	12.6	3,560	87.4
E8	3,766	13.9	23,407	86.1	2,557	23.8	8,177	76.2	1,825	15.5	9,945	84.5
E7	14,014	14.9	80,225	85.1	6,654	23.7	21,420	76.3	6,834	17.8	31,530	82.2
E6	25,565	15.2	142,118	84.8	11,799	22.9	39,783	77.1	9,947	17.7	46,179	82.3
E5	41,442	18.6	181,757	81.4	15,287	25.4	44,975	74.6	15,626	19.6	64,156	80.4
E4	46,578	18.0	212,401	82.0	17,694	26.5	49,012	73.5	25,190	22.7	85,622	77.3
E3	30,645	18.3	136,877	81.7	5,759	21.5	21,066	78.5	9,897	26.8	27,042	73.2
E2	11,530	17.5	54,452	82.5	1,798	25.1	5,375	74.9	4,397	28.5	11,006	71.5
E1	8,337	16.9	40,966	83.1	1,477	25.7	4,272	74.3	3,069	28.2	7,833	71.8
Enlisted Total	183,287	17.2	881,703	82.8	63,623	24.5	196,242	75.5	77,300	21.2	286,873	78.8
Total	233,611	17.9	1,073,987	82.1	81,098	24.3	252,283	75.7	88,661	20.7	338,700	79.3

Table E.2. Gender Distribution of Active Component Service Members by Service and Rank, September 2024

Rank	Army						Navy						Marine Corps						Air Force						Space Force						Coast Guard					
	Female			Male			Female			Male			Female			Male			Female			Male			Female			Male			Female			Male		
	#	%	#	#	%	#	#	%	#	%	#	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%					
O10	1	7.7	12	92.3	1	12.5	7	87.5	0	0.0	3	100.0	1	7.1	13	92.9	0	0.0	3	100.0	1	50.0	1	50.0	1	50.0	1	50.0	1	50.0	1	50.0				
O9	7	12.5	49	87.5	3	7.9	35	92.1	1	4.0	24	96.0	7	16.7	35	83.3	1	20.0	4	80.0	0	0.0	4	100.0	0	0.0	4	100.0	0	0.0	4	100.0				
O8	8	7.9	93	92.1	5	8.3	55	91.7	2	6.9	27	93.1	7	8.5	75	91.5	0	0.0	10	100.0	3	15.0	3	15.0	17	85.0	3	15.0	17	85.0	3	15.0				
O7	18	16.1	94	83.9	6	5.5	103	94.5	1	2.6	38	97.4	17	16.3	87	83.7	1	10.0	9	90.0	4	21.1	15	78.9	4	21.1	15	78.9	4	21.1	15	78.9				
O6	584	16.3	2,997	83.7	443	14.0	2,714	86.0	49	6.9	660	93.1	552	17.5	2,598	82.5	33	14.0	203	86.0	86	20.6	331	79.4	86	20.6	331	79.4	86	20.6	331	79.4				
O5	1,550	18.1	7,003	81.9	1,144	16.9	5,640	83.1	137	7.0	1,810	93.0	1,802	19.7	7,331	80.3	126	16.7	629	83.3	228	23.9	727	76.1	228	23.9	727	76.1	228	23.9	727	76.1				
O4	2,972	19.1	12,627	80.9	2,299	21.9	8,188	78.1	336	8.5	3,604	91.5	3,301	25.2	9,815	74.8	199	17.5	939	82.5	383	24.1	1,207	75.9	383	24.1	1,207	75.9	383	24.1	1,207	75.9				
O3	5,787	22.1	20,433	77.9	4,502	24.6	13,767	75.4	639	10.8	5,287	89.2	5,421	25.9	15,531	74.1	247	19.6	1,010	80.4	635	28.3	1,605	71.7	635	28.3	1,605	71.7	635	28.3	1,605	71.7				
O2	2,826	23.2	9,332	76.8	1,774	23.6	5,747	76.4	547	15.0	3,089	85.0	1,950	27.8	5,077	72.2	167	28.5	418	71.5	337	30.5	767	69.5	337	30.5	767	69.5	337	30.5	767	69.5				
O1	2,560	26.0	7,292	74.0	1,585	23.9	5,059	76.1	400	13.8	2,503	86.2	1,981	28.8	4,907	71.2	160	27.8	415	72.2	312	35.1	576	64.9	312	35.1	576	64.9	312	35.1	576	64.9				
Officer Total	16,313	21.4	60,982	79.1	11,762	22.2	41,315	77.8	2,112	11.0	17,045	89.0	15,039	24.9	45,469	75.1	934	20.4	3,640	79.6	1,989	27.5	5,250	72.5	1,989	27.5	5,250	72.5	1,989	27.5	5,250	72.5				
W5	48	8.7	502	91.3	6	7.7	72	92.3	6	5.7	100	94.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A				
W4	147	9.1	1,470	90.9	41	9.2	407	90.8	13	4.4	280	95.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	31	6.8	426	93.2	31	6.8	426	93.2	31	6.8	426	93.2				
W3	316	10.2	2,784	89.8	100	12.6	695	87.4	35	5.6	595	94.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	39	8.1	441	91.9	39	8.1	441	91.9	39	8.1	441	91.9				
W2	664	10.8	5,481	89.2	96	13.5	617	86.5	60	6.9	811	93.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	125	14.7	726	85.3	125	14.7	726	85.3	125	14.7	726	85.3				
W1	419	9.6	3,938	90.4	4	12.1	29	87.9	25	8.8	259	91.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A				
Warrant Total	1,594	10.1	14,175	89.9	247	11.9	1,820	88.1	139	6.4	2,045	93.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	195	10.9	1,593	89.1	195	10.9	1,593	89.1	195	10.9	1,593	89.1				
E9	431	12.4	3,038	87.6	328	11.6	2,492	88.4	92	5.3	1,654	94.7	509	20.8	1,935	79.2	12	23.5	39	76.5	38	10.0	342	90.0	38	10.0	342	90.0	38	10.0	342	90.0				
E8	1,384	13.4	8,967	86.6	848	12.2	6,127	87.8	298	7.2	3,837	92.8	1,127	23.5	3,662	76.5	35	26.1	99	73.9	74	9.4	715	90.6	74	9.4	715	90.6	74	9.4	715	90.6				
E7	4,449	12.7	30,686	87.3	3,588	15.2	20,076	84.8	760	8.8	7,862	91.2	4,636	20.5	18,029	79.5	109	17.4	516	82.6	472	13.4	3,056	86.6	472	13.4	3,056	86.6	472	13.4	3,056	86.6				
E6	7,389	13.0	49,448	87.0	8,888	17.3	42,466	82.7	1,400	10.5	11,986	89.5	6,693	17.4	31,866	82.6	139	16.2	718	83.8	1,056	15.8	5,634	84.2	1,056	15.8	5,634	84.2	1,056	15.8	5,634	84.2				
E5	10,959	16.6	55,012	83.4	15,746	21.9	56,234	78.1	2,638	11.0	21,249	89.0	10,858	20.7	41,691	79.3	159	15.1	897	84.9	1,082	14.0	6,674	86.0	1,082	14.0	6,674	86.0	1,082	14.0	6,674	86.0				
E4	14,937	15.2	83,461	84.8	12,269	23.0	41,007	77.0	2,935	9.4	28,306	90.6	15,353	22.4	53,151	77.6	158	20.1	628	79.9	926	13.7	5,848	86.3	926	13.7	5,848	86.3	926	13.7	5,848	86.3				
E3	9,028	17.9	41,440	82.1	7,514	24.9	22,607	75.1	3,814	9.9	34,805	90.1	9,631	21.9	34,353	78.1	195	19.7	793	80.3	463	13.9	2,879	86.1	463	13.9	2,879	86.1	463	13.9	2,879	86.1				
E2	3,339	15.2	18,693	84.8	4,215	24.7	12,829	75.3	1,881	11.4	14,667	88.6	1,902	21.2	7,078	78.8	38	19.1	161	80.9	155	13.1	1,024	86.9	155	13.1	1,024	86.9	155	13.1	1,024	86.9				
E1	1,594	15.0	9,065	85.0	3,652	23.5	11,906	76.5	1,205	8.9	12,366	91.1	1,817	20.3	7,121	79.7	22	12.5	154	87.5	47	11.7	354	88.3	47	11.7	354	88.3	47	11.7	354	88.3				
Enlisted Total	53,510	15.1	299,810	84.9	57,048	20.9	215,744	79.1	15,023	9.9	136,732	90.1	52,526	20.9	198,886	79.1	867	17.8	4,005	82.2	4,313	14.0	26,526	86.0	4,313	14.0	26,526	86.0	4,313	14.0	26,526	86.0				
AC Total	71,417	16.0	373,917	84.0	69,057	21.1	258,879	78.9	17,274	10.0	155,822	90.0	67,565	21.7	244,355	78.3	1,801	19.1	7,645	80.9	6,497	16.3	33,369	83.7	6,497	16.3	33,369	83.7	6,497	16.3	33,369	83.7				

Table E.3. Gender Distribution of Reserve Component Service Members by Service and Rank, September 2024

Rank	Army				Navy				Marine Corps				Air Force				Coast Guard				Total					
	Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
O10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
O9	0	N/A	0	N/A	1	50.0	1	50.0	0	0.0	1	100.0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	33.3	2	66.7
O8	13	32.5	27	67.5	2	13.3	13	86.7	0	0.0	5	100.0	9	33.3	18	66.7	1	50.0	1	50.0	1	50.0	25	28.1	64	71.9
O7	24	30.4	55	69.6	3	7.5	37	92.5	1	14.3	6	85.7	14	25.9	40	74.1	1	100.0	0	0.0	43	23.8	138	76.2		
O6	307	17.9	1,411	82.1	215	17.7	1,003	82.3	16	7.4	200	92.6	326	29.7	770	70.3	14	46.7	16	53.3	878	20.5	3,400	79.5		
O5	1,245	21.1	4,668	78.9	578	17.5	2,716	82.5	91	10.4	786	89.6	1,135	25.8	3,270	74.2	42	27.6	110	72.4	3,091	21.1	11,550	78.9		
O4	2,350	23.4	7,704	76.6	1,036	19.5	4,272	80.5	148	8.2	1,661	91.8	1,223	24.7	3,732	75.3	74	28.9	182	71.1	4,831	21.6	17,551	78.4		
O3	2,891	29.0	7,088	71.0	717	26.4	2,001	73.6	70	6.9	950	93.1	949	31.6	2,058	68.4	65	23.0	217	77.0	4,692	27.6	12,314	72.4		
O2	1,552	32.3	3,247	67.7	183	26.6	506	73.4	31	10.0	280	90.0	295	36.5	514	63.5	34	21.7	123	78.3	2,095	31.0	4,670	69.0		
O1	847	31.3	1,860	68.7	133	26.0	379	74.0	16	10.1	142	89.9	154	26.9	419	73.1	30	21.3	111	78.7	1,180	28.8	2,911	71.2		
Officer Total	9,229	26.2	26,060	73.8	2,868	20.8	10,928	79.2	373	8.5	4,031	91.5	4,105	27.5	10,821	72.5	261	25.6	760	74.4	16,836	24.2	52,600	75.8		
W5	15	12.9	101	87.1	0	0.0	9	100.0	0	0.0	17	100.0	N/A	N/A	N/A	N/A	0	N/A	0	N/A	15	10.6	127	89.4		
W4	96	13.0	644	87.0	1	4.0	24	96.0	2	4.2	46	95.8	N/A	N/A	N/A	N/A	1	4.5	21	95.5	100	12.0	735	88.0		
W3	135	14.8	775	85.2	5	9.6	47	90.4	5	6.3	74	93.7	N/A	N/A	N/A	N/A	7	25.9	20	74.1	152	14.2	916	85.8		
W2	238	18.4	1,054	81.6	4	8.9	41	91.1	6	6.9	81	93.1	N/A	N/A	N/A	N/A	7	16.3	36	83.7	255	17.4	1,212	82.6		
W1	116	21.1	434	78.9	0	N/A	0	N/A	1	5.6	17	94.4	N/A	N/A	N/A	N/A	0	N/A	0	N/A	117	20.6	451	79.4		
Warrant Total	600	16.6	3,008	83.4	10	7.6	121	92.4	14	5.6	235	94.4	N/A	N/A	N/A	N/A	15	16.3	77	83.7	639	15.7	3,441	84.3		
E9	242	21.4	891	78.6	85	20.2	336	79.8	7	5.0	133	95.0	244	24.3	759	75.7	20	31.7	43	68.3	598	21.7	2,162	78.3		
E8	1,455	23.3	4,795	76.7	251	24.7	767	75.3	25	5.3	448	94.7	809	28.2	2,055	71.8	17	13.2	112	86.8	2,557	23.8	8,177	76.2		
E7	2,874	22.5	9,907	77.5	1,061	25.9	3,042	74.1	93	9.1	929	90.9	2,537	26.8	6,927	73.2	89	12.6	615	87.4	6,654	23.7	21,420	76.3		
E6	5,318	22.3	18,519	77.7	3,166	25.7	9,142	74.3	153	8.3	1,695	91.7	2,916	24.3	9,093	75.7	246	15.6	1,334	84.4	11,799	22.9	39,783	77.1		
E5	7,581	25.6	22,048	74.4	4,082	28.5	10,218	71.5	303	7.2	3,921	92.8	3,081	29.4	7,403	70.6	240	14.8	1,385	85.2	15,287	25.4	44,975	74.6		
E4	11,961	28.3	30,311	71.7	1,893	29.7	4,486	70.3	269	4.1	6,298	95.9	3,443	32.3	7,229	67.7	128	15.7	688	84.3	17,694	26.5	49,012	73.5		
E3	3,614	33.3	7,239	66.7	773	34.5	1,467	65.5	290	2.7	10,260	97.3	1,023	35.6	1,853	64.4	59	19.3	247	80.7	5,759	21.5	21,066	78.5		
E2	1,203	31.0	2,675	69.0	291	35.9	520	64.1	105	5.3	1,873	94.7	196	39.0	306	61.0	3	75.0	1	25.0	1,798	25.1	5,375	74.9		
E1	961	30.2	2,224	69.8	188	33.6	372	66.4	27	2.4	1,097	97.6	301	34.2	578	65.8	0	0.0	1	100.0	1,477	25.7	4,272	74.3		
Enlisted Total	35,209	26.3	98,609	73.7	11,790	28.0	30,350	72.0	1,272	4.6	26,654	95.4	14,550	28.7	36,203	71.3	802	15.3	4,426	84.7	63,623	24.5	196,242	75.5		
RC Total	45,038	26.1	127,677	73.9	14,668	26.2	41,399	73.8	1,659	5.1	30,920	94.9	18,655	28.4	47,024	71.6	1,078	17.0	5,263.0	83.0	81,098	24.3	252,283	75.7		

Table E.4. Gender Distribution of National Guard Service Members by Service and Rank, September 2024

Rank	Army National Guard				Air Force National Guard				Total			
	Female		Male		Female		Male		Female		Male	
	#	%	#	%	#	%	#	%	#	%	#	%
O10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
O9	0	0.0	2	100.0	0	0.0	2	100.0	0	0.0	4	100.0
O8	12	12.5	84	87.5	6	10.9	49	89.1	18	11.9	133	88.1
O7	23	13.0	154	87.0	23	17.3	110	82.7	46	14.8	264	85.2
O6	164	11.8	1,223	88.2	198	18.3	886	81.7	362	14.6	2,109	85.4
O5	549	14.1	3,337	85.9	821	18.6	3,604	81.4	1,370	16.5	6,941	83.5
O4	1,075	15.1	6,030	84.9	821	19.6	3,376	80.4	1,896	16.8	9,406	83.2
O3	1,944	17.7	9,017	82.3	903	23.7	2,901	76.3	2,847	19.3	11,918	80.7
O2	1,693	20.5	6,555	79.5	329	26.4	917	73.6	2,022	21.3	7,472	78.7
O1	1,410	22.8	4,767	77.2	309	26.2	869	73.8	1,719	23.4	5,636	76.6
Officer Total	6,870	18.1	31,169	81.9	3,410	21.1	12,714	78.9	10,280	19.0	43,883	81.0
W5	37	8.1	421	91.9	N/A	N/A	N/A	N/A	37	8.1	421	91.9
W4	160	9.1	1,592	90.9	N/A	N/A	N/A	N/A	160	9.1	1,592	90.9
W3	258	10.8	2,134	89.2	N/A	N/A	N/A	N/A	258	10.8	2,134	89.2
W2	395	14.7	2,285	85.3	N/A	N/A	N/A	N/A	395	14.7	2,285	85.3
W1	231	13.3	1,512	86.7	N/A	N/A	N/A	N/A	231	13.3	1,512	86.7
Warrant Total	1,081	12.0	7,944	88.0	N/A	N/A	N/A	N/A	1,081	12.0	7,944	88.0
E9	168	8.2	1,873	91.8	347	17.1	1,687	82.9	515	12.6	3,560	87.4
E8	892	12.2	6,429	87.8	933	21.0	3,516	79.0	1,825	15.5	9,945	84.5
E7	3,350	15.5	18,269	84.5	3,484	20.8	13,261	79.2	6,834	17.8	31,530	82.2
E6	6,152	16.9	30,284	83.1	3,795	19.3	15,895	80.7	9,947	17.7	46,179	82.3
E5	11,381	18.8	49,207	81.2	4,245	22.1	14,949	77.9	15,626	19.6	64,156	80.4
E4	22,040	22.4	76,282	77.6	3,150	25.2	9,340	74.8	25,190	22.7	85,622	77.3
E3	7,625	27.5	20,072	72.5	2,272	24.6	6,970	75.4	9,897	26.8	27,042	73.2
E2	3,950	28.3	10,025	71.7	447	31.3	981	68.7	4,397	28.5	11,006	71.5
E1	2,333	26.8	6,360	73.2	736	33.3	1,473	66.7	3,069	28.2	7,833	71.8
Enlisted Total	57,891	20.9	218,801	79.1	19,409	22.2	68,072	77.8	77,300	21.2	286,873	78.8
Total	65,842	20.3	257,914	79.7	22,819	22.0	80,786	78.0	88,661	20.7	338,700	79.3

Gunner's Mate 3rd Class Ashley Briggs, from Lake Elsinore, California, back, and Gunner's Mate 3rd Class Dayanira Corral, from El Paso, Texas, score a target during a small-arms gun shoot qualification aboard Arleigh Burke-class guided-missile destroyer USS Sterett (DDG 104).



Appendix F

Abbreviations and Acronyms

Appendix F. Abbreviations and Acronyms

ADHD	attention deficit hyperactivity disorder
ALERTS	Army Law Enforcement Reporting and Tracking System
ART	assisted reproductive technology
CARE	Comprehensive Advanced Restorative Effort
CBO	Congressional Budget Office
CCCA	Court-Ordered Child Custody Assignment
CCCD	Court-Ordered Child Custody Deferment
CCCP	Court-Ordered Child Custody Program
CDC	Centers for Disease Control and Prevention
CNAS	Center for New American Security
CONUS	contiguous United States
CPO	civil protection order
CRS	Congressional Research Service
DACOWITS	Defense Advisory Committee on Women in the Services
DAF	Department of the Air Force
DAR	Daughters of the American Revolution
DAVA	Domestic Abuse Victim Advocates
DD	Defense Directive
DEERS	Defense Enrollment Eligibility Reporting System
DFO	Designated Federal Officer
DGCDAR	Direct Ground Combat Definition and Assignment Rule
DHA	Defense Health Agency
DMC	Dual-Military Coordinator
DoD	Department of Defense

DoDI	DoD Instruction
DoDMERB	Department of Defense Medical Examination Review Board
DSaid	Defense Sexual Assault Incident Database
DV	domestic violence
EFMP	Exceptional Family Member Program
FACA	Federal Advisory Committee Act
FAP	Family Advocacy Program
FASOR	Family Advocacy System of Records
GAO	Government Accountability Office
GBV	gender-based violence
HIE	Health Information Exchange
IDC	Incident Determination Committee
IG	Inspector General
IWF	International Women's Forum
LARC	long-acting reversible contraceptive
MACP	Married Army Couples Program
MARP	Medical Accession Records Pilot
MC&FP	Military Community and Family Policy
MCA	Military Community Advocacy
MEDCOM	Medical Command
MEPS	Military Entrance Processing Station
MHS	Military Health System
MOAA	Military Officers Association of America
MSA	Military Service Academies
MSAR	Medical Standards Analytics and Research
MTF	military treatment facility
MWS	Major Weapon System

NAP	National Action Plans
NASEM	National Academies of Sciences, Engineering, and Medicine
NCVS	National Crime Victimization Survey
NDAA	National Defense Authorization Act
NJP	non-judicial punishment
OCP	oral contraceptive pills
OCS	Officer Candidate School
OCONUS	outside contiguous United States
OER	officer evaluation report
OFR	Office of Force Resiliency
OPA	Office of People Analytics
OSI	Office of Special Investigations
PCM	primary care manager
PCP	primary care physician
PCS	Permanent Change of Station
PTSD	post-traumatic stress disorder
QBM	quarterly business meeting
RFI	request for information
RGE	regular government employees
ROTC	Reserve Officer Training Corps
SAPRO	Sexual Assault Prevention and Response Office
SGE	special government employee
SMWRA	Service medical waiver review authority
SOCOM	Special Operations Command
SOF	special operations forces
SPRIRC	Suicide Prevention and Response Independent Review Committee

TAD	temporary additional duty
ToR	terms of reference
UCMJ	Uniform Code of Military Justice
UN	United Nations
USAFA	United States Air Force Academy
USASOC	United States Army Special Operations Command
USMEPCOM	United States Military Entrance Processing Command
VA	Veterans Affairs
VFW	Veteran of Foreign Wars
WHS	Washington Headquarters Service
WiCS	walk-in contraceptive clinics
WPS	Women, Peace, and Security
WRHS	Women's Reproductive Health Survey



U.S. Air Force Capt. Meriah Valk, 71st Rescue Squadron pilot, copilots an HC-130J Combat King II above Moody Air Force Base, Georgia, Feb. 13, 2024.

*Sgt. Maj. Esmeralda Vaquerano, G-1
(personnel) Sergeant Major for the D.C.
Army National Guard receives a tour from a
member of the Jamaica Defence Force (JDF)
during a State Partnership Program visit to the
Caribbean Military Academy (CMA),
Dec. 12-14, 2023.*



Appendix G

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