



Department of Defense INSTRUCTION

NUMBER 6495.02, Volume 1

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Incorporating Change 6, November 10, 2021

USD(P&R)

SUBJECT: Sexual Assault Prevention and Response: Program Procedures

References: See Enclosure 1

1. PURPOSE. This Instruction is composed of multiple volumes, each containing its own purpose. In accordance with the authority in DoD Directives (DoDD) 5124.02 and 6495.01 (References (b) and (c)):

a. This Instruction establishes and implements policy, establishes procedures, provides guidelines and model programs, delegates authority, and assigns responsibilities regarding the prevention of and response to sexual assault in the DoD.

b. This volume:

(1) Reissues DoD Instruction (DoDI) 6495.02 (Reference (a)).

(2) Establishes policy and implements Reference (c) and assigns responsibilities and provides guidance and procedures for the Sexual Assault Prevention and Response (SAPR) Program (see Glossary in Reference (c)).

(3) Establishes the processes and procedures for the Sexual Assault Forensic Examination (SAFE) Kit.

(4) Establishes the multidisciplinary Case Management Group (CMG) (see Glossary) and provides guidance on how to handle sexual assault.

(5) Establishes SAPR minimum program standards, SAPR training requirements, and SAPR requirements for the DoD Annual Report on Sexual Assault in the Military consistent with Title 10, United States Code (Reference (d)), the DoD Task Force Report on Care for Victims of Sexual Assault (Reference (e)), and pursuant to References (b) and (c); and Public Laws 106-65, 108-375, 109-163, 109-364, 110-417, 111-84, 111-383, 112-81, 112-239, 113-66, and 113-291 (References (f) through (p)).

(6) Implements section 536 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2016 (Reference (q)) that preempts State laws that require disclosure of personally identifiable information (PII) of the adult sexual assault victim or alleged perpetrator to local or State law enforcement.

(7) Incorporates and cancels Directive-Type Memorandum (DTM) 11-063 (Reference (r)), DTM 11-062 (Reference (s)), and DTM 14-007 (Reference (t)).

2. APPLICABILITY

a. This Instruction applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense (OIG), the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the “DoD Components”).

(2) National Guard (NG) and Reserve members who are sexually assaulted when performing active service, as defined in section 101(d)(3) of Reference (d), and inactive duty training. If reporting a sexual assault that occurred prior to or while not performing active service or inactive training, NG and Reserve members will be eligible to receive timely access to SAPR advocacy services from a SARC and a SAPR VA, and the appropriate non-medical referrals, if requested, in accordance with section 584(a) of the NDAA for FY 2012 (Reference (m)), as amended by Section 1724 of the NDAA for FY 2014 (Reference (o)). They also have access to a Special Victims' Counsel or Victims' Legal Counsel (SVC/VLC) in accordance with section 1044e of Reference (d) and are eligible to file a Restricted or Unrestricted Report. Reports of prior- to- military service sexual assault shall be handled in accordance with the procedures for Restricted and Unrestricted Reports outlined in this Instruction, as appropriate based on the type of report made (Restricted or Unrestricted). Reserve Component members can report at any time, and do not have to wait to be performing active service or be in inactive training to file their report.

(3) Military dependents 18 years of age and older who are eligible for treatment in the military healthcare system (MHS), at installations in the continental United States (CONUS) and outside of the continental United States (OCONUS), and who were victims of sexual assault perpetrated by someone other than a spouse or intimate partner (See Glossary). Adult military dependents may file unrestricted or restricted reports of sexual assault.

(4) The following non-military individuals who are victims of sexual assault are only eligible for limited emergency care medical services at a military treatment facility (MTF), unless that individual is otherwise eligible as a Service member or TRICARE (<http://www.tricare.mil>) beneficiary of the military health system to receive treatment in a MTF at no cost to them. At this time, they are only eligible to file an Unrestricted Report. They will also be offered the LIMITED SAPR services to be defined as the assistance of a Sexual Assault

Response Coordinator (SARC) and a SAPR Victim Advocate (VA) while undergoing emergency care OCONUS. These limited medical and SAPR services shall be provided to:

(a) DoD civilian employees and their family dependents 18 years of age and older when they are stationed or performing duties OCONUS and eligible for treatment in the MHS at military installations or facilities OCONUS. These DoD civilian employees and their family dependents 18 years of age and older only have the Unrestricted Reporting option.

(b) U.S. citizen DoD contractor personnel when they are authorized to accompany the Armed Forces in a contingency operation OCONUS and their U.S. citizen employees. DoD contractor personnel only have the Unrestricted Reporting option. Additional medical services may be provided to contractors covered under this instruction in accordance with DoDI 3020.41 (Reference (u)) as applicable.

(5) Service members who were victims of sexual assault PRIOR to enlistment or commissioning are eligible to receive SAPR services (see Glossary) under either reporting option. The DoD shall provide support to Service members regardless of when or where the sexual assault took place. The SARC or SAPR VA will assist a victim to complete a DD Form 2910, "Victim Reporting Preference Statement," and provide advocacy services and the appropriate referrals, if requested, for victimization occurring prior to military service.

(a) Prior-to- military service victimization includes adult sexual assault (including stranger sexual assault and intimate partner sexual assault, if the victim is no longer in the same intimate relationship) and sexual assault that was perpetrated on the Service member while he or she was still a child.

(b) Reports of prior-to-military service sexual assault will be handled in accordance with the procedures for Restricted and Unrestricted Reports outlined in this instruction, as appropriate based on the type of report made (Restricted or Unrestricted).

b. This instruction does NOT apply to victims of sexual assault perpetrated by a spouse or intimate partner (see Glossary), or military dependents under the age of 18 who are sexually assaulted. The Family Advocacy Program (FAP), as described in Volume 2 of DoD Manual 6400.1 (Reference (v)), provides the full range of services to those individuals. When a sexual assault occurs as a result of domestic abuse or involves child abuse, the installation SARC and the installation FAP staff will direct the victim to FAP.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy, in accordance with Reference (c), that:

a. This Instruction and Reference (c) establish and implement the DoD SAPR program. Unrestricted and Restricted Reporting options are available to Service members and their adult military dependents in accordance with this Instruction.

b. The DoD goal is a culture free of sexual assault, through an environment of prevention, education and training, response capability (see Glossary), victim support, reporting procedures, and appropriate accountability that enhances the safety and well-being of all persons covered by this Instruction and Reference (c).

(1) While a sexual assault victim may disclose information to whomever he or she chooses, an official report is made only when a DD Form 2910 is signed and filed with a SARC or SAPR VA, or when a Military Criminal Investigative Organization (MCIO) investigator initiates an investigation.

(2) For Restricted and Unrestricted Reporting purposes, a report can be made to healthcare personnel, but healthcare personnel then immediately contact the SARC or SAPR VA to fill out the DD Form 2910. Chaplains and military attorneys cannot take official reports.

(3) State laws that require disclosure of PII of the adult sexual assault victim or alleged perpetrator to local or State law enforcement are preempted by Reference (q).

(4) Unless a DD Form 2910 is filed with a SARC, a report to a Chaplain or military attorney may not result in the rendering of SAPR services or investigative action because of the privileges associated with speaking to these individuals. A Chaplain or military attorney should advise the victim to consult with a SARC to understand the full scope of services available or facilitate, with the victim's consent, contact with a SARC.

c. The SAPR Program shall:

(1) Focus on the victim and on doing what is necessary and appropriate to support victim recovery, and also, if a Service member, to support that Service member to be fully mission capable and engaged.

(2) Require that medical care and SAPR services are gender-responsive, culturally competent, and recovery-oriented as defined in the Glossary of Reference (c).

(3) Not provide policy for legal processes within the responsibility of the Judge Advocates General (JAG) of the Military Departments provided in sections 801-946 of Reference (d), also known and referred to in this instruction as the Uniform Code of Military Justice (UCMJ); the Manual for Courts-Martial (Reference (u)); or for criminal investigative matters assigned to the IG DoD.

d. Command sexual assault awareness and prevention programs and DoD law enforcement (see Glossary) and criminal justice procedures that enable persons to be held appropriately accountable for their actions shall be supported by all commanders.

e. Standardized SAPR requirements, terminology, guidelines, protocols, and guidelines for training materials shall focus on awareness, prevention, and response at all levels, as appropriate.

f. SARC and SAPR VA shall be used as standard terms as defined in and in accordance with Reference (c) throughout the Military Departments to facilitate communications and transparency regarding SAPR response capability.

g. The SARCs shall serve as the single point of contact for coordinating care to ensure that sexual assault victims receive appropriate and responsive care. All SARCs shall be authorized to perform victim advocate duties in accordance with service regulations and will be acting in the performance of those duties.

h. All SARCs shall have direct and unimpeded contact and access to the installation commander (see Glossary) and the immediate commander of the Service member victim and alleged Service member offender for the purpose of this Instruction and Reference (c). The installation commander will have direct contact with the SARC(s) and this responsibility is not further delegable.

(1) If an installation has multiple SARCs on the installation, a Lead SARC shall be designated by the Military Service.

(2) For SARCs that operate within deployable commands that are not attached to an installation, they shall have access to the senior commander for the deployable command.

i. A 24 hours, 7 days per week sexual assault response capability for all locations, including deployed areas, shall be established for persons covered in this Instruction. An immediate, trained sexual assault response capability shall be available for each report of sexual assault in all locations, including in deployed locations.

j. SARCs, SAPR VAs, and other responders (see Glossary) will assist sexual assault victims regardless of Service affiliation.

k. Service member and adult military dependent victims of sexual assault shall receive timely access to comprehensive medical and psychological treatment, including emergency care treatment and services, as described in this Instruction and Reference (c).

l. Sexual assault victims shall be given priority, and treated as emergency cases. Emergency care (see Glossary) shall consist of emergency medical care and the offer of a SAFE. The victim shall be advised that even if a SAFE is declined the victim shall be encouraged (but not mandated) to receive medical care, psychological care, and victim advocacy.

m. DoD prohibits granting a waiver for commissioning or enlistment in the Military Services when the person has a qualifying conviction (see Glossary) for a crime of sexual assault or is required to be registered as a sex offender.

n. There will be a safety assessment capability for the purposes of ensuring the victim, and possibly other persons, are not in physical jeopardy. A safety assessment will be available to all Service members, adult military dependents, and civilians who are eligible for SAPR services, even if the victim is not physically located on the installation. The installation commander or the

deputy installation commander will identify installation personnel who have been trained and are able to perform a safety assessment of each sexual assault victim, regardless of whether he or she filed a Restricted or Unrestricted Report. Individuals tasked to conduct safety assessments must occupy positions that do not compromise the victim's reporting options. The safety assessment will be conducted as soon as possible, understanding that any delay may impact the safety of the victim.

(1) For Unrestricted Reports, if a victim is assessed to be in a high-risk situation, the assessor will immediately contact the installation commander or his or her deputy, who will immediately stand up a multi-disciplinary High-Risk Response Team (HRRT) in accordance with the guidance in Enclosure 9 of this volume. This will be done even if the victim is not physically located on the installation.

(2) For Restricted Reports, if the victim is assessed to be in a high-risk situation, it may qualify as an exception to Restricted Reporting, which is necessary to prevent or mitigate a serious and imminent threat to the health or safety of the victim or another person. The SARC will be immediately notified. The SARC will disclose the otherwise-protected confidential information only after consultation with the staff judge advocate (SJA) of the installation commander, supporting judge advocate, or other legal advisor concerned, who will advise the SARC as to whether an exception to Restricted Reporting applies, in accordance with the guidance in Enclosure 4 of this volume. If the SJA determines that the victim is not in a high-risk situation, then the report will remain Restricted. The SARC will ensure a safety assessment is conducted.

o. Service members who file an Unrestricted Report of sexual assault shall be informed by the SARC or SAPR VA at the time of making the report, or as soon as practicable, of the option to request an Expedited Transfer, in accordance with the procedures for commanders in Enclosure 5 of this volume. A Service member may request:

(1) A temporary or permanent Expedited Transfer from their assigned command or installation to a different command or installation; or

(2) A temporary or permanent Expedited Transfer to a different location within their assigned command or installation.

p. An enlisted Service member or a commissioned officer who made an Unrestricted Report of sexual assault and is recommended for involuntary separation from the Military Services within 1 year of final disposition of his or her sexual assault case may request a general or flag officer (GO/FO) review of the circumstances of and grounds for the involuntary separation in accordance with DoD Instructions 1332.14 and 1332.30 (References (x) and (y)).

(1) A Service member requesting this review must submit his or her written request to the first GO/FO in the separation authority's chain of command before the separation authority approves the member's final separation action.

(2) Requests submitted after final separation action is complete will not be reviewed by a GO/FO, but the separated Service member may apply to the appropriate Service Discharge Review Board or Board of Correction of Military/Naval Records of their respective Service for consideration.

(3) A Service member who submits a timely request will not be separated until the GO/FO conducting the review concurs with the circumstances of and the grounds for the involuntary separation.

q. DoD prohibits granting a waiver for commissioning or enlistment in the Military Services when the person has a qualifying conviction (see Glossary) for a crime of sexual assault, or a conviction for an attempt of a sexual assault crime, or has ever been required to be registered as a sex offender, in accordance with section 657 of Reference (d).

r. A Service member whose conviction of rape, sexual assault, forcible sodomy, or an attempt to commit one of the offenses is final, and who is not punitively discharged in connection with such convictions, will be processed for administrative separation for misconduct in accordance with DoD Instruction 1332.14 and DoD Instruction 1332.30 (References (x) (enlisted personnel) and (y) (commissioned officers), respectively).

s. Information regarding Restricted Reports should only be released to persons authorized to accept Restricted Reports or as authorized by law or DoD regulation. Improper disclosure of confidential communications under Restricted Reporting or improper release of medical information are prohibited and may result in disciplinary action pursuant to the UCMJ or other adverse personnel or administrative actions.

t. Information regarding Unrestricted Reports should only be released to personnel with an official need to know or as authorized by law. Improper disclosure of confidential communications under Unrestricted Reporting or improper release of medical information are prohibited and may result in disciplinary action pursuant to the UCMJ or other adverse personnel or administrative actions.

u. The DoD will retain the DD Forms 2910, "Victim Reporting Preference Statement," and 2911, "DoD Sexual Assault Forensic Examination (SAFE) Report," for 50 years, regardless of whether the Service member filed a Restricted or Unrestricted Report as defined in Reference (c). PII will be protected in accordance with sections 552a of title 5, United States Code, also known as the Privacy Act of 1974 (Reference (z)) and DoDD 5400.11 and Public Law 104-191 (References (aa) and (ab)).

(1) Document Retention and SAFE Kit Retention for Unrestricted Reports:

(a) The SARC will enter the Unrestricted Report DD Form 2910 in the Defense Sexual Assault Incident Database (DSAID) (see Glossary in Reference (c)) as an electronic record within 48 hours of the report, where it will be retained for 50 years from the date the victim signed the DD Form 2910. The DD Form 2910 is located at the DoD Forms Management Program website at <https://www.esd.whs.mil/Directives/forms/>.

(b) The DD Form 2911 shall be retained in accordance with DoDI 5505.18 (Reference (ac)). The DD Form 2911 is located at the DoD Forms Management Program website at <https://www.esd.whs.mil/Directives/forms/>.

(c) If the victim had a SAFE, the SAFE Kit will be retained in accordance with Enclosure 8 of this volume. When the forensic examination is conducted at a civilian facility through a memorandum of understanding (MOU) or a memorandum of agreement (MOA) with the DoD, the requirement for the handling of the forensic kit will be explicitly addressed in the MOU or MOA. The MOU or MOA with the civilian facility will address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the SAFE.

(d) Personal property may be returned to the rightful owner in accordance with Enclosure 8 of this volume.

(2) Document Retention and SAFE Kit Retention for Restricted Reports:

(a) The SARC will retain a copy of the Restricted Report DD Form 2910 for 50 years, consistent with DoD guidance for the storage of PII. The 50-year time frame for the DD Form 2910 will start from the date the victim signs the DD Form 2910. For Restricted Reports, forms will be retained in a manner that protects confidentiality.

(b) If the victim had a SAFE, the Restricted Report DD Form 2911 will be retained for 50 years, consistent with DoD guidance for the storage of PII. The 50-year time frame for the DD Form 2911 will start from the date the victim signs the DD Form 2910, but if there is no DD Form 2910, the timeframe will start from the date the SAFE Kit is completed. Restricted Report forms will be retained in a manner that protects confidentiality.

(c) If the victim had a SAFE, the SAFE Kit will be retained in accordance with Enclosure 8 of this volume in a location designated by the Military Service concerned. When the forensic examination is conducted at a civilian facility through an MOU or an MOA with the DoD, the requirement for the handling of the forensic kit will be explicitly addressed in the MOU or MOA. The MOU or MOA with the civilian facility will address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the forensic kit.

(d) Victims who filed a Restricted Report can request the return of their personal property in accordance with the procedures in Enclosure 8 of this volume.

v. Current or former Service members who made a report of sexual assault may contact their respective Service SAPR headquarters office or Service or NG SARCs for help accessing their DD Forms 2910 and 2911. Requests for release of information relating to sexual assaults will be processed by the organization concerned, in accordance with the procedures specified in the sections 552 and 552a of Reference (z), also known as “The Freedom of Information Act” and “The Privacy Act of 1974” respectively.

w. Service members who file Unrestricted and Restricted Reports of sexual assault and/or their dependents shall be protected from retaliation, reprisal, ostracism, maltreatment, or threats thereof, for filing a report.

x. An incident report must be submitted in writing within 8 days after an Unrestricted Report of sexual assault has been made in accordance with section 1743 of Reference (o). This 8-day incident report will only be provided to personnel with an official need to know.

y. At the time of reporting, victims must be informed of the availability of legal assistance and the right to consult with an SVC/VLC in accordance with section 1044e of Reference (d).

z. Consistent with the Presidential Memorandum (Reference (ad)), sexual assaults in DoD confinement facilities involving Service members will be governed by Part 115 of Title 28, Code of Federal Regulations (Reference (ae)).

aa. The Catch a Serial Offender (CATCH) Program is voluntary and allows an eligible adult sexual assault victim to submit an anonymous entry into the CATCH database to discover if the suspect in their report may have also assaulted another person (i.e., a “potential match” in the CATCH website).

(1) Eligible adult sexual assault victims include those:

(a) Who file, or have already filed, a Restricted Report with a DD Form 2910. If notified of a potential match, the Restricted Reporting victim can decide whether to convert to Unrestricted and participate in the investigation. The Restricted Report will not be converted based on the information provided to the CATCH Program without the victim’s written permission on a revised DD Form 2910.

(b) Who file, or have already filed, an Unrestricted Report with a DD Form 2910 and the identity of their suspect was not disclosed by the victim or uncovered by law enforcement, to include MCIOs (e.g., third-party report with no suspect identification). If notified of a potential match, the Unrestricted Reporting victim can decide whether he or she now wants to participate in the investigation.

(2) The CATCH Program is implemented through procedures in this volume, Reference (ac), and the June 10, 2019 USD(P&R) Memorandum (Reference (bd)).

ab. The following DD forms will be used for Restricted and Unrestricted Reporting, retaliation reporting, and to request the return of personal property in Restricted Reporting cases:

(1) DD Form 2910. Used to elect a reporting option (Restricted or Unrestricted) by the adult sexual assault victim in the SAPR Program.

(2) DD Form 2910-1, "Replacement of Lost DD Form 2910, Victim Reporting Preference Statement." While not a common occurrence, if a sexual assault victim requests a

copy of a previously filed DD Form 2910, and the original paper or electronic copy cannot be located, the victim can complete a DD Form 2910-1. If separated, the former or retired Service member will sign the DD Form 2910-1, and then send the form to the nearest SARC or Service headquarters SAPR office.

(a) The Military Services have the flexibility to determine whether to request that the signed DD Forms 2910-1 are sent through secure email or mail.

(b) When completing the DD Form 2910-1, victims may elect to convert their original reporting option from Restricted to Unrestricted.

(c) The DD Form 2910-1 will take the place of the original DD Form 2910 and will be uploaded to the DSAID File Locker for document retention purposes.

(3) DD Form 2910-2, "Retaliation Reporting Statement for Unrestricted Sexual Assault Cases." Used to file a retaliation report within the SAPR Program related to an existing Unrestricted Report.

(a) Persons eligible to file a DD Form 2910-2 include:

1. Adult sexual assault victim who has previously made an Unrestricted Report of sexual assault.

2. Adult sexual assault victim's adult family member (e.g., spouse, son, daughter).

3. Witness.

4. Bystander who intervened.

5. SARC or SAPR VA on the case.

6. Responder.

7. Other party to the incident (e.g., friend, co-worker).

(b) Retaliation reports can also be filed outside the SAPR Program, see "Resources for Victims to Report Retaliation, Reprisal, Ostracism, Maltreatment, Sexual Harassment, or to Request an Expedited/Safety Transfer or Military Protective Order (MPO)/Civilian Protective Order (CPO)" in Enclosure 4.

(4) DD Form 2910-3, "Return of Victim's Personal Property in Restricted Sexual Assault Cases Collected During a Sexual Assault Forensic Examination (SAFE)." The SARC or SAPR VA will use the DD Form 2910-3, to document the adult sexual assault Restricted Reporting victim's request, to describe the personal property requested, and to identify the Restricted Reporting Case Number (RRCN) that identifies the SAFE Kit in question, in

accordance with section 536 of NDAA FY 2020. This return of personal property request is not applicable for individuals who obtained a sexual assault forensic exam at a civilian facility, and whose kit and personal property are maintained by civilian law enforcement.

ac. Adult sexual assault victims and retaliation reporters can request a copy of their reporting preference form and associated documentation (i.e., DD Forms 2910, 2910-1, 2910-2, 2910-3) directly from a SARC or SAPR VA.

(1) The DD Form 2910 will be retained for 50 years for both Restricted and Unrestricted Reports in accordance with section 1723 of Reference (o). This retention requirement will also apply to DD Forms 2910-1, 2910-2, and 2910-3.

(2) SARCs or designated SAPR VAs who have been authorized to have DSAID access will upload DD Forms 2910, 2910-1, 2910-2, and/or 2910-3 into the DSAID File Locker within 48 hours of the form being completed. In deployed locations, such as areas of combat that have internet connectivity issues, the timeframe is extended to 96 hours.

(3) The DSAID File Locker will be the only DoD-authorized database for the electronic retention of DD Forms 2910, 2910-1, 2910-2, and 2910-3 in order to ensure the protection of PII and to make reports more easily retrievable in one centralized database, in accordance with the October 15, 2019 USD(P&R) Memorandum (Reference (bf)).

ad. Installation commanders, and commanders in comparable locations, will direct that “Reporting Options for Adult Victims of Sexual Assault” are posted in high-traffic locations (including dining facilities). Posted information will include:

(1) Location and phone numbers and emails for the local SARCs and SAPR VAs.

(2) Location and phone numbers and emails to contact the SVC/VLC Program.

(3) Process for reporting to an individual outside the chain of command of the Service member, explicitly to include contact information for the DoD Safe Helpline or a SARC and other personnel outside their chain of command.

(4) Information for the DoD Safe Helpline for crisis intervention, 24/7 worldwide.

(5) Information for the CATCH Program.

(6) Information regarding services furnished by the Secretary of Veterans Affairs to survivors of sexual trauma. This should also be posted in areas where sexual assault prevention staff normally post notices or information.

ae. Installation commanders, and commanders in comparable locations, will direct that “Reporting Options for Retaliation Related to an Unrestricted Report of Adult Sexual Assault” are posted in high-traffic locations. Posted information will include:

(1) “Reporting Options for Adult Victims of Sexual Assault” described in Paragraph 4.ad. However, not all Retaliation reporters will be eligible for an SVC/VLC.

(2) Information for the OIG Hotline for Whistleblower Reprisal Complaints.

(3) Information about how individuals who believe they have been retaliated against related to a report of sexual assault may report retaliation allegations, including:

(a) Adult sexual assault victim who has previously made an Unrestricted Report of sexual assault;

(b) Adult sexual assault victim’s adult family member (e.g., spouse, son, daughter);

(c) Witness;

(d) Bystander (who intervened);

(e) SARC or SAPR VA on the case; or

(f) Responder.

af. For individuals choosing not to file an official report of sexual assault through a DD Form 2910, SAPR Program Managers, SARCs, and SAPR VAs authorized to use DSAID (including the Military Service Academy SARCs) will utilize the “SAPR Related Inquiry (SRI) Module” in DSAID to document these instances.

ag. The SARCs will make the SRI entries in the DSAID module within 48 hours of the SAPR-related inquiry being made by the victim. In deployed locations, such as designated combat zones that may have internet connectivity issues, the timeframe is extended to 96 hours.

ah. SRIs can be divided into three categories:

(1) Sexual Assault Victim Inquiries. The SRI documents inquiries by individuals who allege a sexual assault occurred but who choose not to make an official report through a DD Form 2910; referrals to support services for victims who do not make an official report; and the reason(s) why the individual chose not to make an official report, if the individual disclosed the reason.

(2) Retaliation Reporter Inquiries. The SRI documents inquiries by individuals alleging they experienced retaliation associated with a sexual assault report, but who chose not to make an official report of retaliation through a DD Form 2910-2.

(3) Persons Inquiring as to Reporting Processes or Resources. The SRI documents inquiries by individuals associated with a sexual assault or retaliation incident (e.g., witnesses or supervisors, co-workers, friends, and family members of the sexual assault victim, or retaliation reporter) who approach the SAPR personnel to ask questions about the reporting process or resources.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosures 3 through 12.

7. INFORMATION COLLECTIONS.

a. The DSAID, the DD Form 2910, and the DD Form 2965, “Defense Sexual Assault Incident Database (DSAID) Data Form,” referred to in this volume, have been assigned Office of Management and Budget control number 0704-0482 in accordance with the procedures in Volume 2 of DoD Manual 8910.01 (Reference (af)).

b. The annual report regarding sexual assaults involving Service members and improvement to sexual assault prevention and response programs referred to in paragraph 6.z. of Enclosure 2; paragraphs 1.i., 1.j., and 1.l. of Enclosure 3; paragraph 3.h.(2) and 6.i. of Enclosure 5; and sections 1 and 4 of Enclosure 12 of this volume is submitted to Congress in accordance with section 1631(d) of Reference (l) and is coordinated with the Assistant Secretary of Defense for Legislative Affairs in accordance with the procedures in DoDI 5545.02 (Reference (ag)).

c. The quarterly reports of sexual assaults involving Service members referred to in Enclosures 2, 3, 10, 11, and 12 of this volume are prescribed by Reference (b) and have been assigned report control symbol DD-P&R-2205 in accordance with the procedures in Reference (af) and Volume 1 of DoD Manual 8910.01 (Reference (ah)).

d. The Service Academy sexual assault survey referred to in section 3 of Enclosure 12 of this volume has been assigned report control symbol DD-P&R-2198 in accordance with the procedures in References (af) and (ah).

e. The Survivor Experience Survey, referred to in section 1 of Enclosure 12 of this volume and conducted by the Defense Manpower Data Center (DMDC), has been assigned the Report Control Symbol DD-P&R-2554 in accordance with the procedures in Reference (af).

8. RELEASABILITY. **Cleared for public release.** This Instruction is available on the Directives Division Website at <https://www.esd.whs.mil/DD/>.

9. SUMMARY OF CHANGE 6. This change:

a. Updates policy and procedures in accordance with section 540K of Public Law 116-92 (Reference (be)), to include the filing of a “Section 540K Declination Letter” and expanded eligibility to file Restricted Reports.

Reporting exception to policy. Therefore, the confidential communication related to the sexual assault may not be disclosed. Improper disclosure of confidential communications, improper release of medical information, and other violations of this volume and Reference (c) are prohibited and may result in discipline pursuant to the UCMJ or another Federal or State statute, loss of privileges, or other adverse personnel or administrative actions.

d. The SARC or SAPR VA shall inform the victim when a disclosure in accordance with the exceptions in this section of this enclosure is made. Whenever possible, the victim should be notified in advance of the disclosure.

e. If a SARC, SAPR VA, or healthcare personnel makes an unauthorized disclosure of a confidential communication, that person is subject to disciplinary action. Unauthorized disclosure has no impact on the status of the Restricted Report. All Restricted Reporting information is still confidential and protected, to the extent authorized by law and this Instruction. However, unauthorized or inadvertent disclosures made to a commander or law enforcement shall result in notification to the MCIO.

6. ACTIONABLE RIGHTS. Restricted Reporting does not create any actionable rights for the victim or alleged offender or constitute a grant of immunity for any actionable conduct by the alleged offender or the victim.

7. RESOURCES FOR VICTIMS TO REPORT RETALIATION, REPRISAL, OSTRACISM, MALTREATMENT, SEXUAL HARASSMENT, OR TO REQUEST AN EXPEDITED/SAFETY TRANSFER OR MILITARY PROTECTIVE ORDER (MPO)/CIVILIAN PROTECTIVE ORDER (CPO). SARCs and SAPR VAs must inform victims of the resources available to report instances of retaliation, reprisal, ostracism, maltreatment, sexual harassment, or to request a transfer or MPO. If the allegation is criminal in nature and the victim filed an Unrestricted Report, the crime should be immediately reported to an MCIO, even if the crime is not something normally reported to an MCIO (e.g., victim's personal vehicle was defaced). Victims can seek assistance on how to report allegations by requesting assistance from:

- a. A SARC or SAPR VA or SVC/VLC.
- b. A SARC on a different installation, which can be facilitated by the Safe Helpline.
- c. Their immediate commander.
- d. A commander OUTSIDE their chain of command.

e. Service personnel to invoke their Service-specific reporting procedures regarding such allegations in accordance with DoD Retaliation Prevention and Response Strategy: Regarding Sexual Assault and Harassment Reports (Reference (au)).

f. Service Military Equal Opportunity (MEO) representative to file a complaint of sexual harassment.

g. A GO/FO if the retaliation, reprisal, ostracism, or maltreatment involves the administrative separation of victims within 1 year of the final disposition of their sexual assault case. A victim may request that the GO/FO review the separation in accordance with Reference (x) (enlisted personnel) or Reference (y) (commissioned officers).

h. A GO/FO if the victim believes that there has been an impact on their military career because they reported a sexual assault or sought mental health treatment for sexual assault that the victim believes is associated with the sexual assault. The victim may discuss the impact with the GO/FO.

i. An SVC/VLC, trial counsel and VWAP, or a legal assistance attorney to facilitate reporting with a SARC or SAPR VA.

j. Service personnel to file a complaint of wrongs in accordance with Article 138 of the UCMJ (section 938 of Reference (d)).

k. IG DoD, invoking whistle-blower protections in accordance with Reference (am).

l. Commander or SARC to request an Expedited Transfer.

m. Commander or SARC to request a safety transfer or an MPO and/or CPO, if the victim is in fear for her or his safety.

n. The MCIO, if the allegation is of an act that is criminal in nature and the victim filed an Unrestricted Report. The allegation should immediately be reported to an MCIO.

ENCLOSURE 5

COMMANDER AND MANAGEMENT SAPR PROCEDURES

1. SAPR MANAGEMENT. Commanders, supervisors, and managers at all levels are responsible for the effective implementation of the SAPR program and policy. Military and DoD civilian officials at each management level shall advocate a strong SAPR program, and provide education and training that shall enable them to prevent and appropriately respond to incidents of sexual assault.

2. INSTALLATION COMMANDER SAPR RESPONSE PROCEDURES. Each installation commander shall:

a. Develop guidelines to establish a 24 hours, 7 days per week sexual assault response capability for their locations, including deployed areas. For SARCs that operate within deployable commands that are not attached to an installation, senior commanders of the deployable commands shall ensure that equivalent SAPR standards are met. All SARCs will have direct and unimpeded contact and access to the installation commander (see Glossary), and the immediate commander of both the Service member victim and alleged Service member offender. The installation commander will have direct contact with the SARC; this responsibility will not be delegated.

b. Require ALL supervisors, officer and enlisted, down to the most junior supervisor, to receive specialized training that explains:

(1) That ALL personnel in the victim's chain of command, officer and enlisted, are required when they become aware of allegations of retaliation, reprisal, ostracism, or maltreatment to take appropriate measures to protect the victim.

(2) What constitutes retaliation, reprisal, ostracism, and maltreatment in accordance with Reference (au), and Military Whistleblower Protections and procedures for reporting allegations of reprisal in accordance with Reference (am)

(3) The resources available for victims (listed in Enclosure 4 of this volume) to report instances of retaliation, reprisal, ostracism, maltreatment, or sexual harassment or to request a transfer or MPO.

(4) That victims who reported a sexual assault or sought mental health treatment for sexual assault have the opportunity to discuss issues related to their military career with the GO/FO that the victim believes are associated with the sexual assault.

c. Ensure that a safety assessment will be available to all Service members, adult military dependents, and civilians who are eligible for SAPR services, even if the victim is not physically located on the installation.

(1) Identify installation personnel who have been trained and are able to perform a safety assessment of each sexual assault victim, regardless of whether he or she filed a Restricted or Unrestricted Report. Individuals tasked to conduct safety assessments must occupy positions that do not compromise the victim's reporting options.

(2) The safety assessment will be conducted as soon as possible.

3. COMMANDER SAPR RESPONSE PROCEDURES. Each Commander shall:

a. Respond appropriately to incidents of sexual assault. Use the "Commander's 30-Day Checklist for Unrestricted Reports" to facilitate the response to the victim and an alleged offender, and an appropriate response for a sexual assault within a unit. The "Commander's 30-Day Checklist for Unrestricted Reports" is located in the SAPR Policy Toolkit, on www.sapr.mil. This 30-day checklist may be expanded by the Military Services to meet Service-specific requirements and procedures.

b. Meet with the SARC within 30 days of taking command for one-on-one SAPR training. The training shall include a trends brief for unit and area of responsibility, the confidentiality and "official need to know" requirements for both Unrestricted and Restricted Reporting, and the requirements of 8-day incident report in accordance with section 1743 of Reference (o). The Sexual Assault Incident Response Oversight Report template is located in the SAPR Policy Toolkit, on www.sapr.mil. The commander must contact a judge advocate for training on the MRE 514 privilege.

c. Require the SARC to:

(1) Be notified of every incident of sexual assault involving Service members or persons covered in this Instruction, in or outside of the military installation when reported to DoD personnel. When notified, the SARC or SAPR VA shall respond to offer the victim SAPR services. All SARCs shall be authorized to perform victim advocate duties in accordance with service regulations, and will be acting in the performance of those duties.

(a) In Restricted Reports, the SARC shall be notified by the healthcare personnel in accordance with Enclosure 7 of this volume or the SAPR VA.

(b) In Unrestricted Reports, the SARC shall be notified by the DoD responders or healthcare personnel.

(2) Provide the victim's installation commander and immediate commander the information regarding an Unrestricted Report within 24 hours of an Unrestricted Report of sexual assault.

(3) If the victim is a civilian and the alleged offender is a Service member, the immediate commander of that Service member shall be provided relevant information, to include any SAPR

services made available to the civilian. The MCIO provides the commander of the alleged offender with information, to the extent available, regarding the victim, and SAPR services offered, if any, to file the 8-day incident report in accordance with section 1743 of Reference (o).

(4) Provide the installation commander with non-PII, as defined in the Glossary, within 24 hours of a Restricted Report of sexual assault. This notification may be extended to 48 hours after the report of the incident if there are extenuating circumstances in the deployed environment. Command and installation demographics shall be taken into account when determining the information to be provided. To ensure oversight of victim services for Restricted Report cases, the SARC will confirm in his or her report that the victim has been offered SAPR advocacy services; received explanation of the notifications in the DD Form 2910; offered medical and mental health care; and informed of eligibility for a Special Victim's Counsel or Victim's Legal Counsel. An 8-day incident report is not required for Restricted Reports in accordance with section 1743 of Reference (o).

(5) Be supervised and evaluated by the installation commander or deputy installation commander in the performance of SAPR procedures in accordance with Enclosure 6 of this volume.

(6) Receive SARC training to follow procedures in accordance with Enclosure 6 of this volume. Upon implementation of the D-SAACP, standardized criteria for the selection and training of SARCs and SAPR VAs shall include the application criteria in DD Form 2950 and comply with specific Military Service guidelines and certification requirements.

(7) Follow established procedures to store the DD Form 2910 pursuant to Military Service regulations regarding the storage of documents with PII. Follow established procedures to store the original DD Form 2910 and ensure that all Federal and Service privacy regulations are adhered to.

d. Evaluate healthcare personnel per Military Service regulation in the performance of SAPR procedures as described in Enclosure 7 of this volume.

e. Require adequate supplies of SAFE Kits be maintained by the active component. The supplies shall be routinely evaluated to guarantee adequate numbers to meet the need of sexual assault victims.

f. Require DoD law enforcement and healthcare personnel to comply with prescribed chain of custody procedures described in their Military Service-specific MCIO procedures. Modified procedures applicable in cases of Restricted Reports of sexual assault are explained in Enclosure 8 of this volume.

g. Require that a CMG is conducted on a monthly basis in accordance with Enclosure 9 of this volume.

(1) Chair or attend the CMG, in accordance with the requirements in Enclosure 9 of this volume. Direct the required CMG members to attend.

(2) Commanders shall provide victims of a sexual assault who filed an Unrestricted Report monthly updates regarding the current status of any ongoing investigative, medical, legal, status of an Expedited Transfer request or any other request made by the victim, or command proceedings regarding the sexual assault until the final disposition (see Glossary) of the reported assault, and to the extent permitted pursuant to Reference (al), Reference (ab), and section 552a of Reference (z). This is a non-delegable commander duty. This update must occur within 72 hours of the last CMG. Commanders of NG victims who were sexually assaulted when the victim was on title 10 orders and filed Unrestricted Reports are required to update, to the extent allowed by law and regulations, the victim's home State title 32 commander as to all or any ongoing investigative, medical, and legal proceedings and of any actions being taken by the active component against subjects who remain on title 10 orders.

h. Ensure that resolution of Unrestricted Report sexual assault cases shall be expedited.

(1) A unit commander who receives an Unrestricted Report of a sexual assault shall immediately refer the matter to the appropriate MCIO, to include any offense identified by the UCMJ. A unit commander shall not conduct internal command directed investigations on sexual assault (i.e., no referrals to appointed command investigators or inquiry officers) or delay immediately contacting the MCIOs while attempting to assess the credibility of the report.

(2) The final disposition of a sexual assault shall immediately be reported by the accused's commander to the assigned MCIO. Dispositions on cases referred by MCIOs to other DoD law enforcement agencies shall be immediately reported to the MCIOs upon their final disposition. When requested by MCIOs, commanders shall provide final disposition of sexual assault cases. Service legal officers are responsible for entering and approving the final case disposition input into DSAID and notifying the SARC of the disposition results.

i. Appoint a point of contact to serve as a formal liaison between the installation SARC and the installation FAP staff (or civilian domestic resource if FAP is not available for a Reserve Component victim) to direct coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

j. Ensure appropriate training of all military responders be directed and documented in accordance with training standards in Enclosure 10 of this volume. Direct and document appropriate training of all military responders who attend the CMG.

k. Identify and maintain a liaison with civilian sexual assault victim resources. Where necessary, it is strongly recommended that an MOU or MOAs with the appropriate local authorities and civilian service organizations be established to maximize cooperation, reciprocal reporting of sexual assault information, and consultation regarding jurisdiction for the prosecution of Service members involved in sexual assault, as appropriate.

l. In accordance with section 1565b(a)(2) of Reference (d), a Service member or a dependent who is the victim of sexual assault shall be informed of the availability of legal assistance and the services of a SARC and SAPR VA as soon as the member or dependent seeks assistance

from a SARC, a SAPR VA, an MCIO, a victim or witness liaison, or a trial counsel. The member or dependent shall also be informed that the legal assistance and the services of a SARC or a SAPR VA are optional and may be declined, in whole or in part, at any time.

m. Direct that DoD law enforcement, *not* affiliated with an MCIO, when applicable, and VWAP personnel provide victims of sexual assault who elect an Unrestricted Report the information outlined in DoDD 1030.01 (Reference (av)) and Reference (ac) throughout the investigative and legal process. The completed DD Form 2701 shall be distributed to the victim in Unrestricted Reporting cases by DoD MCIO in accordance with Reference (aa).

n. Require that investigation descriptions found in the Appendix to Enclosure 12 in this Instruction be used to report case dispositions.

o. Establish procedures to protect Service member victims and/or their dependents, SARCs, SAPR VAs, witnesses, healthcare providers, bystanders, and others associated with a report of sexual assault allegation from retaliation, reprisal, ostracism, and maltreatment.

(1) Protect victims of sexual assault from retaliation, ostracism, maltreatment, and reprisal in accordance with References (am) and (au). Require the SARC or SAPR VA to inform victims of the resources, listed in Enclosure 4 of this volume, to report instances of retaliation, reprisal, ostracism, maltreatment, or sexual harassment or to request a transfer or MPO and/or CPO or to consult with an SVC/VLC.

(2) Require SARCs and SAPR VAs to advise victims who reported a sexual assault or sought mental health treatment for sexual assault that they have the opportunity to discuss issues related to their military career with a GO/FO that the victim believes are associated with the sexual assault.

p. Require that sexual assault reports be entered into DSAID through interface with MCIO case management systems, or by direct data entry by authorized personnel.

q. Designate an official, usually the SARC, to generate an alpha-numeric RRCN.

r. Appoint a healthcare provider, as an official duty, in each MTF to be the resident point of contact concerning SAPR policy and sexual assault care.

s. Submit an 8-day incident report in writing after an Unrestricted Report of sexual assault has been made in accordance with section 1743 of Reference (o). The 8-day incident report will only be provided to personnel with an official need to know.

4. MOUs OR MOAs WITH LOCAL CIVILIAN AUTHORITIES. The purpose of MOUs and MOAs is to:

- a. Enhance communications and the sharing of information regarding sexual assault prosecutions, as well as of the sexual assault care and forensic examinations that involve Service members and eligible TRICARE beneficiaries covered by this Instruction.
- b. Collaborate with local community crisis counseling centers, as necessary, to augment or enhance their sexual assault programs.
- c. Provide liaison with private or public sector sexual assault councils, as appropriate.
- d. Provide information about medical and counseling services related to care for victims of sexual assault in the civilian community, when not otherwise available at the MTFs, in order that military victims may be offered the appropriate healthcare and civilian resources, where available and where covered by military healthcare benefits.
- e. Where appropriate or required by MOU or MOA, facilitate training for civilian service providers about SAPR policy and the roles and responsibilities of the SARC and SAPR VA.

5. LINE OF DUTY (LOD) PROCEDURES

- a. Members of the Reserve Components, whether they file a Restricted or Unrestricted Report, shall have access to medical treatment and counseling for injuries and illness incurred from a sexual assault inflicted upon a Service member when performing active service, as defined in section 101(d)(3) of Reference (d), and inactive duty training.
- b. Medical entitlements remain dependent on a LOD determination as to whether or not the sexual assault incident occurred in an active service or inactive duty training status. However, regardless of their duty status at the time that the sexual assault incident occurred, or at the time that they are seeking SAPR services (see Glossary), Reserve Component members can elect either the Restricted or Unrestricted Reporting option (see Glossary in Reference (c)) and have access to the SAPR services of a SARC and a SAPR VA.
- c. Any alleged collateral misconduct by a Service member victim associated with the sexual assault incident will be excluded from consideration as intentional misconduct or gross negligence under the analysis required by section 1074a(c) of Reference (d) in LOD findings for healthcare to ensure sexual assault victims are able to access medical treatment and mental health services.
- d. The following LOD procedures shall be followed by Reserve Component commanders.
 - (1) To safeguard the confidentiality of Restricted Reports, LOD determinations may be made without the victim being identified to DoD law enforcement or command, solely for the purpose of enabling the victim to access medical care and psychological counseling, and without identifying injuries from sexual assault as the cause.

(2) For LOD determinations for sexual assault victims, the commander of the Reserve command in each component and the directors of the Army and Air NG shall designate individuals within their respective organizations to process LODs for victims of sexual assault when performing active service, as defined in section 101(d)(3) of Reference (d), and inactive duty training.

(a) Designated individuals shall possess the maturity and experience to assist in a sensitive situation, will have SAPR training, so they can appropriately interact with sexual assault victims, and if dealing with a Restricted Report, to safeguard confidential communications and preserve a Restricted Report (e.g., SARCs and healthcare personnel). These individuals are specifically authorized to receive confidential communications, as defined by the Glossary of this volume, for the purpose of determining LOD status.

(b) The appropriate SARC will brief the designated individuals on Restricted Reporting policies, exceptions to Restricted Reporting, and the limitations of disclosure of confidential communications as specified in section 5 of Enclosure 4 of this volume. The SARC and these individuals, or the healthcare provider may consult with their servicing legal office, in the same manner as other recipients of privileged information for assistance, exercising due care to protect confidential communications in Restricted Reports by disclosing only non-identifying information. Unauthorized disclosure may result in disciplinary action.

(3) For LOD purposes, the victim's SARC may provide documentation that substantiates the victim's duty status as well as the filing of the Restricted Report to the designated official.

(4) If medical or mental healthcare is required beyond initial treatment and follow-up, a licensed medical or mental health provider must recommend a continued treatment plan.

(5) Reserve Component members who are victims of sexual assault may be retained or returned to active duty in accordance with Table 1 and section 12323 of Reference (d).

(a) A request described in Table 1 submitted by a Reserve Component member must be answered with a decision within 30 days from the date of the request, in accordance with Reference (n).

(b) If the request is denied, the Reserve Component member may appeal to the first GO/FO in his or her chain of command. A decision must be made on that appeal within 15 days from the date of the appeal, in accordance with Reference (n).

Table 1. Retention or Return to Active Duty of Reserve Component Members for LOD Determinations to Ensure Continuity of Care

If a member of the Reserve Component...		Then...
Is expected to be released from active duty before the determination is made regarding whether he or she was assaulted while in the LOD in accordance with section 12323 of Reference (d)...		The Secretary concerned, upon the member's request, may order him or her to be retained on active duty until the LOD determination.
Is not on active duty and the LOD determination is not completed...	And the sexual assault was committed while he or she was on active duty	The Secretary concerned, upon the member's request, may order him or her to be recalled to active duty for such time as necessary for completion of the LOD determination. A member eligible for this retention or recall shall be informed as soon as practicable after the alleged assault of the option to request continuation on active duty for the LOD.

6. EXPEDITED TRANSFER REQUESTS FOR SERVICE MEMBER SEXUAL ASSAULT VICTIMS

a. Any threat to life or safety of a Service member shall be immediately reported to command and DoD law enforcement authorities (see Glossary) and a request to transfer the victim under these circumstances will be handled in accordance with established Service regulations.

(1) Safety issues are NOT handled through an Expedited Transfer. They are handled through a fast safety move following applicable DoD and Service-specific procedures. (An Expedited Transfer may take longer than a safety move.)

(2) The intent behind the Expedited Transfer policy in this enclosure is to address situations where a victim feels safe, but uncomfortable. An example of where a victim feels uncomfortable is where a victim may be experiencing ostracism and retaliation. The intent behind the Expedited Transfer policy is to assist in the victim's recovery by moving the victim to a new location, where no one knows of the sexual assault.

b. Service members who file an Unrestricted Report of sexual assault shall be informed by the SARC, SAPR VA, or the Service member's commanding officer, or civilian supervisor equivalent (if applicable), at the time of making the report, or as soon as practicable, of the option to request a temporary or permanent Expedited Transfer from their assigned command or installation, or to a different location within their assigned command or installation in accordance with section 673 of Reference (d). The Service members shall initiate the transfer request and submit the request to their commanders. The commanders shall document the date and time the request is received.

(1) A presumption shall be established in favor of transferring a Service member (who initiated the transfer request) following a credible report (see Glossary) of sexual assault. The commander, or the appropriate approving authority, shall make a credible report determination at the time the expedited request is made after considering the advice of the supporting judge advocate, or other legal advisor concerned, and the available evidence based on an MCIO's investigation's information (if available). If the Expedited Transfer is disapproved because there was no credible report, the grounds on which it was disapproved must be documented. A commander can always transfer a victim on other grounds, e.g., on humanitarian grounds, through a process outside of the Expedited Transfer process.

(2) Expedited Transfers of Service members who report that they are victims of sexual assault shall be limited to sexual assault offenses reported in the form of an Unrestricted Report.

(a) Sexual assault against adults is defined in the Glossary of Reference (c) and includes rape and sexual assault in violation of Article 120 of the UCMJ (section 920 of Reference (d)), and forcible sodomy in violation of Article 125 of the UCMJ (section 925 of Reference (d)). This Instruction does not address victims covered under FAP.

(b) If the Service member files a Restricted Report in accordance with Reference (c) and requests an Expedited Transfer, the Service member must affirmatively change his or her reporting option to Unrestricted Reporting on the DD Form 2910, in order to be eligible for an Expedited Transfer.

(3) When the alleged perpetrator is the commander or otherwise in the victim's chain of command, the SARC shall inform such victims of the opportunity to go outside the chain of command to report the offense to MCIOs, other commanding officers or an Inspector General. Victims shall be informed that they can also seek assistance from a legal assistance attorney, the DoD Safe Helpline, or an SVC/VLC. The relationship between an SVC/VLC and a victim in the provision of legal advice and assistance will be the relationship between an attorney and client, in accordance with section 1044e of Reference (d).

(4) In accordance with this Instruction, adult sexual assault victims who file Unrestricted Reports are eligible to request an Expedited Transfer. The requesting Service member victim's commander will review, approve or disapprove, and track requests for Expedited Transfers.

(a) In accordance with section 531 of Public Law 116-283 (Reference (bh)), the application submitted by a Service member for a change of station or unit transfer must be approved or disapproved by the Service member's commander within 5 CALENDAR DAYS of the submission of the application.

(b) If the application is disapproved by the commander, the Service member will be given the opportunity to request a review by the first GO/FO in his or her chain of command. The GO/FO must make a decision within 5 CALENDAR DAYS of submission of the request for review.

(c) Upon receipt of the Expedited Transfer request from a Service member, the commander must immediately notify the SARC of the Expedited Transfer request. Service member victims not working with a SARC will be referred to the installation or appropriate command-level SARC. Once notified of the Service member victim's request, the SARC will immediately:

1. Inform the requesting Service member victim of the Expedited Transfer process, to include information about services and support, and the MANDATORY INTAKE MEETING with the gaining installation SARC or appropriate command-level SARC (“gaining SARC”) upon arrival at a new installation, if the request is approved. The SARC will also inform the requesting Service member victim that at the conclusion of the intake meeting with the gaining SARC, the Service member victim may elect to continue or discontinue SAPR program services.

2. Advise the Service member victim of the requirement to have an intake meeting with the gaining commander, if the Service member victim seeks continued advocacy, legal, or healthcare (mental health or other medical) services at the new location, or if the investigation or legal proceeding involving the Service member victim's report is ongoing at the time of the transfer. If the Service member does not continue services and there is no ongoing investigative or legal proceeding, then the intake meeting with commander is not necessary. However, intake meeting with the SARC is still required. These are TWO SEPARATE REQUIREMENTS with different criteria.

3. Verify to the commander that the Service member victim has filed an Unrestricted Report through a DD Form 2910, and that it has been entered into the DSAID.

a. If a DD Form 2910 is not on file, the SARC will assist the Service member victim to file an Unrestricted Report through a DD Form 2910 or refer the Service member victim to the appropriate organization (i.e., FAP for domestic abuse sexual assault victims or other victim assistance program, if not otherwise eligible for SAPR services).

b. The SARC will not provide a copy of the signed DD Form 2910 to the commander; verbal confirmation that a DD Form 2910 was filed is sufficient.

4. Advise the Service member victim of the requirement to have an outbrief meeting with the losing installation SARC or appropriate command-level SARC (“losing SARC”) if the Expedited Transfer request is approved.

5. Annotate the Expedited Transfer request and subsequent decision in DSAID, ensuring all fields are completed, upon receipt of the final decision.

(5) The commander shall expeditiously process a transfer request from a command or installation, or to a different location within the command or installation. The commander shall request and take into consideration the Service member’s input before making a decision involving a temporary or permanent transfer and the location of the transfer. If approved, the transfer orders shall also include the Service member’s dependents (if accompanied) or military

spouse (if the military spouse consents). In most circumstances, transfers to a different installation should be completed within 30 calendar days from the date the transfer is approved. Transfers to a new duty location that do not require a change of station move should be completed within 1 week from the date the transfer is approved.

(6) The commander must approve or disapprove a Service member's request for a permanent change of station (PCS), permanent change of assignment (PCA), or unit transfer within 5 calendar days from receipt of the Service member's request. The decision to approve the request shall be immediately forwarded to the designated activity that processes PCS, PCA, or unit transfers (see Glossary).

(7) If the Service member's transfer request is disapproved by the commander, the Service member shall be given the opportunity to request review by the first GO/FO in the chain of command of the member, or an SES equivalent (if applicable). The decision to approve or disapprove the request for transfer must be made within 5 calendar days of submission of the request for review. If a civilian SES equivalent reviewer approves the transfer, the Secretary of the Military Department concerned shall process and issue orders for the transfer. All transfer requests must be reported in the Services' and NGB Annual Program Review submission; to include all disapproved transfer requests, and the reason for disapproval.

(8) Military Departments shall make every reasonable effort to minimize disruption to the normal career progression of a Service member who reports that he or she is a victim of a sexual assault.

(9) Expedited Transfer procedures require that a commander or the appropriate approving authority make a determination and provide his or her reasons and justification on the transfer of a Service member based on a credible report of sexual assault. A commander shall consider:

- (a) The Service member's reasons for the request.
- (b) Potential transfer of the alleged offender instead of the Service member requesting the transfer.

1. Commanders have the authority to make a timely determination and to take action regarding whether a Service member who is alleged to have committed or attempted to commit a sexual assault offense should be temporarily reassigned or removed from a position of authority or from an assignment. This reassignment or removal must be taken not as a punitive measure, but solely for the purpose of maintaining good order and discipline within the member's unit in accordance with section 674 of Reference (d).

2. This determination may be made at any time after receipt of notification of an Unrestricted Report of a sexual assault that identifies the Service member as an alleged perpetrator.

- (c) Nature and circumstances of the offense.

(d) Whether a temporary transfer would meet the Service member's needs and the operational needs of the unit.

(e) Training status of the Service member requesting the transfer.

(f) Availability of positions within other units on the installation.

(g) Status of the investigation and potential impact on the investigation and future disposition of the offense, after consultation with the investigating MCIOs.

(h) Location of the alleged offender.

(i) Alleged offender's status (Service member or civilian).

(j) Other pertinent circumstances or facts.

(10) Service members requesting the transfer shall be informed that they may have to return for the prosecution of the case, if the determination is made that prosecution is the appropriate action.

(11) Commanders shall directly counsel the Service member to ensure that he or she is fully informed regarding:

(a) Reasonably foreseeable career impacts.

(b) The potential impact of the transfer or reassignment on the investigation and case disposition or the initiation of other adverse action against the alleged offender.

(c) The effect on bonus recoupment, if any.

(d) Other possible consequences of granting the request.

(12) When an Expedited Transfer is approved, notification from the losing commander to the gaining commander will depend on whether there is an open case and continuation of services. If there is neither an open case nor continuation of services, no other action is needed. If there is an open case and services are requested, then notification to the gaining commander will occur to facilitate the investigation and access to services. This procedure applies to any sexual assault victim move (e.g., permanent change of station either on or before the member's normal rotation date, temporary duty inside or out of local area).

(a) When an Expedited Transfer is approved, the losing commander will NOT inform the gaining commander of the sexual assault incident unless one of the following applies:

1. Active criminal investigation.

2. Active legal proceeding.

3. Ongoing victim healthcare (medical or mental health) needs that are directly related to the sexual assault.

4. Ongoing monthly CMG oversight involving the victim or

5. Active SAPR victim support services.

(b) When an Expedited Transfer is approved, the losing commander will inform the gaining commander of the inbound Expedited Transfer if any of the circumstances in paragraphs 5.b.(11) (a)1.-4. are occurring.

1. The losing commander will limit the information given to objective facts about victim care provided, status of open investigations, and the status of ongoing legal proceedings in order to provide the gaining commander with some context for victim behavior and to facilitate the victim’s access to advocacy, healthcare, MCIOs, and legal counsel.

2. The gaining commander will adopt processes to assure strict confidentiality. Only the immediate commander of the victim will be notified. The immediate commander may share the notification with the senior enlisted advisor, if deemed necessary to support the victim. All information shall be kept confidential to the extent authorized by law. Additional personnel will be notified by the commander only if they have direct input to the monthly CMG meeting. Every attempt must be made to limit access to the information that a victim has been transferred into the unit as a result of a sexual assault report.

(13) If a victim transfers from the installation, then the processes in Table 2 apply as appropriate.

Table 2. Victim Transfer Processes

IF	THEN
<ul style="list-style-type: none"> • The victim does NOT seek continued services of a SARC or SAPR VA at the new location after the required intake meeting with the gaining SARC, and • The investigation or legal proceeding is ongoing at the original installation: 	<ul style="list-style-type: none"> • The CMG responsibility remains with the original installation’s CMG chair. • The victim will be asked if she or he would like to receive the monthly update from the CMG meetings. • If the victim wants the CMG updates, then the victim’s new commander will participate in person or call in to the CMG meetings and this call in will be documented in the minutes of the CMG. • The new commander will provide the victim a monthly update of her or his case within 72 hours of the last CMG.

Table 2. Victim Transfer Processes, continued

IF	THEN
<p>The victim DOES seek SAPR services at the new location:</p>	<ul style="list-style-type: none"> • The advocacy responsibility transfers to the receiving SARC at the victim’s new installation (if the victim consents to seek SAPR services at new location, after the required intake meeting with the gaining SARC), and then the CMG responsibility may transfer to the new location. • If the CMG does transfer to the location of the victim, then the MCIOs at the original installation (if there is an ongoing investigation) and the legal officer at the original installation (if there are ongoing legal proceedings) are required to call in to the CMG. This MCIO and legal officer call-in will be documented in the CMG notes.
<ul style="list-style-type: none"> • The victim seeks SAPR services at the new location, and • The Military Service determines that the CMG should stay at the original installation: 	<ul style="list-style-type: none"> • The SARC at the new location must call in to the CMG meeting at the original location to report on victim services and any safety or retaliation-related issues. This SARC call-in will be documented in the CMG notes. • The victim’s new commander must also call in to the CMG meeting and must provide the victim a monthly update of her or his case within 72 hours of the last CMG.

(14) In addition to the current procedures stated in Paragraph 12 of this Enclosure, if the request for an Expedited Transfer is approved, the losing commander will:

(a) Notify both the losing SARC and the Service member victim in writing when the Expedited Transfer decision (approval or disapproval) is made to ensure continuity of advocacy services and capture of required data in DSAID. The Military Services may prescribe additional guidance on what constitutes written notification to the losing SARC.

(b) Immediately notify the appropriate personnel assignments entity to begin processing the transfer.

(c) Assign personnel, within the command if possible, to assist Service members with approved Expedited Transfers with any out-processing required for PCS moves, to include facilitating transportation, as necessary.

(d) Ensure Service members with approved Expedited Transfers receive a detaching evaluation, fitness report, or other evaluation in accordance with Service policy.

(e) Advise the Service member victim of the requirement to have an intake meeting with the gaining commander if the Service member victim seeks continued advocacy, legal, or healthcare (e.g., mental health or other medical) services at the new location, or if the investigation or legal proceeding involving the Service member victim's report is ongoing at the time of the transfer.

1. If the Service member does not continue services and there is no ongoing investigative or legal proceeding, then the intake meeting with the gaining commander is not necessary.

2. However, an intake meeting with the SARC is still required. Explain that these are two separate requirements with different criteria.

(f) Notify the Service member victim of the requirement to have a single outbrief meeting with the losing SARC and an intake meeting (to be arranged by the losing SARC) with the gaining SARC. After the intake meeting with the gaining SARC, the Service member victim can decide whether to continue advocacy services at the new location.

(g) Ensure that the Service member victim is scheduled for an outbrief meeting with the losing SARC, so that the losing SARC can answer any remaining questions the Service member victim may have about the transfer process or facilitate any further scheduling.

(15) Losing and gaining SARCs' responsibilities after the approval of an Expedited Transfer are:

(a) The losing SARC will meet with the Service member victim to outbrief and address any SAPR questions about the transfer process. During the outbrief meeting, the losing SARC will inform the Service member victim that:

1. The Service member victim's case will be transferred to the installation or appropriate command-level SARC at the gaining location for a mandatory intake meeting. At installations with more than one SARC, the Lead SARC will be designated as the gaining SARC for the purposes of the Expedited Transfer and the intake meeting. The losing SARC will explain that:

a. The purpose of the intake meeting with the gaining SARC is to help the Service member victim understand the full range of support options at the new installation; facilitate appointments with mental health, medical, advocacy, legal services, or other response personnel at the new location; and help answer any questions the Service member victim may have.

b. After the intake meeting with the gaining SARC, Service member victims may decline any further SAPR services.

2. If the Service member victim seeks continued advocacy, legal, or healthcare (mental health or other medical) services at the new location, or if the investigation or legal

proceeding involving Service member victim's report is ongoing at the time of the transfer, the Service member victim must have an intake meeting with the gaining commander. The losing SARC will explain that the intake meeting with the commander and the intake meeting with the gaining SARC are TWO SEPARATE REQUIREMENTS with different criteria.

3. The intake meeting with the commander and the intake meeting with the gaining SARC will not occur at the same time without explicit victim consent. If the victim requests to meet with the commander and SARC at the same time, the SARCs will inform the Service member victim in advance that the communications with the gaining SARC and gaining commander in a joint meeting will not be privileged under MRE 514 of Reference (w).

(b) The losing SARC will facilitate the scheduling of the intake meeting with the gaining SARC, taking into account the Service member victim's leave and transfer or travel time. The losing SARC will provide the Service member victim with the gaining SARC's name and contact information, to include the address of the gaining SARC's office, as well as an appointment date and time.

(c) The losing SARC will follow existing procedures to transfer the case in DSAID to the gaining SARC after annotating all information on the Expedited Transfer. Losing SARCs are not required to obtain Service member victim consent to transfer the case on the DD Form 2910, and will leave Section 7 ("Victim Consented to Transfer of (RR/UR) Case Documents to Another SARC") of the DD Form 2910 blank, since the intake meeting with the gaining SARC is mandatory.

(d) The gaining SARC will follow up with the Service member victim regularly to ensure the intake meeting occurs. During the intake meeting, the gaining SARC will explain the full range of support options at the new installation; facilitate appointments with mental health, medical, advocacy, legal services, or other response personnel; inquire as to any changes in victim's safety; and help answer any questions the Service member victim may have.

1. The gaining SARC will also explain that, after the intake meeting, Service member victims may decline any further SAPR services.

2. However, if there are any changes in victim's safety, then the SARC will facilitate a safety assessment in accordance with this Instruction (e.g., continued ostracism and bullying through social media that may impact victim's mental health, regardless of the transfer to a new location).

(e) The gaining SARC will coordinate with the gaining commander for a separate commander intake meeting, if required (criteria explained in Paragraph (15)(a)2 of this Enclosure).

(f) The gaining SARC will update the Service member victim's case in DSAID in accordance with the Service member victim's decision for continued services.

(g) The gaining SARC will confirm that the appropriate CMG oversight action is taken in the Service member victim's case in accordance with existing DoD policy in this Instruction, depending on whether the victim seeks continued services of a SARC or SAPR VA at the new location and whether the investigation or legal proceeding is ongoing at the original installation. The gaining SARC must confirm this to ensure that, if continued CMG oversight is required, that it does indeed occur and the victim's case does NOT inadvertently disappear from the CMG agenda.

(16) Require that Expedited Transfer procedures for Reserve Component members, Army NG, and Air NG members who make Unrestricted Reports of sexual assault be established by commanders within available resources and authorities. If requested by the Service member, the command should allow for separate training on different weekends or times from the alleged offender or with a different unit in the home drilling location to ensure undue burden is not placed on the Service member and his or her family by the transfer. Potential transfer of the alleged offender instead of the Service member should also be considered. At a minimum, the alleged offender's access to the Service member who made the Unrestricted Report shall be controlled, as appropriate.

(17) Even in those court-martial cases in which the accused has been acquitted, the standard for approving an Expedited Transfer still remains whether a credible report has been filed. The commander shall consider all the facts and circumstances surrounding the case and the basis for the transfer request.

7. EXPEDITED TRANSFERS FOR ADULT MILITARY DEPENDENTS

a. The SAPR policy regarding Expedited Transfers is expanded to allow the transfer of a Service member whose adult military dependent makes an Unrestricted Report of sexual assault unrelated to domestic abuse. FAP will support victims whose circumstances meet the definition of domestic abuse in accordance with the policy in DoDI 6400.06 (Reference (bi)).

(1) In accordance with section 531 of Reference (bh), the application submitted by a Service member for a change of station or unit transfer must be approved or disapproved by the Service member's commander within 5 calendar days of the submission of the application.

(2) If the application is disapproved by the commander, the Service member will be given the opportunity to request review by the first GO/FO in his or her chain of command. The GO/FO must make a decision within 5 calendar days of submission of the request for review.

b. Service members must request the Expedited Transfer on behalf of their adult military dependents victims.

c. Adult military dependent sexual assault victims are eligible to request Expedited Transfers through the SAPR Program if:

(1) The victim has filed an Unrestricted Report through a DD Form 2910 in the SAPR Program.

(2) The sexual assault suspect is a Service member or if the suspect has a military nexus (e.g., adult military dependent, DoD civilian employee, or government contractor personnel), or the alleged sexual assault occurred on a DoD installation or facility.

d. The Expedited Transfer will include the Service member and the Service member's dependents, even if they are geographically separated. While the Military Service concerned will ultimately determine whether the Service member will be transferred at the same time as the dependents, the Military Service should favorably consider the Service member's request that:

(1) Only the Service member's dependents be transferred; or

(2) The dependents be transferred expeditiously, and the Service member's transfer be delayed (e.g., the Service member may be deployed and wants to finish the deployment term, or the Service member is in training and wants to complete the training).

e. Service members who request an Expedited Transfer because their adult dependent was the victim of a reported sexual assault will submit the request to their commander, who will follow guidance outlined in this Instruction to make Expedited Transfer determinations. The Service member's commander will:

(1) Assign personnel, within the command if possible, to assist Service members with approved dependent Expedited Transfers with the out-processing required for PCS moves, to include facilitating transportation, as necessary.

(2) Ensure Service members with approved dependent Expedited Transfers receive a detaching evaluation, fitness report, or other evaluation in accordance with Service policy.

f. While adult dependents are not required to meet with commanders, the Military Services will follow the other procedures described in this enclosure to ensure that the losing and gaining SARCs coordinate the transfer of the adult dependent's case, as well as facilitate the intake meeting with the gaining SARC at the new installation.

g. These procedures involving the mandatory losing SARC outbrief meeting and gaining SARC intake meeting underscore DoD responsibility to ensure that Service members and their adult dependents who elect an Expedited Transfer have the best chances for success and recovery at their new location.

8. MILITARY PROTECTIVE ORDERS (MPO). In Unrestricted Reporting cases, commanders shall execute the following procedures regarding MPOs:

a. Require the SARC or the SAPR VA to inform sexual assault victims protected by an MPO, in a timely manner, of the option to request transfer from the assigned command in accordance with section 567(c) of Reference (k).

b. Notify the appropriate civilian authorities of the issuance of an MPO and of the individuals involved in the order, in the event an MPO has been issued against a Service member and any individual involved in the MPO does not reside on a military installation at any time during the duration of the MPO pursuant to Reference (j).

(1) An MPO issued by a military commander shall remain in effect until such time as the commander terminates the order or issues a replacement order.

(2) The issuing commander shall notify the appropriate civilian authorities of any change made in a protective order, or its termination, in accordance with Reference (j).

(3) When an MPO has been issued against a Service member and any individual involved in the MPO does not reside on a military installation at any time during the duration of the MPO, notify the appropriate civilian authorities of the issuance of an MPO and of the individuals involved in the order. The appropriate civilian authorities shall include, at a minimum, the local civilian law enforcement agency or agencies with jurisdiction to respond to an emergency call from the residence of any individual involved in the order.

c. Military commanders will, through their installation law enforcement agency, place an active MPO in the National Crime Information Center (NCIC) for the duration of the order. Installation law enforcement will initiate a police report for the MPO, creating the required Originating Agency Case Number, and place the MPO in the NCIC Protective Order File, using PROTECTION ORDER CONDITIONS (PCO) Field Code 08 with the following mandatory caveat in the miscellaneous field: "THIS IS A MILITARY PROTECTIVE ORDER AND MAY NOT BE ENFORCEABLE BY NON-MILITARY AUTHORITIES. IF SUBJECT IS IN POSSIBLE VIOLATION OF THE ORDER, ADVISE THE ENTERING AGENCY (MILITARY LAW ENFORCEMENT)."

d. Advise the person seeking the MPO that the MPO is not enforceable by civilian authorities off base and that victims desiring protection off base should seek a civilian protective order (CPO). Off base violations of the MPO should be reported to the issuing commander, DoD law enforcement, and the relevant MCIO for investigation.

(1) Pursuant to section 1561a of Reference (d), a CPO shall have the same force and effect on a military installation as such order has within the jurisdiction of the court that issued such order. Commanders, MCIOs, and installation DoD law enforcement personnel shall take all reasonable measures necessary to ensure that a CPO is given full force and effect on all DoD installations within the jurisdiction of the court that issued such order.

(2) If the victim has informed the SARC of an existing CPO, a commander shall require the SARC to inform the CMG of the existence of the CPO and its requirements. After the CPO information is received at the CMG, DoD law enforcement agents shall be required to document

CPOs for all Service members in their investigative case file, to include documentation for Reserve Component personnel in title 10 status.

e. MPOs in cases other than sexual assault matters may have separate requirements.

f. The issuing commander will fill out the DD Form 2873, "Military Protective Order (MPO)," and is required to provide the victim(s) and the alleged offender(s) with copies of the completed form. Verbal MPOs can be issued, but need to be subsequently documented with a DD Form 2873, as soon as possible.

g. Require DoD law enforcement agents document MPOs for all Service members in their investigative case file to include documentation for Reserve Component personnel in title 10 status. The appropriate DoD law enforcement agent representative to the CMG shall brief the CMG chair and co-chair on the existence of an MPO.

h. If the commander's decision is to deny the MPO request, document the reasons for the denial. Denials of MPO requests go to the installation commander or equivalent command level (in consultation with a judge advocate) for the final decision.

i. The number of MPO(s) issued, to include violations, must be included in the Services' and NGB Annual Program Review submission, as required by Reference (k).

9. COLLATERAL MISCONDUCT IN SEXUAL ASSAULT CASES

a. Collateral misconduct by the victim of a sexual assault is one of the most significant barriers to reporting assault because of the victim's fear of punishment. Some reported sexual assaults involve circumstances where the victim may have engaged in some form of misconduct (e.g., underage drinking or other related alcohol offenses, adultery, fraternization, or other violations of certain regulations or orders). Commanders shall have discretion to defer action on alleged collateral misconduct by the sexual assault victims (and shall not be penalized for such a deferral decision), until final disposition of the sexual assault case, taking into account the trauma to the victim and responding appropriately so as to encourage reporting of sexual assault and continued victim cooperation, while also bearing in mind any potential speedy trial and statute of limitations concerns.

b. In accordance with Secretary of Defense Memorandum (Reference (aw)), the initial disposition authority is withheld from all commanders within the Department of Defense who do not possess at least special court-martial convening authority and who are not in the grade of O-6 (i.e., colonel or Navy captain) or higher, with respect to the alleged offenses of rape, sexual assault, and forcible sodomy; all attempts to commit such offenses, in violation of Articles 120, 125, and 80 of the UCMJ (sections 920, 925, and 880 of Reference (d)); and all other alleged offenses arising from or relating to the same incident, whether committed by the alleged offender or alleged to have been committed by the sexual assault victim (collateral misconduct). Commanders may defer taking action on a victim's alleged collateral misconduct arising from or

relating to the sexual assault incident until the initial disposition action for the sexual assault investigation is completed.

c. Commanders and supervisors should take appropriate action for the victim's alleged collateral misconduct (if warranted), responding appropriately in order to encourage sexual assault reporting and continued cooperation, while avoiding those actions that may further traumatize the victim. Ultimately, victim cooperation should significantly enhance timely and effective investigations, as well as the appropriate disposition of sexual assaults.

d. Subordinate commanders shall be advised that taking action on a victim's alleged collateral misconduct may be deferred until final disposition of the sexual assault case. The Military Departments shall establish procedures so that commanders and supervisors are not penalized for deferring alleged collateral misconduct actions for the sexual assault victim until final disposition of the sexual assault case.

e. Commanders shall have the authority to determine, in a timely manner, how to best manage the disposition of alleged misconduct, to include making the decision to defer disciplinary actions regarding a victim's alleged collateral misconduct until after the final disposition of the sexual assault case, where appropriate. For those sexual assault cases for which the victim's alleged collateral misconduct is deferred, Military Service reporting and processing requirements should take such deferrals into consideration and allow for the time deferred to be subtracted, when evaluating whether a commander took too long to resolve the collateral misconduct.

ENCLOSURE 6

SARC AND SAPR VA PROCEDURES

1. SARC PROCEDURES. The SARC shall:

a. Serve as the single point of contact to coordinate sexual assault response when a sexual assault is reported. All SARCs shall be authorized to perform victim advocate duties in accordance with Military Service regulations, and will be acting in the performance of those duties.

b. Comply with DoD Sexual Assault Advocate Certification requirements.

c. Be trained in and understand the confidentiality requirements of Restricted Reporting and MRE 514 *of Reference (w)*. Training must include exceptions to Restricted Reporting and MRE 514.

d. Assist the installation commander in ensuring that victims of sexual assault receive appropriate responsive care and understand their available reporting options (Restricted and Unrestricted) and available SAPR services.

e. Be authorized by this Instruction to accept reports of sexual assault along with the SAPR VA and healthcare personnel.

f. Report directly to the installation commander in accordance with Reference (c), to include providing regular updates to the installation commander and assist the commander to meet annual SAPR training requirements, including providing orientation briefings for newly assigned personnel and, as appropriate, providing community education publicizing available SAPR services.

g. Provide a 24 hours, 7 days per week response capability to victims of sexual assault, to include deployed areas.

(1) SARCs shall respond (see Glossary) to every Restricted and Unrestricted Report of sexual assault on a military installation and the response shall be in person, unless otherwise requested by the victim.

(2) Based on the locality, the SARC may ask the SAPR VA to respond and speak to the victim.

(a) There will be situations where a sexual assault victim receives medical care and a SAFE outside of a military installation under an MOU or MOA with local private or public sector entities. In these cases, pursuant to the MOU or MOA the SARC or SAPR VA shall be notified, and a SARC or SAPR VA shall respond.

(b) When contacted by the SARC or SAPR VA, a sexual assault victim can elect not to speak to the SARC or SAPR VA, or the sexual assault victim may ask to schedule an appointment at a later time to speak to the SARC or SAPR VA.

(3) SARCs shall provide a response that recognizes the high prevalence of pre-existing trauma (prior to the present sexual assault incident) and empowers an individual to make informed decisions about all aspects in the reporting process and to access available resources.

(4) SARCs shall provide a response that is gender-responsive, culturally-competent, and recovery-oriented.

(5) SARCs shall offer appropriate referrals to sexual assault victims and facilitate access to referrals. Provide referrals at the request of the victim.

(a) Encourage sexual assault victims to follow-up with the referrals and facilitate these referrals, as appropriate.

(b) In order to competently facilitate referrals, inquire whether the victim is a Reservist or an NG member to ensure that victims are referred to the appropriate geographic location.

h. Explain to the victim that the services of the SARC and SAPR VA are optional and these services may be declined, in whole or in part, at any time. The victim may decline advocacy services, even if the SARC or SAPR VA holds a position of higher rank or authority than the victim. Explain to victims the option of requesting a different SAPR VA (subject to availability, depending on locality staffing) or continuing without SAPR VA services.

(1) Explain the available reporting options to the victim.

(a) Assist the victim in filling out the DD Form 2910, where the victim elects to make a Restricted or Unrestricted Report. However, the victims, not the SARCs or SAPR VAs, must fill out the DD Form 2910. Explain that sexual assault victims have the right and ability to consult with an SVC/VLC before deciding whether to make a Restricted Report, Unrestricted Report, or no report at all. Additionally, the SARC or SAPR VA shall explain the eligibility requirements for an SVC/VLC, as well as the option to request SVC/VLC services even if the victim does not fall within the eligibility requirements.

(b) Inform the victim that the DD Form 2910 will be uploaded to DSAID and retained for 50 years in Unrestricted Reports. The DD Forms 2910 and 2911 filed in connection with the Restricted Report shall be retained for 50 years, in a manner that protects confidentiality.

(c) The SARC or SAPR VA shall inform the victim of any local or State sexual assault reporting requirements that may limit the possibility of Restricted Reporting. At the same time, the victims shall be briefed of the protections and exceptions to MRE 514 of Reference (w).

(2) Give the victim a hard copy of the DD Form 2910 with the victim's signature.

(a) Advise the victim to keep the copy of the DD Form 2910 and the DD Form 2911 in their personal permanent records as these forms may be used by the victim in other matters before other agencies (e.g., Department of Veterans Affairs) or for any other lawful purpose.

(b) Store the original DD Form 2910 pursuant to secure storage Military Service regulations and privacy laws. A SARC being reassigned shall be required to assure their supervisor of the secure transfer of stored DD Forms 2910 to the next SARC. In the event of transitioning SARCs, the departing SARC shall inform their supervisor of the secure storage location of the DD Forms 2910, and the SARC supervisor will ensure the safe transfer of the DD Forms 2910.

(3) Explain SAFE confidentiality to victims and the confidentiality of the contents of the SAFE Kit.

(4) Explain the implications of a victim confiding in another person resulting in a third-party report to command or DoD law enforcement (see Enclosure 4 of this volume).

(5) Provide the installation commander and the immediate commander of the victim (if a civilian victim, then the immediate commander of the alleged offender) with information regarding an Unrestricted Report within 24 hours of an Unrestricted Report of sexual assault. This notification may be extended to 48 hours after the Unrestricted Report of the incident if there are extenuating circumstances in the deployed environments.

(6) Provide the installation commander with non-PII within 24 hours of a Restricted Report of sexual assault. This notification may be extended to 48 hours after the Restricted Report of the incident if there are extenuating circumstances in a deployed environment. Command and installation demographics shall be taken into account when determining the information to be provided. To ensure oversight of victim services for Restricted Report cases, the SARC will also confirm in her or his report that the victim has been offered SAPR advocacy services; received a safety assessment; received explanation of the notifications in the DD Form 2910; been offered medical and mental health care; and informed of his or her eligibility for an SVC/VLC.

(7) Exercise oversight responsibility for SAPR VAs authorized to respond to sexual assaults when they are providing victim advocacy services.

(8) Perform victim advocacy duties, as needed. DoD recognizes the SARC's authority to perform duties as SAPR VAs, even though the SARC may not be designated in writing as a SAPR VA pursuant to Military Service regulation.

(9) Inform the victim that, pursuant to their Military Service regulations, each Service member who reports having been sexually assaulted shall be given the opportunity to consult

with legal assistance counsel, and in cases where the victim may have been involved in collateral misconduct, to consult with defense counsel.

(a) Explain the eligibility for SVC/VLC for victims filing Restricted or Unrestricted Reports, and the types of legal assistance authorized to be provided to the sexual assault victim, in accordance with section 1044e of Reference (d). Inform the victim of the opportunity to consult with legal assistance counsel and SVC/VLC as soon as the victim seeks assistance from a SARC or SAPR VA. Explain that the nature of the relationship between an SVC/VLC and a victim in the provision of legal advice and assistance will be the relationship between an attorney and client.

(b) Inform the victim that information concerning the prosecution shall be provided to them in accordance with Reference (a).

(10) Facilitate education of command personnel on sexual assault and victim advocacy services.

(11) Facilitate briefings on victim advocacy services to Service members, military dependents, DoD civilian employees (OCONUS), DoD contractors (accompanying the Military Services in contingency operations OCONUS), and other command or installation personnel, as appropriate.

(12) Facilitate annual SAPR training.

(13) Facilitate the development and collaboration of SAPR public awareness campaigns for victims of sexual assault, including planning local events for Sexual Assault Awareness and Prevention Month. Publicize the DoD Safe Helpline on all outreach materials and Service websites.

(14) Coordinate medical and counseling services between military installations and deployed units related to care for victims of sexual assault.

(15) Conduct an ongoing assessment of the consistency and effectiveness of the SAPR program within the assigned area of responsibility and report these observations to the installation commander.

(16) Collaborate with other agencies and activities to improve SAPR responses to and support of victims of sexual assault.

(17) Maintain liaison with commanders, DoD law enforcement, and MCIOs, and civilian authorities, as appropriate, for the purpose of facilitating the following protocols and procedures to:

(a) Activate victim advocacy 24 hours a day, 7 days a week for all incidents of reported sexual assault occurring either on or off the installation involving Service members and other persons covered by this Instruction.

(b) Collaborate on public safety, awareness, and prevention measures.

(c) Facilitate ongoing training of DoD and civilian law enforcement and criminal investigative personnel on the SAPR policy and program and the roles and responsibilities of the SARC and SAPR VAs.

(18) Consult with command legal representatives, healthcare personnel, and MCIOs, (or when feasible, civilian law enforcement), to assess the potential impact of State laws governing the reporting requirements for adult sexual assault that may affect compliance with the Restricted Reporting option and develop or revise applicable MOUs and MOAs, as appropriate.

(19) Collaborate with MTFs within their respective areas of responsibility to establish protocols and procedures to direct notification of the SARC and SAPR VA for all incidents of reported sexual assault, and facilitate ongoing training of healthcare personnel on the roles and responsibilities of the SARC and SAPR VAs.

(20) Collaborate with local private or public sector entities that provide medical care to Service members or TRICARE eligible beneficiaries who are sexual assault victims and a SAFE outside of a military installation through an MOU or MOA.

(a) Establish protocols and procedures with these local private or public sector entities to facilitate direct notification of the SARC for all incidents of reported sexual assault and facilitate training of healthcare personnel of local private or public sector entities on the roles and responsibilities of SARCs and SAPR VAs, for Service members and persons covered by this policy.

(b) Provide off installation referrals to the sexual assault victims, as needed.

(21) When a victim has a temporary or permanent change of station or is deployed, request victim consent to transfer case management documents and, upon receipt of victim consent, expeditiously transfer case management documents to ensure continuity of care and SAPR services. If the SARC has already closed the case and terminated victim contact, no other action is needed.

(22) Document and track the services referred to and requested by the victim from the time of the initial report of a sexual assault through the final case disposition or until the victim no longer desires services.

(a) Enter information into DSAID or Military Service DSAID-interface within 48 hours of the report of sexual assault. In deployed locations that have internet connectivity issues, the time frame is extended to 96 hours.

(b) Maintain in DSAID an account of the services referred to and requested by the victim for all reported sexual assault incidents, from medical treatment through counseling, and from the time of the initial report of a sexual assault through the final case disposition or until the victim no longer desires services. Should the victim return to the SARC or SAPR VA and

request SAPR services after indicating that he or she no longer desired services, the case will be reopened and addressed at the CMG meeting.

(c) A SARC will open a case in DSAID as an “Open with Limited Information” case when there is no signed DD 2910 (e.g., an independent investigation or third-party report, or when a civilian victim alleged sexual assault with a Service member subject) to comply with section 563(d) of Reference (j) and to ensure system accountability.

(23) Provide information to assist installation commanders to manage trends and characteristics of sexual assault crimes at the Military Service-level and mitigate the risk factors that may be present within the associated environment (e.g., the necessity for better lighting in the showers or latrines and in the surrounding area).

(24) Participate in the CMG to review individual cases of Unrestricted Reports of sexual assault.

(a) The installation SARC shall serve as the co-chair of the CMG. This responsibility is not delegable. If an installation has multiple SARCs on the installation, a Lead SARC shall be designated by the Service concerned, and shall serve as the co-chair.

(b) Other SARCs and SAPR VAs shall actively participate in each CMG meeting by presenting oral updates on their assigned sexual assault victim cases, providing recommendations and, if needed, seeking assistance from the chair or victim’s commander.

(25) Familiarize the unit commanders and supervisors of SAPR VAs with the SAPR VA roles and responsibilities, to include the “Supervisor and Commander Statement of Understanding” section in the DD Form 2950. The DD Form 2950 is located at the DoD Forms Management Program website at <https://www.esd.whs.mil/Directives/forms/>.

(26) Offer victims the opportunity to participate in surveys asking for victim feedback on the reporting experience. Inform victims regarding what the survey will ask them and uses of the data collected.

2. SAPR VA PROCEDURES

a. The SAPR VA shall:

(1) Comply with DoD Sexual Assault Advocate Certification requirements in D-SAACP.

(2) Be trained in and understand the confidentiality requirements of Restricted Reporting and MRE 514 of Reference (w). Training must include exceptions to Restricted Reporting and MRE 514.

(3) Facilitate care and provide referrals and non-clinical support to the adult victim of a sexual assault. Provide a response consistent with requirements for the SARC response in this Instruction.

(a) Support will include providing information on available options and resources so the victim can make informed decisions about his or her case.

(b) The SAPR VA will be directly accountable to the SARC in adult sexual assault cases (not under the FAP jurisdiction) and shall provide victim advocacy for adult victims of sexual assault.

(4) Acknowledge their understanding of their advocacy roles and responsibilities by reviewing the DD Form 2950.

b. At the Military Service's discretion, victim advocacy may be provided by a Service member or DoD civilian employee. Personnel responsible for providing victim advocacy shall:

(1) Be notified and immediately respond upon receipt of a report of sexual assault.

(2) Provide coordination and encourage victim service referrals and ongoing, non-clinical support to the victim of a reported sexual assault and facilitate care in accordance with the Sexual Assault Response Protocols prescribed SAPR Policy Toolkit located on www.sapr.mil. Assist the victim in navigating those processes required to obtain care and services needed. It is neither the SAPR VA's role nor responsibility to be the victim's mental health provider or to act as an investigator.

(3) Report directly to the SARC while carrying out sexual assault advocacy responsibilities.

ENCLOSURE 7

HEALTHCARE PROVIDER PROCEDURES

This enclosure provides guidance on medical management of victims of sexual assault to ensure standardized, timely, accessible, and comprehensive healthcare for victims of sexual assault, to include the ability to elect a SAFE Kit. This policy is applicable to all MHS personnel who provide or coordinate medical care for victims of sexual assault covered by this Instruction.

a. Standardized Medical Care. To ensure standardized healthcare, the Surgeons General of the Military Departments shall:

(1) Require the recommendations for conducting forensic exams of adult sexual assault victims in Reference (aj) be used to establish minimum standards for healthcare intervention for victims of sexual assault. Training for sexual assault medical forensic examiners and healthcare providers shall be provided to maintain optimal readiness in accordance with Enclosure 10 of this volume and section 539 of Reference (p).

(2) Require that a SARC is immediately notified when a victim discloses a sexual assault so that the SARC can inform the victim of both reporting options (Restricted and Unrestricted) and all available services (e.g., SVC/VLC, Expedited Transfers, Military Protective Orders, document retention mandates). The victim can then make an informed decision as to which reporting option to elect and which services to request (or none at all). The victim is able to decline services in whole or in part at any time.

(3) Require the assignment of at least one full-time sexual assault medical forensic examiner to each MTF that has an emergency department that operates 24 hours per day. Additional sexual assault medical forensic examiners may be assigned based on the demographics of the patients who utilize the MTF.

(4) In cases of MTFs that do not have an emergency department that operates 24 hours per day, require that a sexual assault forensic medical examiner be made available to a patient of the facility through an MOU or MOA with local private or public sector entities and consistent with Reference (aj), when a determination is made regarding the patient's need for the services of a sexual assault medical forensic examiner.

(a) The MOU or MOA will require that a SARC be notified and that SAFE Kits be collected in accordance with Enclosure 8 of this volume.

(b) When the forensic examination is conducted at a civilian facility through an MOU or an MOA with the DoD, the requirements for the handling of the forensic kit will be explicitly addressed in the MOU or MOA. The MOU or MOA with the civilian facility will address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the forensic kit.

(5) Require that MTFs that provide SAFEs for Service members or TRICARE eligible beneficiaries through an MOU or MOA with private or public sector entities verify initially and periodically that those entities meet or exceed standards of the recommendations for conducting forensic exams of adult sexual victims in Reference (aj). In addition, verify that as part of the MOU or MOA, a SARC or SAPR VA is notified and responds and meets with the victim in a timely manner.

(6) Require that medical providers providing healthcare to victims of sexual assault in remote areas or while deployed have access to the current version of Reference (aj) for conducting forensic exams.

(7) Implement procedures to provide the victim information regarding the availability of a SAFE Kit, which the victim has the option of refusing. If performed in the MTF, the healthcare provider shall use a SAFE Kit and the most current edition of the DD Form 2911.

(8) Require that the SARC be notified of all incidents of sexual assault in accordance with sexual assault reporting procedures in Enclosure 4 of this volume.

(9) Require processes be established to support coordination between healthcare personnel and the SARC and SAPR VA. If a victim initially seeks assistance at a medical facility, SARC notification must not delay emergency care treatment of a victim.

(10) Require that care provided to sexual assault victims shall be gender-responsive, culturally competent, and recovery-oriented. Healthcare providers providing treatment to sexual assault victims shall recognize the high prevalence of pre-existing trauma (prior to present sexual assault incident) and the concept of trauma-informed care.

(11) If the healthcare provider is not appropriately trained to conduct a SAFE, require that he or she arrange for a properly trained DoD healthcare provider to do so, if available.

(a) In the absence of a properly trained DoD healthcare provider, the victim shall be offered the option to be transported to a non-DoD healthcare provider for the SAFE Kit, if the victim wants a forensic exam. Victims who are not beneficiaries of the Military Healthcare System shall be advised that they can obtain a SAFE Kit through a local civilian healthcare provider at no cost to them in accordance with Violence Against Women Act as explained in Reference (aj).

(b) When a SAFE is performed at local civilian medical facilities, those facilities are bound by State and local laws, which may require reporting the sexual assault to civilian law enforcement.

(c) If the victim requests to file a report of sexual assault, the healthcare personnel, to include psychotherapists and other personnel listed in MRE 513 (Reference (w)), shall immediately call a SARC or SAPR VA, to assure that a victim is offered SAPR services and so that a DD Form 2910 can be completed.

(12) Require that SAFE evidence collection procedures are the same for a Restricted and an Unrestricted Report of sexual assault, with the exception of the special requirements to safeguard PII in Restricted SAFE Kits in Enclosure 8 of this volume.

(a) Upon completion of the SAFE and securing of the evidence, the healthcare provider will turn over the material to the appropriate Military Service-designated law enforcement agency or MCIO as determined by the selected reporting option.

(b) Upon completion of the SAFE, the sexual assault victim shall be provided with a hard copy of the completed DD Form 2911. Advise the victim to keep the copy of the DD Form 2911 in his or her personal permanent records as this form may be used by the victim in other matters before other agencies (e.g., Department of Veterans Affairs) or for any other lawful purpose.

(13) Publicize availability of healthcare (to include mental health), and referral services for alleged offenders who are also active duty Service members. Such care will be administered in a way to respect and preserve the rights of the victim and the accused, and the physical safety of both.

(14) Require that the healthcare provider, in the course of preparing a SAFE Kit for Restricted Reports of sexual assault:

(a) Contact the designated installation official, usually the SARC, who shall generate an alpha-numeric RRCN, unique to each incident. The RRCN shall be used in lieu of PII to label and identify evidence collected from a SAFE Kit (e.g., accompanying documentation, personal effects, and clothing). The SARC shall provide (or the SARC will designate the SAPR VA to provide) the healthcare provider with the RRCN to use in place of PII.

(b) Upon completion of the SAFE package, seal, and completely label the evidence container(s) with the RRCN and notify the Military Service-designated law enforcement agency or MCIO.

(15) Require that healthcare personnel maintain the confidentiality of a Restricted Report to include communications with the victim, the SAFE, and the contents of the SAFE Kit, unless an exception to Restricted Reporting applies in accordance with Enclosure 4. Healthcare personnel who make an unauthorized disclosure of a confidential communication are subject to disciplinary action and that unauthorized disclosure has no impact on the status of the Restricted Report; all Restricted Reporting information remains confidential and protected. Improper disclosure of confidential communications under Restricted Reporting, improper release of medical information, and other violations of this guidance are prohibited and may result in discipline pursuant to the UCMJ or State statute, loss of privileges, or other adverse personnel or administrative actions.

(16) Require that psychotherapy and counseling records and clinical notes pertaining to sexual assault victims contain only information that is required for diagnosis and treatment. Any record of an account of a sexual assault incident created as part of a psychotherapy exercise will

remain the property of the patient making the disclosure and should not be retained within the psychotherapist's record.

b. Selection, Training, and Certification. For the selection, training, and certification of healthcare providers performing SAFEs in MTFs, refer to standards in Enclosure 10 of this volume.

c. Timely Medical Care. To comply with the requirement to provide timely medical care, the Surgeons General of the Military Departments shall:

(1) Implement processes or procedures giving victims of sexual assault priority as emergency cases.

(2) Provide sexual assault victims with priority treatment as emergency cases, regardless of evidence of physical injury, recognizing that every minute a patient spends waiting to be examined may cause loss of evidence and undue trauma. Priority treatment as emergency cases includes activities relating to access to healthcare, coding, and medical transfer or evacuation, and complete physical assessment, examination, and treatment of injuries, including immediate emergency interventions.

d. Comprehensive Medical Care. To comply with the requirement to provide comprehensive medical care, the Surgeons General of the Military Departments shall:

(1) Establish processes and procedures to coordinate timely access to emergency, follow-up, and specialty care that may be provided in the direct or civilian purchased care sectors for eligible beneficiaries of the Military Health System.

(2) Evaluate and implement, to the extent feasible, processes linking the medical management of the sexually assaulted patient to the primary care manager. To locate his or her primary care manager, a beneficiary may go to beneficiary web enrollment at https://www.hnfs.com/content/hnfs/home/tn/bene/res/faqs/beneficiary/enrollment_eligibility/who_pcm.html.

e. Clinically Stable. Require the healthcare provider to consult with the victim, once clinically stable, regarding further healthcare options to the extent eligible, which shall include, but are not limited to:

(1) Testing, prophylactic treatment options, and follow-up care for possible exposure to human immunodeficiency virus (HIV) and other sexually transmitted diseases or infections (STD/I).

(2) Assessment of the risk of pregnancy, options for emergency contraception, and any follow-up care and referral services to the extent authorized by law.

(3) Assessment of the need for behavioral health services and provisions for a referral, if necessary or requested by the victim.

f. Other Responsibilities

(1) The Surgeons General of the Military Departments shall:

(a) Identify a primary office to represent their Department in Military Service coordination of issues pertaining to medical management of victims of sexual assault.

(b) Assign a healthcare provider at each MTF as the primary point of contact concerning DoD and Military Service SAPR policy and for updates in sexual assault care.

(2) The Combatant Commanders shall:

(a) Require that victims of sexual assault are given priority treatment as emergency cases in deployed locations within their area of responsibility and are transported to an appropriate evaluation site, evaluated, treated for injuries (if any), and offered SAPR VA assistance and a SAFE as quickly as possible.

(b) Require that U.S. theater hospital facilities (Level 3, NATO role 3) (See Glossary) have appropriate capability to provide experienced and trained SARC and SAPR VA services and SAFE providers, and that victims of sexual assault, regardless of reporting status, are medically evacuated to such facilities as soon as possible (within operational needs) of making a report, consistent with operational needs.

(3) In accordance with DoDD 5136.13 (Reference (ay)), the Director, Defense Health Agency (DHA), will:

(a) Ensure that this policy is implemented in the National Capital Region.

(b) Identify a primary office to represent the National Capital Region in Military Service coordination of issues pertaining to medical management of victims of sexual assault.

(c) Assign a healthcare provider at each MTF in the National Capital Region as the primary point of contact concerning DoD and Military Service SAPR policy and for updates in sexual assault care.

ENCLOSURE 8

SAFE KIT COLLECTION AND PRESERVATION

1. DOCUMENT AND EVIDENCE RETENTION. For the purposes of the SAPR Program, forensic evidence collection and document and evidence retention shall be completed in accordance with this enclosure pursuant to Reference (c), taking into account the medical condition, needs, requests, and desires of each sexual assault victim covered by this Instruction.

2. PROCEDURES FOR EVIDENCE RETENTION AND RELEASE OF PERSONAL PROPERTY IN ADULT SEXUAL ASSAULT CASES. Evidence, to include SAFE Kits, will be retained for Restricted Reports for 10 years from the date of the seizure of evidence. Evidence from Unrestricted Reports will be retained for 10 years from the date of the seizure of evidence AND until after the conclusion of all legal, adverse action, and administrative proceedings, unless otherwise provided for in this Instruction.

a. These evidence retention periods are not applicable for individuals who obtained a sexual assault forensic exam at a civilian facility, and whose kit and personal property are maintained by civilian law enforcement. It is also not applicable for evidence seized and/or maintained by civilian law enforcement.

b. The 10-year retention period is implemented to maintain the availability of evidence for the CATCH Program, wherein victim entries are active for 10 years.

c. The SARC will contact ALL victims who filed a Restricted Report (not just those who had a SAFE Kit) 1 year after the reporting date to inquire whether the victim wishes to change his or her reporting option to Unrestricted. If the victim does not change to an Unrestricted Report, the SARC will:

(1) Inform (or remind, if previously informed) the victim of the CATCH Program and ask if the victim would like to participate.

(2) Explain to victims who underwent a SAFE that the evidence maintained by DoD, including the SAFE Kit, will be retained for a total of 10 years from the time the SAFE Kit was completed and that any evidence from the SAFE will be destroyed at the end of the 10-year period.

(3) However, the SARC will explain that the victim has the right to request the return of any personal property (e.g., phone, clothing, jewelry) collected as part the SAFE.

(4) Emphasize to the victim that he or she will not be contacted again by the SARC in order to respect his or her privacy.

(5) Emphasize that the victim may convert his or her Restricted Report to an Unrestricted Report at any time, but should notify the SARC of the intent to convert to

Unrestricted before the 10-year evidence retention period elapses, so that evidence collected during the SAFE is not destroyed and can be used during the case.

3. RELEASE OF PERSONAL PROPERTY IN UNRESTRICTED REPORT SEXUAL ASSAULTS

a. Evidence, to include SAFE Kits, will be retained for Unrestricted Reports for 10 years from the date of the seizure of evidence, AND until after the conclusion of all legal, adverse action, and administrative proceedings, if under the custody and control of DoD.

b. Section 586 of Reference (m), as revised by Section 1561 of Reference (d), allows for the release of personal property. Personal property items collected as evidence in Unrestricted Reporting cases may be returned to their rightful owner before the 10-year period only:

(1) After written evidence disposition is obtained from the designated representative of the Military Department concerned.

(2) When:

(a) It is determined that the allegation is unfounded (false or baseless), that is, the crime did not occur or it was determined through investigation to be a false allegation;

(b) The evidence is taken from a suspect who is later deemed to be the wrong person (i.e. mistaken identity); or

(c) All legal, adverse action, and administrative proceedings related to such allegation in accordance with section 1561 of Reference (d) have concluded.

(3) This return of personal property request is not applicable for Service members, National Guard members, adult dependents, or other victims covered by this Instruction who obtained a sexual assault forensic exam at a civilian facility, and whose kit and personal property are maintained by civilian law enforcement.

4. RELEASE OF PERSONAL PROPERTY IN RESTRICTED REPORT SEXUAL ASSAULTS

a. Evidence will be retained for 10 years from the date of the seizure of evidence, if under the custody and control of DoD.

b. In accordance with section 536 of Reference (be), adult sexual assault victims who filed a Restricted Report and underwent a SAFE pursuant to the Restricted Report can request the return of their personal property obtained during the SAFE. This return of personal property request is not applicable for Service members, National Guard members, adult dependents, or other victims

covered by this policy who obtained a sexual assault forensic exam at a civilian facility, and whose kit and personal property are maintained by civilian law enforcement.

c. Requesting the return of personal property will not impact the Restricted nature of the victim's Restricted Report, in accordance with section 536 of Reference (be). As a result of this confidentiality requirement, evidence custodians and any assisting military law enforcement personnel (including MCIO investigators) will NOT report this sexual assault allegation and will NOT initiate an investigation into this matter when they discover the name of the victim and/or suspect with regard to the section 536 request of return of personal property in Restricted Reporting cases.

d. MCIOs will develop procedures that allow for return of personal property to victims who have filed a Restricted Report and provide a DD Form 2910-3, signed by a SARC or SAPR VA and bearing the RRCN of the SAFE Kit. The Military Services will develop procedures utilizing the DD Form 2910-3 in situations where the victim does not initiate the request with the SARC, but rather initiates the request at the Service SAPR leadership level or other locations.

(1) The SARC or SAPR VA will use the DD Form 2910-3 to document the victim's request, to describe the personal property to be released, and to document the RRCN that identifies the SAFE Kit in question.

(2) As required by section 536 of Reference (be), the SARC or SAPR VA will call the victim's attention to the DD Form 2910-3 notification that the request for the return of personal property may negatively impact a future investigation and prosecution if the victim later decides to convert the Restricted Report to an Unrestricted Report, including information submitted into the CATCH Program.

(3) The DD Form 2910-3 will also notify the victim of the CATCH Program and, if eligible, the availability of assistance from an SVC/VLC before filing his or her request for the property return.

(4) The DD Form 2910-3 will contain a notification for evidence custodians, law enforcement personnel, and MCIO investigators notifying them of the policy exemption, so when they discover the name of the victim and/or suspect, an investigation will NOT be initiated.

(5) After the victim signs the DD Form 2910-3, the SARC or SAPR VA will give the victim the original, signed (or digitally signed) DD Form 2910-3 for the victim to provide to the evidence custodian. The SARC or SAPR VA will also provide the victim a copy of the signed DD Form 2910-3, which the victim should keep in his or her personal records.

(6) The SARC, or SAPR VA authorized to use DSAID, will upload a copy of the DD Form 2910-3 into the DSAID File Locker for permanent storage, in accordance with established document retention procedures.

(7) Upon receipt of the victim's signed DD Form 2910-3, the SARC will contact the installation MCIO supervisory agent (or the MCIO's designated SAPR agent), provide the RRCN of the appropriate SAFE Kit, and request the kit be located.

(8) The installation MCIO supervisory agent will locate the SAFE Kit and arrange for it to be sent to the installation, if stored elsewhere, using appropriate security measures.

(9) Once the relevant SAFE Kit is at the victim's location, the MCIO supervisory agent and the SARC will arrange for the victim to meet with the evidence custodian to retrieve the personal property in question.

(10) The SARC or SAPR VA will instruct the victim to bring the original (signed in person or digitally) signed DD Form 2910-3 with him or her to the meeting with the evidence custodian. If the victim has lost the form, the victim will request a copy from the SARC, who will retrieve it from the DSAID File Locker.

(11) Evidence custodians will confirm that the RRCN on the DD Form 2910-3 and the SAFE Kit match, and when provided a copy of the DD Form 2910-3, they will ask the victim to confirm that it is his or her signature.

(a) If the requested personal property is **INSIDE** the SAFE Kit box, the evidence custodian will then open the SAFE Kit box and provide the victim with the requested personal property. The evidence custodian will insert the original signed DD Form 2910-3 into the SAFE Kit box to account for the release of the item(s), and then reseal the SAFE Kit box in accordance with established chain of custody procedures.

(b) If the personal property is not in the SAFE Kit box, but in **AN EXTERNAL EVIDENCE BAG OR CONTAINER** collected as part of the SAFE (e.g., if the forensic examiner collected large clothing items such as jeans that could not fit in the SAFE Kit box), the evidence custodian will not break the SAFE Kit box seal. Instead, the evidence custodian will:

1. Open the external evidence bag or container and provide the victim with the requested personal property.

2. Insert the original signed DD Form 2910-3 into the external evidence bag or container to account for the release of the item(s), and then reseal the external evidence bag or container in accordance with established chain of custody procedures.

(12) If the personal property is missing or damaged, the victim may consult with his or her SVC/VLC if represented, or can ask the SARC for a referral to an SVC/VLC program of the Military Service concerned, for assistance in addressing this issue. The SARC cannot address evidentiary issues of missing or damaged personal property.

(13) The victim can also make additional requests for return of personal property if there are other pieces of personal property that the victim wants returned.

e. SAFE Kits taken pursuant to a Restricted Report will be disposed of according to established procedure at the end of the 10-year retention period. Law enforcement personnel, MCIO investigators, and support personnel that dispose of SAFE Kits will not initiate an investigation into this matter or report this crime, should they discover the name of the victim and/or suspect while disposing of the kit or associated evidence.

f. Personal property items gathered as evidence that are digital or electronic in nature may be returned to the rightful owner if a forensic copy of the digital or electronic evidence stored on or accessed through an electronic device has been made. The copy must be obtained in forensically sound manner sufficient for command action or prosecution, as appropriate.

5. SAPR PROCEDURES FOR SAFES

a. Medical services offered to eligible victims of sexual assault include the ability to elect a SAFE in addition to the general medical management related to sexual assault response, to include medical services and mental healthcare. The SAFE of a sexual assault victim should be conducted by a healthcare provider who has been trained and certified in the collection of forensic evidence and treatment of these victims as specified in paragraph 7.d. in Enclosure 10 of this volume. The forensic component includes gathering information in DD Form 2911 from the victim for the medical forensic history, an examination, documentation of biological and physical findings, collection of evidence from the victim, and follow-up as needed to document additional evidence.

b. The process for collecting and preserving sexual assault evidence for the Restricted Reporting option is the same as the Unrestricted Reporting option, except that the Restricted Reporting option does not trigger the official investigative process, and any evidence collected has to be placed inside the SAFE Kit, which is marked with the RRCN in the location where the victim's name would have otherwise been written. The victim's SAFE and accompanying Kit is treated as a confidential communication under this reporting option. The healthcare provider shall encourage the victim to obtain referrals for additional medical, psychological, chaplain, victim advocacy, or other SAPR services, as needed. The victim shall be informed that the SARC will assist them in accessing SAPR services.

c. In situations where installations do not have a SAFE capability, the installation commander will require that the eligible victim, who wishes to have a SAFE, be transported to a MTF or local off-base, non-military facility that has a SAFE capability. Local sexual assault medical forensic examiners or other healthcare providers who are trained and certified as specified in paragraph 7.d. of Enclosure 10 of this volume to perform a SAFE may also be contracted to report to the MTF to conduct the examination.

d. The SARC or SAPR VA shall inform the victim of any local or State sexual assault reporting requirements that may limit the possibility of Restricted Reporting before proceeding with the SAFE.

e. Upon completion of the SAFE in an Unrestricted Reporting case, the healthcare provider shall package, seal, and label the evidence container(s) with the victim's name and notify the MCIO. When the forensic examination is conducted at a civilian facility through an MOU or an MOA with the DoD, the requirement for the handling of the forensic kit will be explicitly addressed in the MOU or MOA. The MOU or MOA with the civilian facility will address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the forensic kit.

(1) The DoD law enforcement or MCIO representative shall be trained and capable of collecting and preserving evidence to assume custody of the evidence using established chain of custody procedures, consistent with the guidelines published under the authority and oversight of the IG DoD.

(2) MOUs and MOAs, with off-base, non-military facilities for the purposes of providing medical care to eligible victims of sexual assault covered under this Instruction, shall include instructions for the notification of a SARC (regardless of whether a Restricted or Unrestricted Report of sexual assault is involved), and procedures for the receipt of evidence and disposition of evidence back to the DoD law enforcement agency or MCIO.

f. Upon completion of the SAFE in a Restricted Reporting case, the healthcare provider shall package, seal, and label the evidence container(s) with the RRCN and store it in accordance with Service regulations. When the forensic examination is conducted at a civilian facility through an MOU or an MOA with the DoD, the requirement for the handling of the forensic kit will be explicitly addressed in the MOU or MOA. The MOU or MOA with the civilian facility will address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the forensic kit.

(1) The DoD law enforcement or MCIO representative shall be trained and capable of collecting and preserving evidence to assume custody of the evidence using established chain of custody procedures, consistent with the guidelines published under the authority and oversight of the IG DoD. MOUs and MOAs, with off-base, non-military facilities for the purpose of providing medical care to eligible victims of sexual assault covered under this Instruction, shall include instructions for the notification of a SARC (regardless of whether a Restricted or Unrestricted Report of sexual assault is involved), procedures for the receipt of evidence, how to request an RRCN, instructions on where to write the RRCN on the SAFE Kit, and disposition of evidence back to the DoD law enforcement agency or MCIO.

(2) The SARC will contact ALL victims who filed a Restricted Report (not just those who had a SAFE Kit) 1 year after the reporting date to inquire whether the victim wishes to change his or her reporting option to Unrestricted.

(a) If the victim does not change to an Unrestricted Report, the SARC will:

1. Inform (or remind, if previously informed) the victim of the CATCH Program and ask if the victim would like to participate.

2. Explain to victims who underwent a SAFE that the evidence, if the SAFE Kit is maintained by DoD, will be retained for a total of 10 years from the time the SAFE Kit was completed and that any evidence from the SAFE will be destroyed at the end of the 10-year period.

3. Explain that the victim has the right to request the return of any personal property (e.g., phone, clothing, jewelry) collected as part the SAFE.

4. Emphasize to the victim that he or she will not be contacted again by the SARC in order to respect his or her privacy.

5. Emphasize that the victim may convert his or her Restricted Report to an Unrestricted Report at any time, but should notify the SARC of the intent to convert to Unrestricted before the 10-year evidence retention period elapses, so that evidence collected during the SAFE is not destroyed and can be used during the case.

(b) The victim will be advised again to keep a copy of the DD Form 2910 and the DD Form 2911 in his or her personal permanent records as these forms may be used by the victim in other matters with other agencies (e.g., Department of Veterans Affairs) or for any other lawful purpose.

(c) If the victim needs another copy of either of these forms, he or she can request it at this point and the SARC shall assist the victim in accessing the requested copies within 7 business days. The SARC will document this request in the DD Form 2910. For a replacement of a lost DD Form 2910, the DD Form 2910-1 will be used.

(3) At least 30 days before the expiration of the 10-year SAFE Kit storage period, the DoD law enforcement or MCIO shall notify the installation SARC that the storage period is about to expire and confirm with the SARC that the victim has not made a request to change to Unrestricted Reporting or made a request for any personal effects.

(a) If there has been no change, then at the expiration of the storage period in compliance with established procedures for the destruction of evidence, the designated activity, generally the DoD law enforcement agency or MCIO, may destroy the evidence maintained under that victim's RRCN.

(b) If, before the expiration of the 10-year SAFE Kit storage period, a victim changes his or her reporting preference to the Unrestricted Reporting option, the SARC shall notify the respective MCIO, which shall then assume custody of the evidence maintained by the RRCN from the DoD law enforcement agency or MCIO, pursuant to established chain of custody procedures. MCIO established procedures for documenting, maintaining, and storing the evidence shall thereafter be followed.

1. The DoD law enforcement agency, which will receive forensic evidence from the healthcare provider if not already in custody, and label and store such evidence shall be designated.

2. The designated DoD law enforcement agency must be trained and capable of collecting and preserving evidence in Restricted Reports prior to assuming custody of the evidence using established chain of custody procedures.

ENCLOSURE 9

SAPR QUARTERLY CMG MEETINGS AND MONTHLY CASE MANAGEMENT FOR
SEXUAL ASSAULT REPORTS AND ASSOCIATED RETALIATION REPORTS

1. CMG MEETING PURPOSES

a. The SAPR CMG meetings have three separate and mutually supporting purposes:

(1) Safety. To ensure the victim's safety and the safety of retaliation reporters. Safety concerns encompass harm from others and harm to self (e.g., suicidal ideation).

(2) Victim Services and Retaliation Reporter Referrals. To facilitate victim access to restorative services, retaliation reporter referrals, and tracking of Unrestricted Reports and retaliation related to Unrestricted Reports.

(3) SAPR System Coordination and Accountability. To direct effective response system coordination and ensure appropriate accountability.

b. CMG oversight for Unrestricted Reports of adult sexual assaults is triggered by open cases in DSAID initiated by a DD Form 2910 or an investigation initiated by an MCIO. In a case where there is an investigation initiated by an MCIO, but no corresponding Unrestricted DD Form 2910:

(1) The SARC would have no information for the CMG members. During the CMG, the MCIO would provide case management information to the CMG including the SARC.

(2) The SARC would open a case in DSAID indicating the case status as "Open with Limited Information." The SARC will only use information from the MCIO to initiate an "Open with Limited Information" case in DSAID. In the event that there was a Restricted Report filed prior to the independent investigation, the SARC will not use any information provided by the victim, since that information is confidential.

c. The installation commander or the deputy installation commander shall chair the CMG on a monthly basis to review individual cases, facilitate monthly victim updates, and direct system coordination, accountability, entry of disposition and victim access to quality services. This responsibility will not be delegated. If there are no cases in a given month, the CMG will still meet to ensure training, processes, and procedures are complete for the system coordination.

d. The installation SARC shall serve as the co-chair of the CMG. This responsibility shall not be delegated. Only a SARC who is a Service member or DoD civilian employee may co-chair the multi-disciplinary CMG.

e. Required CMG members shall include: victim's immediate commander; all SARCs assigned to the installation (mandatory attendance regardless of whether they have an assigned victim being discussed); victims' SAPR VA, MCIO, and DoD law enforcement representatives

who have detailed knowledge of the case; victims' healthcare provider or mental health and counseling services provider; chaplain, legal representative, or SJA; installation personnel trained to do a safety assessment of current sexual assault victims; victim's VWAP representative (or civilian victim witness liaison, if available), or SVC/VLC. MCIO, DoD law enforcement, and the legal representative or SJA shall provide case dispositions. The CMG chair will ensure that the appropriate principal is available. The responsibility for CMG members to attend CMG meetings will not be delegated. Additional persons may be invited to CMG meetings at the discretion of the chair if those persons have an official need to know, with the understanding that maintaining victim privacy is essential.

f. If the installation is a joint base or if the installation has tenant commands, the commander of the tenant organization and the designated Lead SARC shall be invited to the CMG meetings. The commander of the tenant organization shall provide appropriate information to the host commander, to enable the host commander to provide the necessary supporting services.

g. CMG members shall receive the mandatory SAPR training pursuant to Enclosure 10 of this volume.

h. Service Secretaries shall issue guidance to ensure that equivalent standards are met for case oversight by CMGs in situations where SARCs are not installation-based but instead work within operational and/or deployable organizations.

2. SAFETY, VICTIM SERVICES, AND RETALIATION REPORTER REFERRALS

a. Improved Guidance to SARCs. The Secretaries of the Military Departments and the Chief of the National Guard Bureau will prescribe procedures to guide SARCs' discussion of the status of victim services, existence of retaliation issues, and safety concerns of each case before the CMG, in accordance with this enclosure.

b. Improved Oversight of Victim Safety, Expedited Transfer Completion, and Adjudication of Retaliation Allegations. The CMG Chair conducts oversight of the monthly CMG activities, including:

(1) Ensuring personnel designated to conduct safety assessments of victims making both Restricted and Unrestricted reports have specialized training, to include assessment of suicidal ideation and risk of harm to self and to/from others. The Military Services will have maximum flexibility to select which personnel conduct safety assessments according to location, mission, and available resources.

(a) If the selected personnel are licensed and credentialed to provide healthcare in an MTF, they are not required to obtain additional training beyond what is needed to maintain licensure and credentialing.

(b) SARCs:

1. May conduct non-clinical safety assessments with victims and are authorized to recommend to the victim immediate victim referrals to mental health for a comprehensive clinical safety assessment if they identify concerns for self-harm.

2. Should consult with an appropriate legal authority in situations where victim risk for self-harm is a concern, but the victim declines a mental health referral.

(2) Directing the re-administration of safety assessments when:

- (a) A new safety concern arises or an existing safety concern escalates;
- (b) The victim files a complaint of retaliation; or
- (c) The victim requests assistance with obtaining a military or civilian protective order.

(3) Ensuring that the HRRT is conducted in accordance with this enclosure and provides the CMG Chair and lead SARC with the required updates that are documented in the CMG meeting minutes, which are entered into DSAID by the lead SARC.

(a) If there is a safety issue, the SARC will immediately refer to mental health for crisis support and the commander will assess the immediate safety risk, not waiting for the HRRT to be stood up.

(b) While there are no explicit criteria for standing up a HRRT, there will be heightened sensitivity by the CMG Chair where there is a retaliation allegation or a second sexual assault for a victim while in the Military Service.

(4) Tracking the number of days between the approval date of a victim's request for Expedited Transfer and the date the victim physically departs the losing station (PCS), or the date the victim changes duty assignment location (PCA).

(a) All Expedited Transfers taking longer than 30 calendar days must have documented circumstances for the delay in the CMG minutes, and be reported to the CMG Chair, who must review the circumstances of the delay.

(b) The CMG will direct a HRRT to be initiated when circumstances indicate that the transfer delay appreciably increases risk of harm to the victim.

(5) Confirming that all retaliation allegations reviewed at the CMG employ the new DD Form 2910-2.

(6) Ensuring that at every CMG, members strictly adhere to existing procedures to discuss, track, and appropriately refer retaliation reports made by sexual assault victims and others (e.g., SARCs, witnesses) in accordance with this enclosure.

(7) Ensuring that reprisal allegations reviewed at the CMG follow the process established to obtain updates from the OIG as follows:

(a) The SARCs will:

1. Ask the retaliation reporter to provide a copy of the DD Form 2910-2 to the OIG, which documents the victim's consent to have the status of the reprisal case discussed at the CMG meetings. If the retaliation reporter does not provide a copy of the form to the OIG, the SARC will provide it in the initial update request.

2. Request status updates regarding reprisal cases being investigated by the OIG every 3 months until the OIG reprisal investigation is closed.

3. Email SAPR-R Reprisal@dodig.mil to request status updates.

(b) If the SARC does not receive an update, the SARC will contact his or her Service Headquarters SAPR Office, which in turn will contact the DoD SAPRO. DoD SAPRO will facilitate contact with the OIG Whistleblower Reprisal Investigations Directorate.

(c) The OIG will:

1. Provide status updates indicating whether the case is open or closed.

2. Contact the SARC when the reprisal investigation is closed.

(8) Notifying the victim's commander or the GO/FO (whichever is applicable) if apprised that the suspect is the rater, reporting senior, or reviewing officer of the victim of an alleged sexual assault and/or retaliation complaint. Upon notification, the commanding GO/FO or commander will, if required, take appropriate action in accordance with Service instructions and procedures.

(9) Requiring MCIO updates in existing investigations, but not SARC updates, where the victim has filed a Restricted Report (e.g., in situations where the victim disclosed the sexual assault to command or a third party reported the matter to law enforcement).

c. GO/FO CMG Participation. CMGs must make accommodations for operational requirements and travel commitments of GO/FOs, in an effort to better represent the needs of victims.

(1) SAPR policy requires a GO/FO to attend the CMG when he or she is the immediate commander of a victim of sexual assault (e.g., when a victim serves on the GO/FO's staff).

(a) To facilitate CMG attendance and representation of the victim, GO/FOs with conflicting operational requirements and travel commitments may designate a military staff member at the 0-6 level (or above, as appropriate) with prior commander experience as their

alternate to participate at the CMG (referred to in this instruction as the “GO/FO representative”).

(b) The GO/FO may NOT designate an individual to serve as the GO/FO representative if the individual is the alleged offender or the subject of the retaliation complaint.

(2) Such designations will be provided to the CMG Chair in writing, and written designation will be documented in the CMG meeting minutes. The designated GO/FO representative is required to closely follow the progress of victims and their cases. The designation of an alternate does not absolve GO/FOs of their responsibility to provide updates to the victim within 72 hours of the CMG’s completion.

d. CMG Chair Authority of Tenant Commands. In those instances where the installation commander does not possess administrative or operational authority over a tenant commander, the tenant commander is required to adhere to the CMG policy mandates established in this enclosure and in Service policy.

(1) Specifically, a tenant commander is charged to address systemic issues brought to his or her attention related to the care and support of a Service member or adult dependent sexual assault victim within his or her command.

(2) In addition, the tenant commander is required to address any allegations of retaliation, reprisal, ostracism, or maltreatment experienced by the victim, victim’s family members, witnesses, bystanders who intervened, SARCs and SAPR VAs, or responders within his or her command. The tenant commander will report to the CMG Chair on status updates until the victim’s case is closed, or until the retaliation allegation has been appropriately addressed.

3. SERVICES

a. The CMG members shall carefully consider and implement immediate, short-term, and long-term measures to help facilitate and assure the victim’s well-being and recovery from the sexual assault. They will closely monitor the victim’s progress and recovery and strive to protect the victim’s privacy, ensuring only those with an official need to know have the victim’s name and related details. Consequently, where possible, each case shall be reviewed independently bringing in only those personnel associated with the case, as well as the CMG chair and co-chair.

b. The CMG chair shall:

(1) Ensure that commander(s) of the Service member(s), who is a subject of a sexual assault allegation, provide in writing all disposition data, to include any administrative or judicial action taken, stemming from the sexual assault investigation to the MCIO. Information provided by commanders is used to meet the Department’s requirements for the submission of criminal history data to the Criminal Justice Information System, Federal Bureau of Investigation; and to record the disposition of offenders into DSAID.

(2) Require effective and timely coordination and collaboration among CMG members.
At each CMG meeting:

(a) Confirm that the MCIO assigned to an adult sexual assault investigation has notified the SARC as soon as possible, after the investigation is initiated in accordance with Reference (w).

(b) Confirm that all Unrestricted Reports, initiated by a DD Form 2910 or an investigation initiated by an MCIO, are entered into DSAID within 48 hours of the DD Form 2910 being signed by the victim.

(c) Confirm that commanders are providing the final disposition of sexual assault cases to MCIOs. Confirm that the installation commander's or his or her designated legal officer is providing the SARC the required information for the SARC to enter the final case disposition in DSAID.

(d) Confirm that members of the SVIP are collaborating with local SARCs and SAPR VAs during all stages of the investigative and military justice process to ensure an integrated capability, to the greatest extent possible, in accordance with References (ap) and (ak).

(e) Confirm that the SARCs and SAPR VAs have what they need to provide an effective SAPR response to victims.

(3) Require that case dispositions to include cases disposed of by non-judicial proceedings are communicated to the sexual assault victim, to the extent authorized by law, within 2 business days of the final disposition decision. The CMG chair will require that the appropriate paperwork (pursuant to Service regulation) is submitted for each case disposition within 24 hours, which shall be inputted into DSAID by the designated officials.

(4) Monitor and require immediate transfer of sexual assault victim information between SARCs and SAPR VAs, in the event of the SARC's or SAPR VA's change of duty station, to ensure continuity of SAPR services for victims.

(5) Require that the SARCs and SAPR VAs actively participate in each CMG meeting by presenting oral updates (without disclosing protected communications and victim confidentiality), providing recommendations and, if needed, the SARC or the SAPR VA shall affirmatively seek assistance from the chair or victim's commander.

(6) Require an update of the status of each Expedited Transfer request and MPO.

(7) If the victim has informed the SARC of an existing CPO, the chair shall require the SARC to inform the CMG of the existence of the CPO and its requirements.

(8) After protective order documentation is presented at the CMG from the SARC or the SAPR VA, the DoD law enforcement agents at the CMG will document the information

provided in their investigative case file, to include documentation for Reserve Component personnel in title 10 status.

c. The CMG Co-chair shall:

(1) Confirm that all reported sexual assaults are entered into DSAID within 48 hours of the report of sexual assault. In deployed locations, such as areas of combat that have internet connectivity issues, the time frame is extended to 96 hours.

(2) Confirm that only the SARC is inputting information into DSAID.

(3) Keep minutes of the monthly meetings to include those in attendance and issues discussed. CMG participants are only authorized to share case information with those who have an official need to know.

d. For each victim, the assigned SARC and SAPR VA will confirm at the CMG that the victim has been informed of their SAPR services to include counseling, medical, and legal resources without violating victim confidentiality.

e. For each victim, each CMG member who is involved with and working on a specific case will provide an oral update without violating victim confidentiality or disclosing privileged communications.

f. For each victim, the victim's commander will confirm at the CMG that the victim has received a monthly update from the victim's commander of her/his case within 72 hours of the last CMG, to assure timely victim updates. The victim's commander cannot delegate this responsibility.

g. If a victim transfers from the installation, then the processes in Table 2 in Enclosure 5 will apply as appropriate.

h. On a joint base or if the installation has tenant commands:

(1) The CMG membership will explore the feasibility of joint use of existing SAPR resources, to include rotating on-call status of SARCs and SAPR VAs. Evaluate the effectiveness of communication among SARCs, SAPR VAs, and first responders.

(2) The CMG chair will request an analysis of data to determine trends and patterns of sexual assaults and share this information with the commanders on the joint base or the tenant commands. The CMG membership will be briefed on that trend data.

i. At every CMG meeting, the CMG Chair will ask the CMG members if the victim, victim's family members, witnesses, bystanders who intervened, SARCs and SAPR VAs, responders, or other parties to the incident have experienced any incidents of retaliation, reprisal, ostracism, or maltreatment. If any allegations are reported, the CMG Chair will forward the information to the proper authority or authorities (e.g., MCIO, Inspector General, MEO). Discretion may be

exercised in disclosing allegations of retaliation, reprisal, ostracism, or maltreatment when such allegations involve parties to the CMG. Retaliation, reprisal, ostracism, or maltreatment allegations involving the victim, SARCs, and SAPR VAs will remain on the CMG agenda for status updates, until the victim's case is closed or until the allegation has been appropriately addressed.

j. The CMG chair will confirm that each victim receives a safety assessment as soon as possible. There will be a safety assessment capability. The CMG chair will identify installation personnel who have been trained and are able to perform a safety assessment of each sexual assault victim.

(1) The CMG chair will require designated installation personnel, who have been trained and are able to perform a safety assessment of each sexual assault victim, to become part of the CMG and attend every monthly meeting.

(2) The CMG chair will request a safety assessment by trained personnel of each sexual assault victim at each CMG meeting, to include a discussion of expedited military transfers or MPOs, if needed.

(a) The CMG co-chair will confirm that the victims are advised that MPOs are not enforceable off-base by civilian law enforcement.

(b) If applicable, the CMG chair will confirm that both the alleged offender and the victim have a hard copy of the MPO.

(3) The CMG chair will immediately stand up a multi-disciplinary HRRT if a victim is assessed to be in a high-risk situation. The purpose and the responsibility of the HRRT is to continually monitor the victim's safety, by assessing danger and developing a plan to manage the situation.

(a) The HRRT shall be chaired by the victim's immediate commander and, at a minimum, include the alleged offender's immediate commander; the victim's SARC and SAPR VA; the MCIO, the judge advocate, and the VWAP assigned to the case, victim's healthcare provider or mental health and counseling services provider; and the personnel who conducted the safety assessment. The responsibility of the HRRT members to attend the HRRT meetings and actively participate in them will not be delegated.

(b) The HRRT shall make their first report to the installation commander, CMG chair, and CMG co-chair within 24 hours of being activated. A briefing schedule for the CMG chair and co-chair will be determined, but briefings shall occur at least once a week while the victim is on high-risk status.

(c) The HRRT assessment of the victim shall include, but is not limited to evaluating:

1. Victim's safety concerns.

2. Alleged offender's access to the victim or whether the alleged offender is stalking or has stalked the victim.
3. Previous or existing relationship or friendship between the victim and the alleged offender, or the alleged offender and the victim's spouse, or victim's dependents. The existence of children in common. The sharing (or prior sharing) of a common domicile.
4. Whether the alleged offender (or the alleged offender's friends or family members) has destroyed victim's property; threatened or attacked the victim; or threatened, attempted, or has a plan to harm or kill the victim or the victim's family members; or intimidated the victim to withdraw participation in the investigation or prosecution.
5. Whether the alleged offender has threatened, attempted, or has a plan to commit suicide.
6. Whether the alleged offender has used a weapon, threatened to use a weapon, or has access to a weapon that may be used against the victim.
7. Whether the victim has sustained serious injury during the sexual assault incident.
8. Whether the alleged offender has a history of law enforcement involvement regarding domestic abuse, assault, or other criminal behavior.
9. Whether the victim has a civilian protective order or command has an MPO against the alleged offender, or there has been a violation of a civilian protective order or MPO by the alleged offender.
10. History of drug or alcohol abuse by either the victim or the alleged offender.
11. Whether the alleged offender exhibits erratic or obsessive behavior, rage, agitation, or instability.
12. Whether the alleged offender is a flight risk.

4. SAPR QUARTERLY CMG MEETINGS: SYSTEM COORDINATION AND ACCOUNTABILITY

a. SAPR Quarterly CMG Meeting Topics.

(1) The CMG Chair will schedule quarterly discussions at the CMG meetings on the following topics:

- (a) System coordination challenges among CMG members.
- (b) Timely victim access to medical care and mental health care.

(c) Timely victim access to victim advocacy, legal (SVC/VLC), spiritual, and other services within the installation and through established agreements with external civilian agencies.

(d) HRRT and other organizational responses to victim safety issues.

(e) Retaliation allegation reporting and other associated data.

(f) Timeliness of moves after Expedited Transfer approvals.

(g) Resource sharing in joint environments.

(h) Tenant commander concerns.

(i) Reporting and service access trends for the installation.

(2) This is a separate discussion from individual case management oversight and no information directly related to Unrestricted Reports and/or specific victims will be discussed in order to protect victim privacy.

b. SAPR Quarterly CMG Meeting Membership. The CMG members required to attend the quarterly discussions include the CMG Chair and co-chair, all SARCs assigned to the installation, commanders of victims with open cases, SJAs, and senior representatives from the following:

(1) Installation MCIOs.

(2) DoD law enforcement agencies.

(3) Medical and mental healthcare providers.

(4) Chaplains.

(5) Installation personnel trained to do a safety assessment.

(6) Victim Witness Assistance Personnel.

(7) SVC/VLC.

c. SAPR Quarterly CMG Meeting Duties for Chair and Co-Chair.

(1) The CMG Chair will review minutes and action items at the next quarterly meeting to drive progress and conduct oversight on any open system coordination and accountability issues.

(2) The CMG Co-chair (i.e., the lead installation SARC) will record the minutes of the quarterly meeting, including all action items assigned by the CMG Chair to address or improve system response.

ENCLOSURE 10

TRAINING REQUIREMENTS FOR DOD PERSONNEL

1. MANAGEMENT OF TRAINING REQUIREMENTS

a. Commanders, supervisors, and managers at all levels shall be responsible for the effective implementation of the SAPR program.

b. Military and DoD civilian officials at each management level shall advocate a robust SAPR program and provide education and training that shall enable them to prevent and appropriately respond to incidents of sexual assault.

c. Data shall be collected according to the annual reporting requirements in accordance with Reference (1) and explained in Enclosure 12 of this volume.

2. RESPONDER TRAINING REQUIREMENTS. To standardize services throughout the DoD, as required in Reference (c), all DoD sexual assault responders shall receive the same baseline training. These minimum training standards form the baseline on which the Military Services and specialized communities can build. First responders are composed of personnel in the following disciplines or positions: SARCs; SAPR VAs; healthcare personnel; DoD law enforcement; MCIOs; judge advocates; chaplains; firefighters and emergency medical technicians. Commanders and VWAP personnel can be first responders. Commanders receive their SAPR training separately.

a. All responder training shall:

(1) Be given in the form of initial and annual refresher training from their Military Service in accordance with Enclosure 2 of this volume. Responder training is in addition to annual training.

(2) Be developed for each responder functional area from each military service and shall:

(a) Explain the different sexual assault response policies and critical issues.

1. DoD SAPR policy, including the role of the SARC, SAPR VA, victim witness liaison, and CMG.

2. Military Service-specific policies.

3. Unrestricted and Restricted Reporting as well as MRE 514 of Reference (w).

4. Exceptions to Restricted Reporting and limitations to use.

5. Change in victim reporting preference election.

6. Victim advocacy resources.

(b) Explain the requirement that SARCs must respond in accordance with this Instruction.

(c) Describe local policies and procedures with regards to local resources, referrals, procedures for military and civilians as well as collaboration and knowledge of resources and referrals that can be utilized at that specific geographic location.

(d) Explain the range of victim responses to sexual assault to include:

1. Victimization process, including re-victimization and secondary victimization.

2. Counterintuitive behavior.

3. Impact of trauma on memory and recall.

4. Potential psychological consequences, including acute stress disorder and post-traumatic stress disorder.

(e) Explain deployment issues, including remote location assistance.

(f) Explain the possible outcomes of investigations of sexual assault.

(g) Explain the possible flow of a sexual assault investigation. (See flowchart in the SAPR Policy Toolkit, located at www.sapr.mil.)

(h) Be completed prior to deployment.

(i) Recommend, but not require, that SAPR training for responders include safety and self-care.

(j) Explain how to provide a response that recognizes the high prevalence of pre-existing trauma.

(k) Explain the eligibility for SVC/VLC for both Restricted and Unrestricted Reports of sexual assault, and the types of legal assistance authorized to be provided to the sexual assault victim. Explain that the nature of the relationship between an SVC/VLC and a victim in the provision of legal advice and assistance will be the relationship between an attorney and client.

b. SARC training shall:

(1) Provide the responder training requirements in paragraph 7.a. of this enclosure.

(2) Be scenario-based and interactive. Provide for role play where a trainee SARC counsels a sexual assault victim and is critiqued by a credentialed SARC and/or an instructor.

(3) Explain roles and responsibilities and command relationships.

(4) Explain the different reporting options, to include the effects of independent investigations (see Enclosure 4 of this volume). Explain the exceptions to Restricted Reporting, with special emphasis on suspending Restricted Reporting where it is necessary to prevent or mitigate a serious and imminent threat to the health or safety of the victim or another person.

(5) Provide training on how MCIOs will be entering reports of sexual assault into DSAID through MCIO cases management systems or by direct data entry. Provide training on potential discovery obligations regarding any notes entered in DSAID.

(6) Provide training on document retention and SAFE Kit retention in Restricted and Unrestricted cases. Explain evidence collected in a sexual assault investigation is disposed of in accordance with section 586 of Reference (m), as amended by section 538 of Reference (p), and DoD regulations.

(7) Provide training on Expedited Transfer and MPO procedures.

(8) Provide instruction on all details of SAPR VA screening, including:

(a) What to do if SAPR VA is a recent victim, or knows sexual assault victims.

(b) What to do if SAPR VA was accused of being an offender or knows someone who was accused.

(c) Identifying the SAPR VA's personal biases.

(d) The necessary case management skills:

1. Required reports and proper documentation as well as records management.

2. Instruction to complete DD Form 2910 and proper storage according to Federal and Service privacy regulations.

3. Ability to conduct SAPR training, when requested by the SARC or commander.

4. Transferring cases to another installation SARC.

(9) Explain the roles and responsibilities of the VWAP and DD Form 2701.

(10) Inform SARCs of the existence of the SAPRO website at <http://www.sapr.mil>, and encourage its use for reference materials and general DoD-level SAPR information.

(11) Include annual suicide prevention training to facilitate their ability to assist a sexual assault victim who has suicidal ideation.

c. SAPR VA training shall:

(1) Provide the responder training requirements in paragraph 7.a. of this enclosure.

(2) Be scenario-based and interactive. Provide for role play where a trainee SAPR VA counsels a sexual assault victim, and then that counseling session is critiqued by an instructor.

(3) Explain the different reporting options, to include the effects of independent investigations (see Enclosure 4 of this volume). Explain the exceptions to Restricted Reporting, with special emphasis on suspending Restricted Reporting where it is necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

(4) Include:

(a) Necessary critical advocacy skills.

(b) Basic interpersonal and assessment skills.

1. Appropriate relationship and rapport building.

2. Sensitivity training to prevent re-victimization.

(c) Crisis intervention.

(d) Restricted and Unrestricted Reporting options as well as MRE 514 of Reference (w).

(e) Roles and limitations, to include: command relationship, SAPR VA's rights and responsibilities, reporting to the SARC, and recognizing personal biases and issues.

(f) Preparing proper documentation for a report of sexual assault.

(g) Document retention and SAFE Kit retention in Restricted and Unrestricted cases. Explain evidence collected with a sexual assault investigation is disposed of in accordance with section 586 of Reference (m), amended by section 538 of Reference (p), and DoD regulations.

(h) Expedited Transfer and MPO procedures.

(i) Record keeping rules for protected disclosures relating to a sexual assault.

(j) A discussion of ethical issues when working with sexual assault victims as a victim advocate.

- (k) A discussion of individual versus system advocacy.
 - (l) A review of the military justice process and adverse administrative actions.
 - (m) Overview of criminal investigative process and military judicial requirements.
 - (n) A review of the issues in victimology.
 - 1. Types of assault.
 - 2. Health consequences such as mental and physical health.
 - 3. Cultural and religious differences.
 - 4. Victims' rights and the victim's role in holding offenders appropriately accountable and limitations on offender accountability when the victim elects Restricted Reporting.
 - 5. Healthcare management of sexual assault and medical resources and treatment options to include the medical examination, the forensic examination, mental health and counseling, pregnancy, and STD/I and HIV.
 - 6. Identification of safety issues and their immediate report to the SARC or law enforcement, as appropriate.
 - 7. Identification of retaliation, reprisal, ostracism, and maltreatment actions against the victim; procedures for responding to these allegations and their immediate reporting to the SARC and the VWAP; safety planning to include how to prevent retaliation, reprisal, ostracism, and maltreatment actions against the victim.
 - 8. Separation of the victim and offender as well as the MPO and CPO process.
 - 9. Expedited Transfer process for the victim.
 - (o) An explanation of the roles and responsibilities of the VWAP and DD Form 2701.
 - (p) Safety and self-care, to include vicarious trauma.
 - (5) Include annual suicide prevention training to facilitate their ability to assist a sexual assault victim who has suicidal ideation.
- d. Healthcare personnel training shall be in two distinct training categories:

(1) Training for Healthcare Personnel Assigned to an MTF. In addition to the responder training requirements in paragraphs 7.a. of this enclosure, healthcare personnel who received a Restricted Report shall immediately call a SARC or SAPR VA, so a DD Form 2910 can be completed. Training must include the information that healthcare personnel who receive a Restricted Report will maintain confidentiality to the extent authorized by law and this instruction. Training must include Expedited Transfers.

(2) Training for Sexual Assault Medical Forensic Examiners. Healthcare personnel who received a Restricted Report shall immediately call a SARC or SAPR VA, so a DD Form 2910 can be completed.

(a) In addition to the responder training requirements and healthcare personnel requirements in paragraphs 7.a. and 7.d.1. of this enclosure, healthcare providers performing SAFEs will be trained and must remain proficient in conducting SAFEs.

(b) All providers conducting SAFEs must have documented education, training, and clinical practice in sexual assault examinations in accordance with Reference (aj) and the Department of Justice National Training Standards (Reference (az)) and in accordance with DoDI 6025.13 (Reference (ba)).

(c) There must be selection, training, and certification standards for healthcare providers performing SAFEs in MTFs.

1. Selection

a. Have specified screening and selection criteria consistent with References (ai), (aj), and (ba).

b. In addition to the requirements in Reference (ba), licensed DoD providers eligible to take SAFE training must pass a National Agency Check that will determine if they have been convicted of sexual assault, child abuse, domestic violence, violent crime (as defined by the Federal Bureau of Investigation's Uniform Crime Reporting Program) and other felonies.

c. If the candidate is a non-licensed provider, he or she must meet the same screening standards as those for SARCs in the D-SAACP certification program.

2. Training for Healthcare Providers Performing SAFEs in MTFs. Healthcare providers who may be called on to provide comprehensive medical treatment to a sexual assault victim, including performing SAFEs, are: obstetricians, gynecologists, and other licensed practitioners (preferably family physicians, emergency medicine physicians, and pediatricians); advanced practice nurses with specialties in midwifery, women's health, family health, and pediatrics; physician assistants trained in family practice or women's health; and registered nurses. These individuals must:

a. In addition to the responder training requirements and the healthcare personnel training requirements in paragraphs 7.a. and 7.d.1. of this enclosure, healthcare providers performing SAFEs shall be trained and remain proficient in conducting SAFEs.

b. All providers conducting SAFEs must have documented education, training, and clinical practice in sexual assault examinations in accordance with Reference (aj) and the DOJ National Training Standards in accordance with Reference (az).

3. Certification

a. Provider must pass all selection and screening criteria.

b. Provider must submit documentation by trainer that healthcare provider has successfully completed SAFE training and is competent to conduct SAFEs independently. Documentation can be in the form of a certificate or be recorded in an electronic medical training tracking system.

c. Provider must obtain a letter of recommendation from her or his commander.

d. Upon successful completion of the selection, training, and certification requirements, the designated medical certifying authority will issue the certification for competency. Certification is good for 3 years from date of issue and must be reassessed and renewed at the end of the 3-year period.

(3) Additional Training Topics for Healthcare Providers Performing SAFEs

(a) The SAFE Kit and DD Form 2911.

(b) Toxicology kit for suspected drug-facilitated cases.

(c) Chain of custody.

(d) Translation of findings.

(e) Proper documentation.

(f) Storage of evidence in Restricted Reports (e.g., RRCN).

(g) Management of the alleged offender.

(h) Relevant local and State laws and restrictions.

(i) Medical treatment issues during deployments including remote location assistance to include: location resources including appropriate personnel, supplies (drying device, toluidine blue dye, colposcope, camera), standard operating procedures, location of SAFE Kit and DD

Form 2911; and availability and timeliness of evacuation to echelon of care where SAFEs are available.

(j) How to provide testing, prophylactic treatment options, and follow-up care to possible exposure to HIV, and other STD/Is.

(k) How to assess the risk of pregnancy; provide options for emergency contraception, and any follow-up care and referral services to the extent authorized by law.

(l) How to assess the need for mental health services and provisions for a referral, if necessary or requested by the victim.

(m) How to conduct physical and mental health assessment.

(n) How to deal with sexual assault-related trauma, to include:

1. Types of injury.

2. Photography of injuries.

3. Behavioral health and counseling needs.

4. Consulting and referral process.

5. Appropriate follow-up.

6. Drug or alcohol-facilitated sexual assault, to include review of best practices, victim interview techniques, and targeted evidence collections.

(o) Medical record management.

(p) Legal process and expert witness testimony.

e. DoD law enforcement (those elements of DoD components, to include MCIOs, authorized to investigate violations of the UCMJ) training shall:

(1) Include the responder training requirements in paragraph 7.a. of this enclosure for DoD law enforcement personnel who may respond to a sexual assault complaint.

(2) Remain consistent with the guidelines published under the authority and oversight of the IG DoD. In addition, DoD law enforcement training shall:

(a) Explain how to respond in accordance with the SAPR program.

(1) When to notify the command, SARC, and SAPR VA.

(2) How to work with SAPR VAs and SARCs, and medical personnel.

(3) In the event that law enforcement personnel respond to a 911 or emergency call involving sexual assault, how to refer the incident to the appropriate MCIO for investigation (after taking appropriate emergency response actions).

(b) Explain how to work with sexual assault victims, to include the effects of trauma on sexual assault victims. Ensure victims are informed of and accorded their rights, in accordance with Reference (al) and paragraph 4.4 of Reference (av) by contacting the VWAP.

(c) Take into consideration the victim's safety concerns and medical needs.

(d) Review IG policy and Military Service regulations regarding the legal transfer of the SAFE Kit and the retention of the DD Form 2911 or reports from civilian sexual assault forensic exams in archived files. Explain that if the victim had a SAFE, the SAFE Kit will be retained for 10 years in accordance with Reference (ac) and with section 586 of Reference (m), as amended by section 538 of Reference (p). Personal property retained as evidence collected in association with a sexual assault investigation will be retained for a period of 10 years. Personal property may be returned to the rightful owner of such property after the conclusion of all legal, adverse action and administrative proceedings related to such incidents in accordance with section 586 of Reference (m), as amended by Reference (p), and DoD regulations.

(e) Discuss sex offender issues.

f. Training for MCIO agents assigned to investigate sexual assaults shall:

(1) Be detailed in IG policy.

(2) Adhere to the responder training requirements in paragraph 7.a. of this enclosure for military and civilian criminal investigators assigned to MCIOs who may respond to a sexual assault complaint.

(3) Remain consistent with the guidelines published under the authority and oversight of the IG DoD. In addition, MCIO training shall:

(a) Include initial and annual refresher training on essential tasks specific to investigating sexual assault investigations that explain that these reports shall be included in sexual assault quarterly and annual reporting requirements found in Enclosure 12 of this volume.

(b) Include IG policy and Military Service regulations regarding the legal transfer of the SAFE Kit and the retention of the DD Form 2911 or reports from civilian sexual assault forensic exams in archived files. Explain that if the victim had a SAFE, the SAFE Kit will be retained for 10 years in accordance with Reference (ac) and in accordance with section 586 of Reference (m), as amended by section 538 of Reference (p). Personal property retained as evidence collected in association with a sexual assault investigation will be retained for a period of 10 years. Personal property may be returned to the rightful owner of such property after the

conclusion of all legal, adverse action, and administrative proceedings related to such incidents in accordance with section 586 of Reference (m), as amended by section 538 of Reference (p), and DoD regulations.

(c) Explain how to work with victims of sexual assault.

1. Effects of trauma on the victim to include impact of trauma and stress on memory as well as balancing investigative priorities with victim needs.

2. Ensure victims are informed of and accorded their rights, in accordance with Reference (al) and paragraph 4.4. of Reference (av) by contacting the VWAP.

3. Take into consideration the victim's safety concerns and medical needs.

(d) Explain how to respond to a sexual assault in accordance with Reference (c), this Instruction, and the assigned Service regulations on:

1. Notification to command, SARC, and VWAP.

2. Investigating difficult cases to include drug and alcohol facilitated sexual assaults, having multiple alleged offenders and sexual assaults in the domestic violence context as well as same-sex sexual assaults (male/male or female/female).

(e) Review of available research regarding false information and the factors influencing false reports and false information, to include possible victim harassment and intimidation.

(f) Explain unique issues with sex offenders to include identifying, investigating, and documenting predatory behaviors.

(g) Explain how to work with the SARC and SAPR VA to include SAPR VA and SARC roles, responsibilities, and limitations; victim services and support program; and MRE 514 of Reference (w).

g. Judge advocate training shall:

(1) Prior to performing judge advocate duties, adhere to the responder training requirements in paragraph 7.a. of this enclosure for judge advocates who are responsible for advising commanders on the investigation or disposition of, or who prosecute or defend, sexual assault cases.

(2) Explain legal support services available to victims.

(a) Pursuant to the respective Service regulations, explain that each Service member who reports a sexual assault shall be given the opportunity to consult with legal assistance

counsel and SVC/VLC and, in cases where the victim may have been involved in collateral misconduct, to consult with defense counsel.

1. Provide information concerning the prosecution, if applicable, in accordance with Reference (af). Provide information regarding the opportunity to consult with legal assistance counsel and SVC/VLC as soon as the victim seeks assistance from a SARC, SAPR VA, or any DoD law enforcement agent or judge advocate.

2. Ensure victims are informed of their rights and the VWAP program, in accordance with Reference (al) and paragraph 4.4. of Reference (av).

(b) Explain the sex offender registration program.

(3) Explain issues encountered in the prosecution of sexual assaults.

(a) Typologies (characteristics) of victims and sex offenders in non-stranger sexual assaults.

(b) Addressing the consent defense.

(c) How to effectively prosecute alcohol and drug facilitated sexual assault.

(d) How to introduce forensic and scientific evidence (e.g., SAFE Kits, DNA, serology, toxicology).

(e) Evidentiary issues regarding MRE 412, 413, and 615 of Reference (w).

(f) How to advise victims, SAPR VAs, and VWAP about the military justice process, and MRE 514 of Reference (w). Explain:

1. Victims' rights during trial and defense counsel interviews (e.g., guidance regarding answering questions on prior sexual behavior, interviewing parameters, coordinating interviews, case outcomes).

2. In the case of a general or special court-martial, the trial counsel will cause each qualifying alleged victim to be notified of the opportunity to receive a copy of the record of trial (not to include sealed materials unless approved by the presiding military judge or appellate court, classified information, or other portions of the record the release of which would unlawfully violate the privacy interests of any party, and without a requirement to include matters attached to the record under R.C.M. 1101(b)(3) in Reference (w). A qualifying alleged victim is an individual named in a specification alleging an offense under Articles 120, 120b, 120c, or 125 of the UCMJ (sections 920, 920b, 920c, or 925 of Reference (d)), or any attempt to commit such offense in violation of Article 80 of the UCMJ (section 880 of Reference (d)) if the court-martial resulted in any finding of that specification.

3. Guidance on victim accompaniment (e.g., who may accompany victims to attorney interviews, what is their role, and what they should do if victim is being mistreated).

a. Defense counsel must request interviews through the victim's counsel if the victim is represented by counsel.

b. The victim has the right to be accompanied to the Defense interview, in accordance with section 846 of Reference (d).

4. MRE 412 of Reference (w) and its application to an Article 32 preliminary hearings.

5. Protecting victim privacy (e.g., access to medical records and conversations with SARC or SAPR VA, discovery consequences of making victim's mental health an issue, MRE 514 of Reference (w)).

h. Legal assistance attorney training shall adhere to the requirements of annual training in paragraphs 3.b. of this enclosure. Attorneys shall receive training in order to have the capability to provide legal assistance to sexual assault victims in accordance with the USD(P&R) Memorandum (Reference (ba)). Legal assistance attorney training shall include:

(1) The VWAP, including the rights and benefits afforded the victim.

(a) The role of the VWAP and what privileges do or do not exist between the victim and the advocate or liaison.

(b) The nature of the communication made to the VWAP as opposed to those made to the legal assistance attorney.

(2) The differences between the two types of reporting in sexual assault cases.

(3) The military justice system, including the roles and responsibilities of the trial counsel, the defense counsel, and investigators. This may include the ability of the Government to compel cooperation and testimony.

(4) The services available from appropriate agencies or offices for emotional and mental health counseling and other medical services.

(5) The availability of protections offered by military and civilian restraining orders.

(6) Eligibility for and benefits potentially available as part of transitional compensation benefits found in section 1059 of Reference (d), and other State and Federal victims' compensation programs.

(7) Traditional forms of legal assistance.

i. SVC/VLC will adhere to the requirements of annual training in paragraphs 3.b. of this enclosure, to include explaining the nature of the relationship between an SVC/VLC and a victim will be the relationship between an attorney and client. In accordance with section 1044e of Reference (d), SVC/VLC training will include providing legal consultation regarding:

(1) Potential criminal liability of the victim, if any, stemming from or in relation to the circumstances surrounding the alleged sex-related offense and the victim's right to seek military defense services.

(2) The Victim Witness Assistance Program, including:

(a) The rights and benefits afforded the victim.

(b) The role of the Victim Witness Assistance Program liaison and what privileges do or do not exist between the victim and the liaison.

(c) The nature of communication made to the liaison in comparison to communication made to an SVC/VLC or a legal assistance attorney in accordance with section 1044 of Reference (d).

(3) The responsibilities and support provided to the victim by the SARC or a SAPR VA, to include any privileges that may exist regarding communications between those persons and the victim.

(4) The potential for civil litigation against other parties (other than the United States).

(5) The military justice system, including (but not limited to):

(a) The roles and responsibilities of the trial counsel, the defense counsel, and investigators.

(b) Any proceedings of the military justice process which the victim may observe.

(c) The U.S. Government's authority to compel cooperation and testimony.

(d) The victim's responsibility to testify and other duties to the court.

(6) Accompanying the victim at any proceedings in connection with the reporting, military investigation, and military prosecution of the alleged sex-related offense.

(7) Eligibility and requirements for services available from appropriate agencies or offices for emotional and mental health counseling and other medical services.

(8) Legal consultation and assistance:

(a) In personal civil legal matters in accordance with section 1044 of Reference (d).

(b) In any proceedings of the military justice process in which a victim can participate as a witness or other party.

(c) In understanding the availability of, and obtaining any protections offered by, civilian and military protective or restraining orders.

(d) In understanding the eligibility and requirements for, and obtaining, any available military and veteran benefits, such as transitional compensation benefits found in section 1059 of Reference (d) and other State and Federal victims' compensation programs.

j. Chaplains, chaplain assistants, and religious personnel training shall:

(1) Adhere to the responder training requirements in paragraph 7.a. of this enclosure.

(2) Pre-deployment SAPR training shall focus on counseling services needed by sexual assault victims and offenders in contingency and remote areas.

(3) Address:

(a) Privileged communications and the Restricted Reporting policy rules and limitations, including legal protections for chaplains and their confidential communications, assessing victim or offender safety issues (while maintaining chaplain's confidentiality), and MRE 514 of Reference (w).

(b) How to support victims with discussion on sensitivity of chaplains in addressing and supporting sexual assault victims, identifying chaplain's own bias and ethical issues, trauma training with pastoral applications, and how to understand victims' rights as prescribed in References (am) and (av).

(c) Other counseling and support topics.

1. Offender counseling should include: assessing and addressing victim and offender safety issues while maintaining confidentiality; and counseling an offender when the victim is known to the chaplain (counseling both the offender and the victim, when there is only one chaplain at a military installation).

2. Potential distress experienced by witnesses and bystanders over the assault they witnessed or about which they heard.

3. Counseling for SARCs, SAPR VAs, healthcare personnel, chaplains, JAGs, law enforcement or any other professionals, who routinely work with sexual assault victims and may experience secondary effects of trauma.

4. Providing guidance to unit members and leadership on how to mitigate the impact that sexual assault has on a unit and its individuals, while keeping in mind the needs and concerns of the victim.

ENCLOSURE 11

DSAID

1. PURPOSE

a. In accordance with section 563 of Reference (j), DSAID shall support Military Service SAPR program management and DoD SAPRO oversight activities. It shall serve as a centralized, case-level database for the collection and maintenance of information regarding sexual assaults involving persons covered by this Instruction. DSAID will include information, if available, about the nature of the assault, the victim, the alleged offender, investigative information, case outcomes in connection with the allegation, and other information necessary to fulfill reporting requirements. DSAID will serve as the DoD's SAPR source for internal and external requests for statistical data on sexual assault in accordance with section 563 of Reference (j). DSAID has been assigned Office of Management and Budget control number 0704-0482. DSAID contains information provided by the Military Services, which are the original sources of the information.

b. Disclosure of data stored in DSAID will only be granted when disclosure is authorized or required by law or regulation.

2. PROCEDURES

a. DSAID shall:

(1) Contain information about sexual assaults reported to the DoD involving persons covered by this Instruction, both via Unrestricted and Restricted Reporting options.

(2) Include adequate safeguards to shield PII from unauthorized disclosure. The system will not contain PII about victims who make a Restricted Report. Information about sexual assault victims and subjects will receive the maximum protection allowed under the law. DSAID is accessible only by authorized users and includes stringent user access controls.

(3) Assist with annual and quarterly reporting requirements, identifying and managing trends, analyzing risk factors or problematic circumstances, and taking action or making plans to eliminate or to mitigate risks. DSAID shall store case information. Sexual assault case information shall be available to DoD SAPRO for SAPR program oversight (data validation and quality control), study, research, and analysis purposes. DSAID will provide a set of core functions to satisfy the data collection and analysis requirements for the system in five basic areas: data warehousing, data query and reporting, SARC victim case management functions, subject investigative and legal case information, and SAPR program administration and management.

(4) Receive information from the MCIO case management systems or direct data entry by authorized Military Service personnel.

(5) Contain information pertaining to all victims of sexual assault reported to the DoD through filing a DD Form 2910 or reporting to an MCIO. When a Service member is alleged to have sexually assaulted a civilian or foreign national, the SARC will request and the MCIO will provide the victim's name, supporting PII, and the MCIO case file number, to include the unique identifier for foreign nationals, for entry into DSAID.

(6) A SARC will open a case in DSAID as an "Open with Limited Information" case when there is no signed DD 2910 (e.g., an independent investigation or third-party report, or when a civilian victim alleged sexual assault with a Service member) to comply with Section 563(d) of Reference (i) and to ensure system accountability.

b. The DD Form 2965 may be used as a tool for capturing information to be entered into DSAID when direct data entry is not possible, but the DD Form 2965 is not meant to be retained as a permanent form.

(1) SARCs and SAPR VAs will be the primary users of the DD Form 2965, which may be completed in sections as appropriate. Applicable sections of the form may also be used by MCIO and designated legal officer, if applicable, to provide required investigative and disposition information to SARCs for input into DSAID. Victims will NOT complete the DD Form 2965.

(2) In accordance with General Records Schedule 20, Item 2(a)4, users will destroy the DD Form 2965 immediately after its information has been inputted into DSAID or utilized for the purpose of developing the 8-day incident report (Reference (o)). In all cases, the DD Form 2965 will not be retained for longer than 8 days and will NOT be mailed, faxed, stored, or uploaded to DSAID. In a Restricted Report case, a copy of the DD Form 2965 will NOT be provided to commanders.

3. NOTIFICATION PROCEDURES AND RECORD ACCESS PROCEDURES

a. Requests for information contained in DSAID are answered by the Services. All requests for information should be made to the DoD Component that generated the information in DSAID. Individuals seeking to determine whether information about themselves is contained in this system of records or seeking access to records about themselves should address written inquiries to the appropriate Service office (see Service list at www.sapr.mil).

b. Requests for information to the DoD Components must be responded to by the office(s) designated by the Component to respond to FOIA and Privacy Act requests. Requests shall not be informally handled by the SARCs.

ENCLOSURE 12

SEXUAL ASSAULT ANNUAL AND QUARTERLY REPORTING REQUIREMENTS

1. ANNUAL REPORTING FOR THE MILITARY SERVICES. The USD(P&R) submits annual FY reports to Congress on the sexual assaults involving members of the Military Services. Each Secretary of the Military Departments must submit their Military Service report for the prior FY to the Secretary of Defense through the DoD SAPRO by March 1. The Secretary of the Navy must provide separate reports for the Navy and the Marine Corps. The annual report is accomplished in accordance with guidance from the USD(P&R) and section 1631(d) of Reference (l), and includes:

- a. The policies, procedures, and processes in place or implemented by the SAPR program during the report year in response to incidents of sexual assault.
- b. An assessment of the implementation of the policies and procedures on the prevention, response, and oversight of sexual assaults in the military to determine the effectiveness of SAPR policies and programs, including an assessment of how Service efforts executed DoD SAPR priorities.
- c. Any plans for the following year on the prevention of and response to sexual assault, specifically in the areas of advocacy, healthcare provider and medical response, mental health, counseling, investigative services, legal services, and chaplain response.
- d. Matrices for Restricted and Unrestricted Reports of the number of sexual assaults involving Service members that include case synopses, and disciplinary actions taken in substantiated cases and relevant information. See the appendix to this enclosure.
- e. Analyses of the matrices of the number of sexual assaults involving Service members.
- f. May include analyses of surveys administered to victims of sexual assault on their experiences with SAPR victim assistance and the military health and justice systems.
- g. Analysis and assessment of the disposition of the most serious offenses identified in Unrestricted Reports in accordance with section 542 of Reference (p).

2. QUARTERLY REPORTS. The quarterly data reports from the Military Services are the basis for annual reports, including the data fields necessary for comprehensive reporting and metrics tracking. The information collected to prepare the quarterly reports has been assigned Report Control Symbol DD-P&R(A)2205. In quarterly reports, the policies and planned actions are not required to be reported. Each quarterly report and subsequent FY annual report shall update the status of those previously reported investigations that had been reported as opened but not yet completed or with action pending at the end of a prior reporting period. Once the final action taken is reported, that specific investigation no longer needs to be reported. This reporting

system will enable the DoD to track sexual assault cases from date of initiation to completion of command action or disposition. Quarterly reports are due:

- a. February 15 for investigations opened during the period of October 1 - December 31.
- b. May 15 for investigations opened during the period of January 1 - March 31.
- c. August 15 for investigations opened during the period of April 1 - June 30.
- d. The final quarterly report (July 1 - September 30) shall be included as part of the FY annual report.

3. ANNUAL REPORTING FOR THE MILITARY SERVICE ACADEMIES (MSAs).

Pursuant to section 532 of Reference (i), the USD(P&R) submits annual reports on sexual harassment and violence at MSAs to the House of Representatives and Senate Armed Services Committees each academic program year (APY). The MSA Sexual Assault Survey conducted by the Defense Manpower Data Center (DMDC) has been assigned Report Control Symbol DD-P&R(A)2198.

a. In odd-numbered APYs, superintendents will submit a report to their respective Military Department Secretaries assessing their respective MSA policies, training, and procedures on sexual harassment and violence involving cadets and midshipmen no later than October 15 of the following APY. DMDC will simultaneously conduct gender relations surveys of cadets and midshipmen to collect information relating to sexual assault and sexual harassment at the MSAs to supplement these reports. DoD SAPRO will summarize and consolidate the results of each MSA's APY assessment, which will serve as the mandated DoD annual report to Congress.

b. In even-numbered APYs, DoD SAPRO and the DoD Diversity Management and Equal Opportunity (DMEO) Office conduct MSA site visits and a data call to assess each MSA's policies; training, and procedures regarding sexual harassment and violence involving cadets and midshipmen; perceptions of Academy personnel regarding program effectiveness; the number of reports and corresponding case dispositions; program accomplishments; progress made; and challenges. Together with the DoD SAPRO and DMEO MSA visits, DMDC will conduct focus groups with cadets and midshipmen to collect information relating to sexual harassment and violence from the MSAs to supplement this assessment. DoD SAPRO consolidates the assessments and focus group results of each MSA into a report, which serves as the mandated DoD annual report to Congress that will be submitted in December of the following APY.

4. ANNUAL REPORTING OF INSTALLATION DATA. Installation data is drawn from the annual reports of sexual assault listed in section 1 of this enclosure. The Secretaries of each Military Department must submit their Military Service report of sexual assault for the prior FY organized by installation, to the Secretary of Defense through the DoD SAPRO by April 30 of each year. The Secretary of the Navy must provide separate reports for the Navy and the Marine Corps. Reports will contain matrices for Restricted and Unrestricted Reports of the number of

sexual assaults involving Service members organized by military installation, and matrices including the synopsis and disciplinary actions taken in substantiated cases.

Appendix

Sexual Assault Offense – Investigation Disposition

APPENDIX TO ENCLOSURE 12

SEXUAL ASSAULT OFFENSE – INVESTIGATION DISPOSITION

Pursuant to the legislated requirements specified in Reference (1), the following terms are used by the Services for annual and quarterly reporting of the dispositions of subjects in sexual assault investigations conducted by the MCIOs. Services must adapt their investigative policies and procedures to comply with these terms.

a. Substantiated Reports. Dispositions in this category come from Unrestricted Reports that have been investigated and found to have sufficient evidence, and provided to command for consideration of action, which may include some form of punitive, corrective, or discharge action against an offender.

(1) Substantiated Reports Against Service Member Subjects. A substantiated report of sexual assault is an Unrestricted Report that was investigated by an MCIO, provided to the appropriate military command for consideration of action, and found to have sufficient evidence to support the command's action against the subject. Actions against the subject may include initiation of a court-martial, non-judicial punishment, administrative discharge, and other adverse administrative action that result from a report of sexual assault or associated misconduct (e.g., adultery, housebreaking, false official statement).

(2) Substantiated Reports by Service Member Victims. A substantiated report of a sexual assault victim's Unrestricted Report that was investigated by an MCIO, and provided to the appropriate military command for consideration of action, and found to have sufficient evidence to support the command's action against the subject. However, there are instances where an Unrestricted Report of sexual assault by a Service member victim may be substantiated but the command is not able to take action against the person who is the subject of the investigation. These categories include the following: the subject of the investigation could not be identified; the subject died or deserted from the Service before action could be taken; the subject was a civilian or foreign national not subject to the UCMJ; or the subject was a Service member being prosecuted by a civilian or foreign authority.

b. Substantiated Report Disposition Descriptions. In the event of several types of action a commander takes against the same offender, only the most serious action taken is reported, as provided for in the following list, in descending order of seriousness. For each offender, any court-martial sentence and non-judicial punishment administered by commanders pursuant to Article 15 of the UCMJ (section 815 of Reference (d)) is reported annually to the DoD in the case synopses or via DSAID. Further additional actions of a less serious nature in the descending list should also be included in the case synopses reported to the Department. Reference (1) requires the reporting of the number of victims associated with each of the following disposition categories.

(1) Commander Action for Sexual Assault Offense

(a) Court-Martial Charges Preferred (Initiated) for Sexual Assault Offense. A court-martial charge was preferred (initiated) for at least one of the offenses punishable by Articles 120 and 125 of the UCMJ (sections 920 and 925 of Reference (d)), or an attempt to commit an Article 120 or 125, UCMJ offense that would be charged as a violation of Article 80 of the UCMJ (section 880 of Reference (d)) (see R.C.M.s 307 and 401 in Reference (w)).

(b) Non-judicial Punishments (Article 15, UCMJ). Disciplinary action for at least one of the UCMJ offenses comprised within the SAPR definition of sexual assault that was initiated pursuant to Article 15 of the UCMJ (section 815 in Reference (d)).

(c) Administrative Discharges. Commander action taken to involuntarily separate the offender from military service that is based in whole or in part on an offense within the SAPR definition of sexual assault.

(d) Other Adverse Administrative Actions. In the absence of an administrative discharge action, any other administrative action that was initiated (including corrective measures such as counseling, admonition, reprimand, exhortation, disapproval, criticism, censure, reproach, rebuke, extra military instruction, or other administrative withholding of privileges, or any combination thereof), and that is based in whole or in part on an offense within the SAPR definition of sexual assault. Cases should be placed in this category only when an administrative action other than an administrative discharge is the only action taken. If an “other administrative action” is taken in combination with another more serious action (e.g., court-martial, non-judicial punishment, administrative discharge, or civilian or foreign court action), only report the case according to the more serious action taken.

(2) Commander Action for Other Criminal Offense. Report actions against subjects in this category when there is probable cause for an offense, but only for a non-sexual assault offense (i.e., the commander took action on a non-sexual assault offense because an investigation showed that the allegations did not meet the required elements of, or there was insufficient evidence for, any of the UCMJ offenses that constitute the SAPR definition of sexual assault). Instead, an investigation disclosed other offenses arising from the sexual assault allegation or incident that met the required elements of, and there was sufficient evidence for, another offense under the UCMJ. Report court-martial charges preferred, nonjudicial punishments, and sentences imposed in the case synopses provided to the DoD. To comply with Reference (l), the number of victims associated with each of the following categories must also be reported.

- (a) Court-martial charges preferred (initiated) for a non-sexual assault offense.
- (b) Non-judicial punishments (Article 15, UCMJ (section 815 in Reference (d)) for non-sexual assault offense.
- (c) Administrative discharges for non-sexual assault offense.
- (d) Other adverse administrative actions for non-sexual assault offense.

c. Command Action Precluded. Dispositions reported in this category come from an Unrestricted Report that was investigated by an MCIO and provided to the appropriate military command for consideration of action, but the evidence did not support taking action against the subject of the investigation because the victim declined to participate in the military justice action, there was insufficient evidence of any offense to take command action, the report was unfounded by command, the victim died prior to completion of the military justice action, or the statute of limitations for the alleged offense(s) expired. Reference (1) requires the reporting of the number of victims associated with each of the following disposition categories.

(1) Victim Declined to Participate in the Military Justice Action. Commander action is precluded or declined because the victim has declined to further cooperate with military authorities or prosecutors in a military justice action.

(2) Insufficient Evidence for Prosecution. Although the allegations made against the alleged offender meet the required elements of at least one criminal offense listed in the SAPR definition of sexual assault (see Reference (c)), there was insufficient evidence to legally prove those elements beyond a reasonable doubt and proceed with the case. (If the reason for concluding that there is insufficient evidence is that the victim declined to cooperate, then the reason for being unable to take action should be entered as “victim declined to participate in the military justice action,” and not entered as “insufficient evidence.”)

(3) Victim’s Death. Victim died before completion of the military justice action.

(4) Statute of Limitations Expired. Determination that, pursuant to Article 43 of the UCMJ (section 943 of Reference (d)), the applicable statute of limitations has expired and the case may not be prosecuted.

d. Command Action Declined. Dispositions in this category come from an Unrestricted Report that was investigated by an MCIO and provided to the appropriate military command for consideration of action, but the commander determined the report was unfounded as to the allegations against the subject of the investigation. Unfounded allegations reflect a determination by command, with the supporting advice of a qualified legal officer, that the allegations made against the alleged offender did not occur nor were attempted. These cases are either false or baseless. Reference (1) requires the reporting of the number of victims associated with this category.

(1) False Cases. Evidence obtained through an investigation shows that an offense was not committed nor attempted by the subject of the investigation.

(2) Baseless Cases. Evidence obtained through an investigation shows that alleged offense did not meet at least one of the required elements of a UCMJ offense constituting the SAPR definition of sexual assault or was improperly reported as a sexual assault.

e. Subject Outside DoD’s Legal Authority. When the subject of the investigation or the action being taken is beyond DoD’s jurisdictional authority or ability to act, use the following descriptions to report case disposition. To comply with Reference (1), Services must also

identify the number of victims associated with these dispositions and specify when there was insufficient evidence that an offense occurred in the following categories.

(1) Offender is Unknown. The investigation is closed because no person could be identified as the alleged offender.

(2) Subject is a Civilian or Foreign National not Subject to UCMJ. The subject of the investigation is not amenable to military UCMJ jurisdiction for action or disposition.

(3) Civilian or Foreign Authority is Prosecuting Service Member. A civilian or foreign authority has the sexual assault allegation for action or disposition, even though the alleged offender is also subject to the UCMJ.

(4) Offender Died or Deserted. Commander action is precluded because of the death or desertion of the alleged offender or subject of the investigation.

f. Report Unfounded by MCIO. Determination by the MCIO that the allegations made against the alleged offender did not occur nor were attempted. These cases are either false or baseless. Reference (1) requires the reporting of the number of victims associated with this category.

(1) False Cases. Evidence obtained through an MCIO investigation shows that an offense was not committed nor attempted by the subject of the investigation.

(2) Baseless Cases. Evidence obtained through an investigation shows that alleged offense did not meet at least one of the required elements of a UCMJ offense constituting the SAPR definition of sexual assault or was improperly reported as a sexual assault.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Army Directive
AFI	Air Force Instruction
ALNAV	All Navy Message
APY	academic program year
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CATCH	Catch a Serial Offender
CCIR	Commander's Critical Information Requirement
CMG	Case Management Group
CO	commanding officer
CONUS	continental United States
CPO	civilian protective order
DD	Department of Defense (as applied to forms)
DFSC	Defense Forensic Science Center
DHA	Defense Health Agency
DMDC	Defense Manpower Data Center
DMEO	Diversity, Management and Equal Opportunity Office
DoDHRA	Department of Defense Human Resource Activity
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
D-SAACP	DoD Sexual Assault Advocate Certification Program
DSAID	Defense Sexual Assault Incident Database
DTM	Directive-Type Memorandum
FAP	Family Advocacy Program
FOIA	Freedom of Information Act
FY	fiscal year
GC DoD	General Counsel of the Department of Defense
GO/FO	general or flag officer
HIV	human immunodeficiency virus
HRRT	High-Risk Response Team
IG DoD	Inspector General of the Department of Defense
IPT	integrated product team
JAG	Judge Advocate General
LOD	line of duty

MCIO	military criminal investigative organization
MCM	Manual for Courts-Martial
MEO	Department of Defense Military Equal Opportunity (MEO) Program
MHS	military healthcare system
MOA	memorandum of agreement
MOU	memorandum of understanding
MPO	military protective order
MRE	Military Rules of Evidence
MSA	Military Service Academy
MTF	military treatment facility
NCIC	National Crime Information Center
NDAA	National Defense Authorization Act
NG	National Guard
NGB	National Guard Bureau
OCONUS	outside the continental United States
OIG	Office of Inspector General of the Department of Defense
PCA	permanent change of assignment
PCS	permanent change of station
PII	personally identifiable information
PRP	personnel reliability program
RRCN	Restricted Reporting case number
SAFE	Sexual Assault Forensic Examination
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office
SAPR VA	Sexual Assault Prevention and Response Victim Advocate
SARC	Sexual Assault Response Coordinator
SES	Senior Executive Service
SF	standard form
SJA	staff judge advocate
SRI	SAPR related inquiry
STD/I	sexually transmitted diseases or infections
SVC	Special Victims' Counsel (Air Force, Army, NG, and Coast Guard)
SVC/VLC	Special Victims' Counsel (Air Force, Army, NG, and Coast Guard) or Victims' Legal Counsel (Navy and Marine Corps)
SVIP	Special Victim Investigation and Prosecution capability
UCMJ	Uniform Code of Military Justice
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

VLC Victims' Legal Counsel (Navy and Marine Corps)
VWAP Victim Witness Assistance Program

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this volume. Refer to the Glossary in Reference (c) for terms not defined in this Instruction.

accessions training. Training that a Service member receives upon initial entry into Military Service through basic military training.

certification. Refers to the process by which the Department credentials SARC and SAPR VAs, assesses the effectiveness of sexual assault advocacy capabilities using a competencies framework, and evaluates and performs oversight over SARC and SAPR VA training. The certification criteria are established by the Department in consultation with subject-matter experts.

CMG. A multi-disciplinary group that meets monthly to review individual cases of Unrestricted Reports of sexual assault. The group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services. At a minimum, each group shall consist of the following additional military or civilian professionals who are involved and working on a specific case: SARC, SAPR VA, military criminal investigator, DoD law enforcement, healthcare provider and mental health and counseling services, chaplain, command legal representative or SJA, and victim's commander.

collateral misconduct. Victim misconduct that might be in time, place, or circumstance associated with the victim's sexual assault incident. Collateral misconduct by the victim of a sexual assault is one of the most significant barriers to reporting assault because of the victim's fear of punishment. Some reported sexual assaults involve circumstances where the victim may have engaged in some form of misconduct (e.g., underage drinking or other related alcohol offenses, adultery, fraternization, or other violations of certain regulations or orders).

confidential communications. Defined in Reference (c).

consent. Defined in Reference (c).

credible information. Information that, considering the source and nature of the information and the totality of the circumstances, is sufficiently believable to presume that the fact or facts in question are true.

credible report. Either a written or verbal report made in support of an Expedited Transfer that is determined to have credible information.

crisis intervention. Defined in Reference (c).

culturally-competent care. Defined in Reference (c).

DSAID. Defined in Reference (c).

designated activity. The agency that processes PCS or PCA for Expedited Transfers.

Air Force: Air Force Personnel Center.

Army: Human Resources Command for inter-installation transfers and the installation personnel center for intra-installation transfers.

Navy: Bureau of Naval Personnel.

U.S. Marine Corps: the order writing section of Headquarters Marine Corps.

Air and Army National Guard: the NGB or the Joint Forces Headquarters-State for the State involved.

emergency. Defined in Reference (c).

emergency care. Defined in Reference (c).

Executive Agent. The Head of a DoD Component to whom the Secretary of Defense or the Deputy Secretary of Defense has assigned specific responsibilities, functions, and authorities to provide defined levels of support for operational missions, or administrative or other designated activities that involve two or more of the DoD Components.

FAP. A DoD program designated to address child abuse and domestic abuse in military families and child maltreatment in DoD-sanctioned activities in cooperation with civilian social service agencies and military and civilian law enforcement agencies. Prevention, advocacy, and intervention services are provided to individuals who are eligible for treatment in military medical treatment facilities.

final disposition. Actions taken to resolve the reported incident, document case outcome, and address the misconduct by the alleged perpetrator, as appropriate. It includes, but is not limited to, military justice proceedings, nonjudicial punishment, or administrative actions, including separation actions taken in response to the offense, whichever is the most serious action taken.

gender-responsive care. Defined in Reference (c).

healthcare personnel. Persons assisting or otherwise supporting healthcare providers in providing healthcare services (e.g., administrative personnel assigned to a military MTF). Includes all healthcare providers.

healthcare provider. Those individuals who are employed or assigned as healthcare professionals, or are credentialed to provide healthcare services at a MTF, or who provide such care at a deployed location or otherwise in an official capacity. This also includes military personnel, DoD civilian employees, and DoD contractors who provide healthcare at an

occupational health clinic for DoD civilian employees or DoD contractor personnel. Healthcare providers may include, but are not limited to:

Licensed physicians practicing in the MHS with clinical privileges in obstetrics and gynecology, emergency medicine, family practice, internal medicine, pediatrics, urology, general medical officer, undersea medical officer, flight surgeon, psychiatrists, or those having clinical privileges to perform pelvic examinations or treat mental health conditions.

Licensed advanced practice registered nurses practicing in the MHS with clinical privileges in adult health, family health, midwifery, women's health, mental health, or those having clinical privileges to perform pelvic examinations.

Licensed physician assistants practicing in the MHS with clinical privileges in adult, family, women's health, or those having clinical privileges to perform pelvic examinations.

Licensed registered nurses practicing in the MHS who meet the requirements for performing a SAFE as determined by the local privileging authority. This additional capability shall be noted as a competency, not as a credential or privilege.

A psychologist, social worker or psychotherapist licensed and privileged to provide mental health care or other counseling services in a DoD or DoD-sponsored facility.

hospital facilities (Level 3). Minimum operational functions required for a Level 3 hospital include: command, control, and communications; patient administration; nutritional care; supply and services; triage; emergency medical treatment; preoperative care; orthopedics; general surgery; operating rooms and central materiel and supply services; anesthesia, nursing services (to include intensive and intermediate care wards); pharmacy; clinical laboratory and blood banking; radiology services; and hospital ministry team services.

intimate partner. Defined in Reference (v).

installation. A base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Department of Defense, including any leased facility. It does not include any facility used primarily for civil works, rivers and harbors projects, flood control, or other projects not under the primary jurisdiction or control of the Department of Defense in accordance with DoD 4165.66-M (Reference (bc)).

installation commander. Commander of a base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Department of Defense, including any leased facility. It does not include any facility used primarily for civil works, rivers and harbors projects, flood control, or other projects not under the primary jurisdiction or control of the Department of Defense.

law enforcement. Includes all DoD law enforcement units, security forces, and MCIOs.

MCIOS. The U.S. Army Criminal Investigation Command, Naval Criminal Investigative Service, and Air Force Office of Special Investigations.

medical care. Includes physical and psychological medical services.

Military OneSource. A DoD-funded program providing comprehensive information on every aspect of military life at no cost to active duty, National Guard, and Reserve members, and their families. Military OneSource has a mandatory reporting requirement.

Military Services. The term, as used in the SAPR Program, includes Army, Air Force, Navy, Marines, Reserve Components, and their respective Military Academies.

non-identifiable information. Defined in Reference (c).

non-participating victim. Victim choosing not to participate in the military justice system.

official investigative process. Defined in Reference (c).

open with limited information. Entry in DSAID to be used in the following situations: victim refused or declined services, victim opt-out of participating in investigative process, third-party reports, local jurisdiction refused to provide victim information, or civilian victim with military subject.

personal identifiable information. Defined in Reference (c).

qualifying conviction. Defined in Reference (c).

recovery-oriented care. Defined in Reference (c).

responders. Includes first responders, who are generally composed of personnel in the following disciplines or positions: SARCs, SAPR VAs, healthcare personnel, law enforcement, and MCIOS. Other responders are judge advocates, chaplains, and commanders, but they are usually not first responders.

respond, response, or response capability. All locations, including deployed areas, have a 24 hour, 7 days per week sexual assault response capability. The SARC shall be notified, respond, or direct a SAPR VA to respond, assign a SAPR VA, and offer the victim healthcare treatment and a SAFE. In geographic locations where there is no SARC onsite, the on-call SAPR VA shall respond, offer the victim healthcare treatment and a SAFE, and immediately notify the SARC of the sexual assault. The initial response is generally composed of personnel in the following disciplines or positions: SARCs, SAPR VAs, healthcare personnel, law enforcement, and MCIOS. Other responders are judge advocates, chaplains, and commanders. When victims geographically detached from a military installation, the SARC or SAPR VA will refer to local civilian providers or the DoD Safe Helpline for resources.

Restricted Reporting. Reporting option that allows sexual assault victims to confidentially disclose the assault to specified individuals (i.e., SARC, SAPR VA, or healthcare personnel), and receive medical treatment, including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an investigation. The victim's report provided to healthcare personnel (including the information acquired from a SAFE Kit), SARCs, or SAPR VAs will NOT be reported to law enforcement or to the command to initiate the official investigative process unless the victim consents or an established EXCEPTION applies. The Restricted Reporting Program applies to Service members and their military dependents 18 years of age and older. Additional persons who may be entitled to Restricted Reporting are NG and Reserve members. DoD civilians and contractors, at this time, are only eligible to file an Unrestricted Report. Only a SARC, SAPR VA, or healthcare personnel may receive a Restricted Report, previously referred to as Confidential Reporting.

re-victimization. A pattern wherein the victim of abuse or crime has a statistically higher tendency to be victimized again, either shortly thereafter or much later in adulthood in the case of abuse as a child. This latter pattern is particularly notable in cases of sexual abuse.

Safe Helpline. A crisis support service for members of the DoD community affected by sexual assault. The DoD Safe Helpline:

Is available 24/7 worldwide with “click, call, or text” user options for anonymous and confidential support.

Can be accessed by logging on to www.safehelpline.org or by calling 1-877-995-5247, and through the Safe Helpline mobile application.

Is to be utilized as the sole DoD hotline.

Does not replace local base and installation SARC or SAPR VA contact information.

SAFE Kit. Defined in Reference (c).

safety assessment. A set of guidelines and considerations post-sexual assault that the responsible personnel designated by the Installation Commander can follow to determine if a sexual assault survivor is likely to be in imminent danger of physical or psychological harm as a result of being victimized by or reporting sexual assault(s). The guidelines and considerations consist of a sequence of questions, decisions, referrals, and actions that responders can enact to contribute to the safety of survivors during the first 72 hours after a report, and during other events that can increase the lethality risk for survivors (e.g., arrests or command actions against the alleged perpetrators). Types of imminent danger may include non-lethal, lethal, or potentially lethal behaviors; the potential harm caused by the alleged perpetrator, family/friend(s)/acquaintance(s) of the alleged perpetrator, or the survivors themselves (e.g., harboring self-harm or suicidal thoughts). The safety assessment includes questions about multiple environments, to include home and the workplace. Survivors are assessed for their perception or experience of potential danger from their leadership or peers via reprisal or ostracism. The safety assessment contains a

safety plan component that survivors can complete and take with them to help improve coping, social support, and resource access during their recovery period.

SAPR IPT. A team of individuals that advises the USD(P&R) and the Secretary of Defense on policies for sexual assault issues involving persons covered by this Instruction. The SAPR IPT serves as the implementation and oversight arm of the SAPR Program. It coordinates policy and reviews the DoD's SAPR policies and programs consistent with this Instruction and Reference (c) and monitors the progress of program elements. The SAPR IPT is chaired by the Director, SAPRO.

SAPR Program. Defined in Reference (c).

SAPR services. Services provided by a SARC and SAPR VA.

SAPR VA. Defined in Reference (c).

SAPRO. Defined in Reference (c).

SARC. Defined in Reference (c).

secondary victimization. The re-traumatization of the sexual assault, abuse, or rape victim. It is an indirect result of assault that occurs through the responses of individuals and institutions to the victim. The types of secondary victimization include victim blaming, inappropriate behavior or language by medical personnel and by other organizations with access to the victim post assault.

Service member. Defined in Reference (c).

sexual assault. Intentional sexual contact characterized by the use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent. As used in this Instruction, the term includes a broad category of sexual offenses consisting of the following specific UCMJ offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these offenses.

SVC. Attorneys who are assigned to provide legal assistance and representation in accordance with section 1044e of Reference (d) and Service regulations. The Air Force, Army, NG, and Coast Guard refer to these attorneys as SVC. The Navy and Marine Corps refer to these attorneys as VLC.

SVIP Capability. In accordance with Reference (m), a distinct, recognizable group of appropriately skilled professionals, including MCIO investigators, judge advocates, victim witness assistance personnel, and administrative paralegal support personnel, who work collaboratively to:

Investigate and prosecute allegations of child abuse (involving sexual assault or aggravated assault with grievous bodily harm), domestic violence (involving sexual assault or aggravated assault with grievous bodily harm), and adult sexual assault (not involving domestic offenses)

Provide support for the victims of such offenses.

trauma informed care. An approach to engage people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Unrestricted Reporting. Defined in Reference (c).

VWAP. Provides guidance in accordance with Reference (a) for assisting victims and witnesses of crime from initial contact through investigation, prosecution, and confinement. Particular attention is paid to victims of serious and violent crime, including child abuse, domestic violence, and sexual misconduct.

victim. Defined in Reference (c).

VLC. Attorneys who are assigned to provide legal assistance and representation in accordance with section 1044e of Reference (d) and Service regulations. The Navy and Marine Corps refer to these attorneys as VLC. The Air Force, Army, NG, and Coast Guard refer to these attorneys as SVC.