



DEPARTMENT OF THE NAVY
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SECNAVINST 1752.4C
DON(SAPRO)
10 AUG 2018

SECNAV INSTRUCTION 1752.4C

From: Secretary of the Navy

Subj: SEXUAL ASSAULT PREVENTION AND RESPONSE PROGRAM PROCEDURES

Ref: See enclosure (1)

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1. Purpose

a. This instruction updates policy and procedural guidance for the Department of the Navy (DON) Sexual Assault Prevention and Response (SAPR) Program, implements changes to references (a) and (b), and implements references (c) and (d).

b. In addition, this instruction utilizes material in reference (e) as recommended by the Department of Defense (DoD) as a guide for fulfilling requirements of section 1743 of reference (f) for designated commanders to submit a written incident report no later than eight days after an Unrestricted Report of sexual assault has been made to a Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response Victim Advocate (SAPR VA) through a "Victim Reporting Preference Statement" (DD Form 2910) or an independent investigation has been initiated by a Military Criminal Investigative Organization (MCIO).

c. This instruction also consolidates current DoD guidance specifically related to Service-level SAPR procedures and program management references (a) through (e). In particular, enclosure (2) compiles glossary entries across these references; enclosure (3) compiles relevant responsibilities with added DON-specific detail; enclosures (6) through (14) reflect counterpart enclosures to reference (b); enclosure (15) reflects its counterpart enclosure to reference (c); enclosure (16) reflects the attachment to reference (d); and enclosure (17) reflects its counterpart attachment to reference (e).

d. Reference (g) directed fifty-year retention of the DD Form 2910 and the "DoD Sexual Assault Forensic Examination (SAFE) Report" (DD Form 2911), in accordance with section 1723 of reference (f). This requirement is separately implemented by reference (h), which remains in effect.

2. Cancellation. SECNAVINST 1752.4B.

3. Definitions. See enclosure (2).

4. Applicability

a. This instruction applies to:

(1) All organizational entities of the DON and its two component Military Services, the United States Navy, and the United States Marine Corps, including their Reserve Components.

(2) National Guard (NG) and Reserve Members who were sexually assaulted when performing active service, as defined in section 101(d)(3) of reference (i), 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 reference (j) as amended by Section 1724 of reference (f). They also have access to a Special Victims' Counsel or Victims' Legal Counsel (SVC/VLC) in accordance with section 1044e of reference (i) and are eligible to file a Restricted or Unrestricted Report. Reports of prior-to-military service sexual assault shall be handled in accordance with procedures outlined in this instruction for Restricted and Unrestricted Reports, as appropriate based on the type of report made. 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 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 enclosure (2)). Adult military dependents may file Restricted or Unrestricted 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 MHS to receive treatment in an MTF at no cost to them. At this time, they are only eligible to file an Unrestricted Report. They shall also be offered limited SAPR services to be defined as the assistance of a SARC and a SAPR 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, per reference (k) as applicable.

(5) Service Members who were victims of sexual assault PRIOR to enlistment or commissioning are eligible to receive SAPR services (see enclosure (2)) under either reporting option. The DON 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 and provide advocacy services and the appropriate referrals, if requested, for victimization occurring prior to military service.

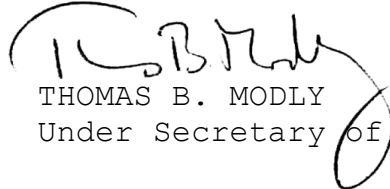
(a) Prior-to-military service victimization includes adult sexual assault (including stranger sexual assault and intimate partner sexual assault, if the victim is no longer in the same intimate relationship) and sexual assault that was perpetrated on the Service Member while he or she was still a child;

(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 for the type of report made.

b. This instruction does NOT apply to victims of sexual assault perpetrated by a spouse or intimate partner (see enclosure (2)) or military dependents under the age of 18 who are sexually assaulted. Reference (1) 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 Family Advocacy Program (FAP) staff will direct the victim to FAP.

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5. Responsibilities. See enclosure (3).
6. Policy. See enclosure (4).
7. Records Management. See enclosure (5).
8. Forms and Reports. See enclosure (5).


THOMAS B. MODLY
Under Secretary of the Navy

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REFERENCES

- (a) DoD Directive 6495.01 of 23 January 2012
- (b) DoD Instruction 6495.02 of 28 March 2013
- (c) DoD Instruction 6495.03 of 10 September 2015
- (d) USD(P&R) memo "Sexual Assault Prevention and Response Program Manager Standards," of 10 March 2015
- (e) DTM-14-007, Sexual Assault Incident Response Oversight (SAIRO) Report, of 30 September 2014
- (f) Public Law 113-66
- (g) USD(P&R) memo "Fifty-Year Retention of Forms Related to Reports of Sexual Assault," of 23 July 2014
- (h) SECNAV memo "Fifty-Year Retention of Forms Related to Reports of Sexual Assault," of 17 October 2014
- (i) Title 10, United States Code
- (j) Public Law 112-81
- (k) DoD Instruction 3020.41 of 20 December 2011
- (l) DoDM 400.01, Volume 2, Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System, of 11 August 2016
- (m) DoD Instruction 6400.06 of 21 August 2007
- (n) U.S. Department of Justice, Office on Violence Against Women, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," current version
- (o) DoDM 4165.66-M, Base Redevelopment and Realignment Manual, of 1 March 2006
- (p) DoD Instruction 1030.2 of 4 June 2004
- (q) Public Law 112-239
- (r) DoD Directive 1350.2 of 18 August 1995
- (s) Public Law 113-291
- (t) Public Law 111-84
- (u) Public Law 110-417
- (v) DoD Instruction 5505.19 of 3 February 2015
- (w) Under Secretary of Defense for Personnel and Readiness Directive Type Memorandum 14-003, "DoD Implementation of SVC Prosecution and Legal Support," of 12 February 2014, incorporating Change 4, effective 3 April 2017
- (x) SECNAVINST 5370.7D
- (y) USD(P&R) memo "Guidelines for the DoD Safe Helpline," of 22 January 2015
- (z) DoD Instruction 5505.18 of 22 March 2017
- (aa) Public Law 111-383
- (ab) Public Law 114-92
- (ac) Manual for Courts-Martial United States, 2016 edition

- (ad) DoD Instruction 1332.14 of 27 January 2014
- (ae) DoD Instruction 1332.30 of 25 November 2013
- (af) Title 5, United States Code
- (ag) DoD Directive 5400.11 of 29 October 2014
- (ah) Public Law 104-191
- (ai) Presidential memo, "Implementing the Prison Rape Elimination Act," of 17 May 2012
- (aj) 28 CFR 115
- (ak) DoD 6025.18-R, DoD Health Information Privacy Regulation, January 2003
- (al) DoD Instruction 6025.13 of 17 February 2011
- (am) Department of Defense, "DoD Retaliation Prevention and Response Strategy: Regarding Sexual Assault and Harassment Reports," of April 2016
- (an) DoD Directive 1030.01 of 13 April 2004
- (ao) SECDEF memo, "Withholding Initial Disposition Authority Under the Uniform Code of Military Justice in Certain Sexual Assault Cases," of 20 April 2012
- (ap) Department of Defense, "Department of Defense 2014-2016 Sexual Assault Prevention Strategy," of 30 April 2014
- (aq) U.S. Department of Justice, Office of Violence Against Women, "National Training Standards for Sexual Assault Medical Forensic Examiners," current version
- (ar) DoDM 8910.01 Volume 2, DoD Information Collections Manual: Procedures for DoD Public Information Collections of 30 June 2014
- (as) USD(P&R) memo, "Legal Assistance for Victims of Crime," of 17 October 2011
- (at) Public Law 109-364
- (au) Office of Personnel Management Federal Investigations, "Federal Investigative Standards Implementation Plan," of 4 November 2014
- (av) DoD Instruction 1400.25 Volume 731 of 24 August 2012
- (aw) DoD Instruction 6400.07 of 25 November 2013
- (ax) DoD Instruction 6400.01 of 13 February 2015

DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this instruction.

1. Accessions Training (reference (b)). Training that a Service Member receives upon initial entry into Military Service through basic military training.

2. Case Management Group (CMG) (reference (b)). 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 Staff Judge Advocate (SJA) and victim's commander.

3. Certification (reference (b)). Refers to the process by which DoD credentials SARCs 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 DoD in consultation with subject-matter experts.

4. Child Abuse (reference (m)). The physical or sexual abuse, emotional abuse or neglect of a child by a parent, guardian, foster parent or by a caregiver, whether the caregiver is intra-familial or extra-familial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian or foster parent.

5. Collateral Misconduct (reference (b)). 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).

6. Confidential Communication (reference (a)). Oral, written, or electronic communications of Personally Identifiable Information (PII) concerning a sexual assault victim and the sexual assault incident provided by the victim to the SARC, SAPR VA, or healthcare personnel in a Restricted Report. This confidential communication includes the victim's SAFE Kit and its information. More information on Controlled Unclassified Information is available at www.archives.gov/cui.

7. Consent (reference (a)). A freely given agreement to the conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the accused's use of force, threat of force or placing another person in fear does not constitute consent. A current or previous dating or social or sexual relationship by itself or the manner of dress of the person involved with the accused in the conduct at issue shall not constitute consent. A sleeping, unconscious, or incompetent person cannot give consent.

8. Credible Information (reference (b)). 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.

9. Credible Report (reference (b)). Either a written or verbal report made in support of an expedited transfer that is determined to have credible information.

10. Crisis Intervention (reference (a)). Emergency non-clinical care aimed at assisting victims in alleviating potential negative consequences by providing safety assessments and connecting victims to needed resources. Either the SARC or SAPR VA will intervene as quickly as possible to assess the victim's safety and determine the needs of victims and connect them to appropriate referrals, as needed.

11. Culturally-competent Care (reference (a)). Care that provides culturally and linguistically appropriate services.
12. Defense Sexual Assault Advocate Certification Program (D-SAACP) Certification Levels (reference (c)). The certification levels for SARCs and SAPR VAs. There are four levels - Roman numerals are used to identify them: I, II, III and IV. The minimum eligibility requirements for each level are outlined on page 2 of the "D-SAACP Application Packet for New Applicants" (DD Form 2950).
13. D-SAACP Committee (reference (c)). The committee established to certify applicants for national credentialing.
14. Defense Sexual Assault Incident Database (DSAID) (reference (a)). A DoD database that captures uniform data provided by the Military Services and maintains all sexual assault data collected by the Military Services. This database is a centralized, case-level database for the uniform collection of data regarding incidence of sexual assaults involving persons covered by references (a) and (b). DSAID includes information when available, or when not limited by Restricted Reporting, or otherwise prohibited by law, about the nature of the assault, the victim, the offender, and the disposition of reports associated with the assault. DSAID is available to the DoD-SAPRO and the DoD to develop and implement congressional reporting requirements. Unless authorized by law or needed for internal DoD review or analysis, disclosure of data stored in DSAID will only be granted when disclosure is ordered by a military, Federal or State judge or other officials or entities as required by a law or applicable U.S. international agreement.
15. Designated Activity (reference (b)). The agency that processes Permanent Change of Station (PCS) or Permanent Change of Activity/Assignment (PCA) for expedited transfers. The designated activity for Navy is the Bureau of Naval Personnel. The designated activity for Marine Corps is Headquarters Marine Corps SAPR (MFB) to coordinate with the Deputy Director, Manpower Management (for active duty Marines) or the Branch Head, Reserve Affairs (for active reserve Marines).
16. Disqualifying Condition (reference (c)). A conviction of a crime of sexual assault or any other punitive offense enumerated in Articles 120, 120a, 120b, 120c and 125 of the Uniform Code

of Military Justice (UCMJ) (sections 920, 920a, 920b, 920c and 925 of reference (i)); domestic violence; child abuse; violent crimes; or attempts to commit such acts punishable under Article 80 of the UCMJ (section 880 of reference (i)) or the equivalent State or federal law; any felony offenses determined by the commander or appropriate appointing authority to be inconsistent with SARC or SAPR VA core duties; or be required to be registered as a sex offender.

17. Domestic Violence (reference (m)). An offense under the United States Code, the UCMJ, or State law involving the use, attempted use or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person who is:

- a. A current or former spouse;
- b. A person with whom the abuser shares a child in common;
or
- c. A current or former intimate partner with whom the abuser shares or has shared a common domicile.

18. Emergency (reference (a)). A situation that requires immediate intervention to prevent the loss of life, limb, sight, or body tissue to prevent undue suffering. Regardless of appearance, a sexual assault victim needs immediate medical intervention to prevent loss of life or undue suffering resulting from physical injuries internal or external, sexually transmitted infections, pregnancy or psychological distress. Sexual assault victims shall be given priority as emergency cases regardless of evidence of physical injury.

19. Emergency Care (reference (a)). Emergency medical care includes physical and emergency psychological medical services and a SAFE consistent with reference (n).

20. Executive Agent (reference (b)). 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.

21. Expedited Transfer (reference (e)). A temporary or permanent transfer from an assigned command or installation, or to a different location within an assigned command or installation, that may be requested by a Service Member who has filed an Unrestricted Report of sexual assault. A Service member initiates the transfer request and submits the request to their commander. A presumption exists in favor of transferring a Service Member who initiated the transfer request following a credible report of a sexual assault. The commander must approve or disapprove a Service Member's request for a permanent change of station, permanent change of assignment, or unit transfer within 72 hours of receipt of the Service Member's request, per enclosure (7). A commander may also consider potential transfer of the subject instead of the Service Member requesting the transfer.

22. Family Advocacy Program (reference (b)). 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, military, and civilian law enforcement agencies. Prevention, advocacy, and intervention services are provided to individuals who are eligible for treatment in a MTF.

23. Favorably Complete (reference (c)). Completing the investigation process without any issues that would cause a background investigation to be disapproved after the adjudication process.

24. Federal Investigative Standards (reference (c)). Requirements for conducting background investigations to determine eligibility for logical and physical access, suitability for U.S. Government employment, eligibility for access to classified information, or to hold a sensitive position, and fitness to perform work for or on behalf of the U.S. Government as a contractor employee. Standards can be found at: www.opm.gov/investigations/background-investigations/federal-investigations-notice.

25. Final Disposition (reference (b)). 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, non-judicial punishment or administrative

actions, including separation actions taken in response to the offense, whichever is the most serious action taken.

26. Gender-responsive Care (reference (a)). Care that acknowledges and is sensitive to gender differences and gender-specific issues.

27. Healthcare (reference (a)). Medical (physical) and mental healthcare.

28. Healthcare Personnel (reference (b)). Persons assisting or otherwise supporting healthcare providers in providing healthcare services (e.g., administrative personnel assigned to an MTF). Includes all healthcare providers.

29. Healthcare Provider (reference (b)). Those individuals who are employed or assigned as healthcare professionals, or are credentialed to provide healthcare services at an 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:

a. Licensed physicians practicing in the Military Healthcare System (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;

b. 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;

c. 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;

d. 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;

e. 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.

30. High-Risk Response Team (HRRT) (reference (e)). A multi-disciplinary team established by the CMG chair to continually monitor a victim's safety by assessing danger and developing a plan to manage the situation in cases where a victim is assessed to be in a high-risk situation. The HRRT is chaired by the victim's commander and, at a minimum, includes the subject's commander, the victim's SARC and SAPR VA, a representative from the MCIO, the cognizant SJA, the Victim and Witness Assistance Program (VWAP) personnel assigned to the case, the victim's healthcare provider or mental health, counseling services provider, and the personnel who conducted the safety assessment. The HRRT makes its first report to the installation commander, CMG chair and CMG co-chair within 24 hours of being activated. Briefings occur at least once a week while the victim is on high-risk status.

31. Hospital Facilities (Level 3) (reference (b)). 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.

32. Independent Investigation (reference (e)). A criminal investigation initiated by MCIOs, not initiated through an Unrestricted Report made to a SARC or SAPR VA and the SARC or SAPR VA filling out a "Victim Reporting Preference Statement" (DD Form 2910).

33. Intimate Partner (reference (1)). A person with whom the victim shares a child in common or with whom the victim shares or has shared a common domicile.

34. Installation (reference (b)). A base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of DoD, 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 DoD, per reference (o).

35. Installation Commander (reference (b)). Commander of a base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of DoD, 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 DoD.

36. Law Enforcement (reference (b)). Includes all DoD law enforcement units, security forces, and MCIOs.

37. Medical Care (reference (b)). Includes physical and psychological medical services.

38. Military Criminal Investigations Organizations (reference (b)). The U.S. Army Criminal Investigation Command, Naval Criminal Investigative Service and Air Force Office of Special Investigations.

39. Military OneSource (reference (b)). 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.

40. Military Services (reference (b)). The term, as used in the SAPR Program, includes Army, Air Force, Navy, Marines, Reserve Components, and their respective Military Academies.

41. National Law Enforcement Telecommunications System (NLETS) (reference (c)). The interstate justice and public safety network in the nation for the exchange of law enforcement, criminal justice, and public safety-related information. NLETS links and supports every State, local and federal law enforcement, justice, and public safety agency to share and exchange critical information.

42. Non-Personally Identifiable Information (reference (a)). Non-PII includes those facts and circumstances surrounding the sexual assault incident or that information about the individual that enables the identity of the individual to remain anonymous. In contrast, PII is information belonging to the victim and alleged assailant of a sexual assault that would disclose or have a tendency to disclose the person's identity.

43. Non-participating victim (reference (b)). Victim choosing not to participate in the military justice system.

44. Official Investigative Process (reference (a)). The formal process a law enforcement organization uses to gather evidence and examine the circumstances surrounding a report of sexual assault.

45. Open with Limited Information (reference (b)). 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.

46. Personally Identifiable Information (reference (a)). Includes the person's name, other particularly identifying descriptions (e.g., physical characteristics or identity by position, rank or organization) or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g., a female in a particular squadron or barracks when there is only one female assigned).

47. Public Trust Position (reference (c)). Positions that involve the following duties or responsibilities: policy making, major program responsibility, public safety and health, law enforcement duties, fiduciary responsibilities, other activities demanding a significant degree of public trust. Public trust positions are either high or moderate risk level and involve access to, operation, or control of proprietary systems of information, such as financial or personal records, with a significant risk for causing damage to people, a program, or an agency, or for realizing personal gain.

48. Qualifying Conviction (reference (b)). A State or Federal conviction, or a finding of guilty in a juvenile adjudication, for a felony crime of sexual assault and any general or special court-martial conviction for a UCMJ offense, which otherwise meets the elements of a crime of sexual assault, even though not classified as a felony or misdemeanor within the UCMJ. In addition, any offense that requires registration as a sex offender is a qualifying conviction.

49. Recovery-oriented Care (reference (a)). 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.

50. Responders (reference (b)). 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 include judge advocates, chaplains and commanders, but they are usually not first responders.

51. Respond, Response or Response Capability (reference (b)). All locations, including deployed areas, shall have a 24 hour, seven 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 are geographically detached from a military installation, the SARC or SAPR VA will refer to local civilian providers or the DoD Safe Helpline for resources.

52. Restricted Reporting (reference (b)). 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), SARC or SAPR VAs shall 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.

53. Re-Victimization (reference (b)). 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.

54. Safe Helpline (reference (b)). A crisis support service for members of the DoD community affected by sexual assault. The DoD Safe Helpline:

a. Is available 24/7 worldwide with "click, call or text" user options for anonymous and confidential support;

b. Can be accessed by logging on to <http://www.safehelpline.org> or by calling 1-877-995-5247 and through the Safe Helpline mobile application;

c. Is to be utilized as the sole DoD hotline;

d. Does not replace local base and installation SARC or SAPR VA contact information.

55. Safety Assessment (reference (b)). 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.

56. Secondary Victimization (reference (b)). 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.

57. Senior Commander (reference (a)). An officer, usually in the grade of O-6 or higher, who is the commander of a military installation or comparable unit and has been designated by the Military Service concerned to oversee the SAPR Program.

58. Service Member (reference (a)). An active duty member of a Military Service. In addition, National Guard and Reserve Component Members who are sexually assaulted when performing active service, as defined in section 101(d)(3) of reference (i), and inactive duty training.

59. Sexual Assault (reference (b)). 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.

60. SAFE Kit (reference (a)). The medical and forensic examination of a sexual assault victim under circumstances and controlled procedures to ensure the physical examination process and the collection, handling, analysis, testing, and safekeeping of any bodily specimens and evidence meet the requirements necessary for use as evidence in criminal proceedings. The victim's SAFE Kit is treated as a confidential communication when conducted as part of a Restricted Report.

61. SAPR Integrated Product Team (IPT) (reference (b)). A team of individuals that advises the Under Secretary of Defense (Personnel and Readiness) (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 DoD SAPR Program. It coordinates policy and reviews the DoD's SAPR policies and programs consistent with references (a) and (b) and monitors the progress of program elements. The SAPR IPT is chaired by the Director, DoD SAPRO.

62. DoD SAPRO (reference (a)). Serves as the DoD's single point of authority, accountability and oversight for the SAPR program, except for legal processes and criminal investigative matters that are the responsibility of the Judge Advocates General of the Military Departments and the Inspector General (IG), respectively.

63. SAPR Program (reference (a)). A DoD program for the Military Departments and the DoD Components that establishes SAPR policies to be implemented worldwide. The program objective is an environment and military community intolerant of sexual assault.

64. SAPR Services (reference (b)). Services provided by a SARC and SAPR VA.

65. SAPR Victims' Advocate (reference (a)). A person who, as a victim advocate, shall provide non-clinical crisis intervention, referral and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims. The SAPR VA, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy

duties. Personnel who are interested in serving as a SAPR VA are encouraged to volunteer for this duty assignment.

66. Sexual Assault Response Coordinator (SARC) (reference (a)). The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention and response training, coordinates medical treatment, including emergency care for victims of sexual assault, and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution.

67. Special Victims' Counsel (SVC) (reference (b)). Attorneys who are assigned to provide legal assistance and representation in accordance with section 1044e of reference (i), 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 Victims' Legal Counsel (VLC).

68. Special Victim Investigation and Prosecution (SVIP) Capability (reference (b)). Per reference (j), 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:

a. 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);

b. Provide support for the victims of such offenses.

69. Subject (reference (e)). The alleged offender in a criminal investigation.

70. Tier 2 Background Investigation (reference (c)). Tier 2 Moderate Risk, Public Trust is one of five tiers listed in the Federal Investigative Standards. Designation of Tier 2 requires applicants to complete a Standard Form 85P, "Questionnaire for Public Trust Positions."

71. Trauma Informed Care (reference (b)). 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.

72. Unrestricted Reporting (reference (a)). A process that an individual covered by this policy uses to disclose, without requesting confidentiality or Restricted Reporting, that he or she is the victim of a sexual assault. Under these circumstances, the victim's report provided to healthcare personnel, the SARC, a SAPR VA, command authorities or other persons is reported to law enforcement and may be used to initiate the official investigative process.

73. Victim (reference (a)). A person who asserts direct physical, emotional, or pecuniary harm as a result of the commission of a sexual assault. The term encompasses all persons 18 and over eligible to receive treatment in MTFs, however, the Restricted Reporting option applies to Service Members and their military dependents 18 years of age and older. For additional persons who may be entitled to Restricted Reporting, see eligibility criteria under "Applicability" in this instruction.

74. Victim and Witness Assistance Program (VWAP) (reference (b)). Provides guidance, per reference (p) 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.

75. Victims' Legal Counsel (VLC) (reference (b)). Attorneys who are assigned to provide legal assistance and representation, per section 1044e of reference (i) 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.

RESPONSIBILITIES

1. Director, Department of the Navy Sexual Assault Prevention and Response Office shall:

a. Department Representation. Serve as the DON representative to the DoD SAPR IPT. Provide chairs or co-chairs for Working Integrated Product Teams and representatives to DoD-SAPRO oversight teams when requested;

b. Maintain Oversight. Conduct site visits and other activity involving Navy and Marine Corps locations world-wide to maintain Secretariat visibility and oversight of service-level SAPR programs and activities;

c. Victim Support and Sexual Assault Prevention Assessments. In coordination with service representatives, engage in special efforts to assess the performance and effectiveness of victim support processes and sexual assault prevention strategies;

d. Training Initiatives. In coordination with service representatives, engage in special efforts to develop new training tools suitable for subsequent Service utilization.

2. Chief of Naval Operations and Commandant of the Marine Corps (CMC) shall establish Military Service SAPR policy and procedures to implement this instruction in accordance with the following:

a. Leadership Message. Issue service-wide policy statements and utilize other available mechanisms to visibly promote a consistent top-down leadership message of respect for all individuals, intolerance for sexual assault and support for sexual assault victims;

b. Guidance for Commanders

(1) Require commanders to ensure that healthcare (including emergency care) and SAPR services are provided to victims of sexual assaults in a timely manner unless declined by the victim;

(2) Establish policy that ensures commanders are accountable for implementing and executing the SAPR program at their installations consistent with this instruction, reference (a), and their Service regulations;

(3) Establish SAPR policy that requires commanders to be responsive to a victim's desire to discuss his or her case with the installation commander tasked by the military service with oversight responsibility for the SAPR program, per reference (a);

(4) Establish standards for command assessment of organizational SAPR climate, including periodic follow-up assessments. Per section 572 of reference (q), these standards will require that commanders conduct such climate assessments within 120 days of assuming command and annually thereafter;

(5) As a shared responsibility with the Chief, Bureau of Medicine and Surgery (CHBUMED), direct installation commanders to maintain an adequate supply of SAFE Kits in all locations where SAFEs are conducted, including deployed locations. Direct that Military Service SAPR personnel, to include medical personnel, are appropriately trained on protocols for the use of the SAFE Kit and comply with prescribed chain of custody procedures described in their location-specific MCIO procedures;

(6) To the maximum extent possible, coordinate with CHBUMED to offer rapid access in remote or isolated environments to SAFE performed locally or nearby by trained and certified healthcare providers, to include environments which may lack some aspects of the overall SAPR support team of legal, medical, mental health, laboratory testing, chaplain and Naval Criminal Investigative Service (NCIS) services. Ensure that these efforts are coordinated with the local or cognizant SJA to ensure that jurisdictional issues surrounding locally performed SAFEs (especially OCONUS) are considered and appropriately handled;

(7) Reference (r), requires that the commander of each military command and other units specified by the Secretary of Defense for purposes of the policy will conduct, within 120 days after the commander assumes command and at least annually thereafter while retaining command, a climate assessment of the command or unit for purposes of preventing and responding to sexual assaults;

(a) The climate assessment will include an opportunity for Service Members to express their opinions regarding the manner and extent to which their leaders, including commanders, respond to allegations of sexual assault and complaints of sexual harassment and the effectiveness of such response;

(b) The compliance of commanding officers in conducting organizational climate assessments, per section 572 of reference (q) as most recently amended by section 1721 of reference(s) must be verified and tracked.

(8) Require that if a complaint of a sex-related offense is made against a Service Member and he or she is convicted by court-martial or receives non-judicial punishment or punitive administrative action for that offense, a notation to that effect will be placed in the Service Member's personnel service record, regardless of his or her grade.

(a) A notation may NOT be placed in the restricted section of the Service Member's personnel service record;

(b) "Sex-related offenses" include a violation of Articles 120, 120a, 120b, 120c or 125 of the Uniform Code of Military Justice (UCMJ) (sections 920, 920a, 920b, 920c, or 925 of reference (i)) or an attempt to commit these offenses punishable under Article 80 of the UCMJ (section 880 of reference (i));

(c) The commanding officer of a facility, installation, or unit to which a Service Member is permanently assigned or transferred will review the history of sex-related offenses as documented in the Service Member's personnel service record. The purpose of this review is for commanders to familiarize themselves with such history of the Service Member;

(d) The notation and review requirement should not limit or prohibit a Service Member's capacity to challenge or appeal the placement of a notation or location of placement of a notation in his or her personnel service record in accordance with otherwise applicable service procedures.

(9) Per the requirements of section 1743 of reference (f), require the designated commander to submit a written

incident report no later than eight days after, whichever happens first:

(a) An Unrestricted Report of sexual assault has been made to a SARC or SAPR VA through a "Victim Reporting Preference Statement" (DD Form 2910); or

(b) An independent investigation has been initiated by an MCIO.

(10) Require commanders to direct SARCs to provide information on incidents of sexual assault for inclusion in the Commander's Critical Information Requirements (CCIR) report. CCIR reportable incidents are those meeting criteria as determined by the Secretary of Defense.

(11) Provide commanders with procedures that:

(a) Establish guidance for when a Military Protective Order (MPO) has been issued, that the Service Member who is protected by the order is informed in a timely manner of the member's option to request transfer from the command to which that member is assigned, per section 567(c) of reference (t);

(b) Ensure that the appropriate civilian authorities shall be notified of the issuance of an MPO and of the individuals involved in the order when an MPO has been issued against a Service Member or when any individual addressed in the MPO does not reside on a military installation at any time when an MPO is in effect. 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 (see section 561 of reference (u)). The issuing commander also shall notify the appropriate civilian authorities of any change made in a protective order covered by chapter 80 of reference (i) and the termination of the protective order;

(c) Ensure that the person seeking the MPO shall be advised that the MPO is not enforceable by civilian authorities off base and that victims desiring protection off base are advised to seek a civilian protective order (see section 561 of reference (u) and section 567 of reference (t)).

c. SAPR Program Operation

(1) Utilize the terms "Sexual Assault Response Coordinator" (SARC) and "SAPR Victim Advocate" (VA), as defined in enclosure (2) of this instruction as standard terms to facilitate communications and transparency regarding sexual assault response capacity;

(2) Establish and publicize policies and procedures regarding the availability of a SARC.

(a) Require that sexual assault victims receive appropriate and responsive care and that the SARC serves as the single point of contact for coordinating care for victims;

(b) Direct that the SARC or a SAPR VA be immediately called in every report of a sexual assault on a military installation. There will be situations where a sexual assault victim receives medical care and a SAFE outside of a military installation through a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with a local private or public sector entity. In these cases, the MOU or MOA will require that a SARC be notified as part of the MOU or MOA;

(c) When a victim has a temporary change of station or Permanent Change of Station (PCS) or is deployed, direct that SARCs immediately request victim consent to transfer case management documents. Require the SARC to document the consent to transfer in the DD Form 2910. Upon receipt of victim consent, SARCs shall expeditiously transfer case management documents to ensure continuity of care and SAPR services. All Federal, DoD, and Service privacy regulations must be strictly adhered to. However, when the SARC has a temporary change of station or permanent change of station or is deployed, no victim consent is required to transfer the case to the next SARC. Every effort must be made to inform the victim of the case transfer. If the SARC has already closed the case and terminated victim contact, no other action is needed. See enclosure (7) for Expedited Transfer protocols and commander notification procedures;

(d) Require the assignment of at least one full-time SARC and one full-time SAPR VA to each brigade or equivalent unit, per section 584 of reference (j). Additional full-time or

part-time SARC and SAPR VAs may be assigned as necessary based on the demographics or needs of the unit, per reference (j). Only Service Members or DoD civilians will serve as SARCs and SAPR VAs, per section 584 of reference (j);

(e) Sexual assault victims shall be offered the assistance of a SARC and/or SAPR VA who has been credentialed by the D-SAACP. D-SAACP certification requirements are contained in the "Department of D-SAACP Application Packet for New Applicants" (DD-Form 2950) along with reference (c) and enclosure (15) of this instruction;

(f) Issue guidance to ensure that equivalent standards are met for SAPR where SARCs are not installation-based, but instead work within operational and/or deployable organizations.

(3) For Case Management Groups:

(a) Require the installation commander or the deputy installation commander chair the multi-disciplinary CMG (see enclosure (11) of this instruction) on a monthly basis to review individual cases of Unrestricted Reporting of sexual assault, facilitate monthly victim updates, direct system coordination, accountability, and victim access to quality services. This responsibility will not be delegated;

(b) Require that the installation SARC (in the case of multiple SARCs on an installation, then the Lead SARC) serve as the co-chair of the CMG. This responsibility will not be delegated;

(c) If the installation is a joint base or if the installation has tenant commands, the commander of the tenant organization and their designated Lead SARC shall be invited to the CMG meetings when a Service Member in his or her unit or area of responsibility is the victim of a sexual assault. 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;

(d) The military services 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.

(4) Establish document retention procedures for Unrestricted and Restricted Reports of sexual assault in accordance with DON policy (see paragraph u. of enclosure (4));

(5) Establish and publicize policies and procedures for reporting a sexual assault that will clearly explain both reporting options and who can receive Restricted Reports. Mandate the posting and wide dissemination of information about resources available to report and respond to sexual assaults, including the establishment of hotline phone numbers and Internet websites available to all members of the military services;

(6) Require timely access to a SARC or SAPR VA by any member of the Reserve Component, per the applicability of this instruction (see paragraph 4a(2) of this instruction);

(7) Establish procedures to implement minimum standards for the qualifications necessary to be selected, trained and certified for assignment as a SAPR Program Manager, per reference (d) and enclosure (16) of this instruction;

(8) For the purposes of installation CMGs, in circumstances where the victim is assigned to a local military organization with its own Unit Identification Code and designated Officer In Charge (OIC), that is geographically separated from a parent command elsewhere, the designated OIC shall serve as the victim's commander at the CMG. The parent command must designate the OIC in writing as authorized to attend local CMGs. This designation may be done on a general basis, as opposed to a case-by-case basis. This responsibility may not be further delegated;

(9) For the purposes of SAPR case management, military service Chiefs may consider large deployable units as the equivalent of "installations." In these circumstances, the Commanding Officer of that deployable unit shall be responsible for all case management responsibilities assigned throughout this instruction to "installation commanders." The military services must designate these commanding officers as such in writing.

d. SARCs and SAPR VAs

(1) Require all SARCs and SAPR VAs meet the D-SAACP certification requirements;

(2) Require all SARCs and SAPR VAs meet the D-SAACP continuing education training requirements;

(3) Suspend, revoke, or reinstate certification of SARCs and SAPR VAs, per the D-SAACP suspension, revocation and reinstatement guidelines in enclosure (15) of this instruction;

(4) Develop and distribute, consistent with law, regulations or instructions that require SARCs and SAPR VAs to self-report civilian arrests or filing of criminal charges or if convicted of any criminal offense to the appropriate officials as provided for in Service-specific regulations;

(5) Notify all civilian and military SARCs and SAPR VAs that they will be re-evaluated every three years (through the Federal Bureau of Investigation Name Check, Joint Personnel Adjudication System, National Crime Information Center, Defense Central Index of Investigations, and Nlets queries) through the designated automation system upon implementation.

e. First Responders. Require first responders (see enclosure (2)) to be identified upon their assignment and trained and require that their response times be continually monitored by their commanders to ensure timely response to reports of sexual assault. The response for MCIOs is governed by reference (v). See enclosure (12) of this instruction for training requirements. Ensure established response time is based on local conditions, but reflects that sexual assault victims will be treated as emergency cases.

f. Victim Assistance

(1) Establish guidance to direct that all Unrestricted Reports of violations (to include attempts) of sexual assault and non-consensual sodomy as defined in reference (i), against adults are immediately reported to NCIS or the local MCIO.

(a) A unit commander who receives an Unrestricted Report of an incident of sexual assault shall immediately refer

the matter to the appropriate MCIO. A unit commander shall not conduct internal, command-directed investigations on sexual assault allegations (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;

(b) Commander(s) of the Service Member(s) who is a subject of a sexual assault allegation shall, as soon as possible, provide in writing all disposition data, to include any administrative or judicial action taken, if any, stemming from the sexual assault investigation to NCIS or the local MCIO;

(c) Once the investigation is completed, MCIOs shall submit case disposition data that satisfies the reporting requirements for DSAID identified in enclosure (13) and the annual reporting requirements in enclosure (16) of this instruction.

(2) Establish procedures that require, upon seeking assistance from a SARC, SAPR VA, MCIO, the VWAP, or trial counsel, that each Service Member who reports that he or she has been a victim of a sexual assault be informed of and given the opportunity to:

(a) Consult with SVC/VLC, legal assistance counsel, and in cases where the victim may have been involved in collateral misconduct (see enclosure (2)), to consult with defense counsel;

1. When the alleged perpetrator is the commander or in the victim's chain of command, such victims shall be informed of the opportunity to go outside the chain of command to report the offense to other commanding officers or an IG. Victims shall be informed that they can also seek assistance from the DoD Safe Helpline (see enclosure (2));

2. The victim shall be informed that legal services are optional and may be declined, in whole or in part, at any time;

3. Commanders shall require that information and services concerning the investigation and prosecution be provided to victims, per VWAP procedures in reference (p).

(b) Have a SARC or SAPR VA present when law enforcement or trial counsel interviews the victim;

(c) Have a SARC or SAPR VA, counsel for the government, or SVC or VLC present when defense counsel interviews the victim, per Article 46 of the UCMJ (section 846 of reference (i)).

(3) Require that a completed "Initial Information for Victims and Witnesses of Crime" (DD Form 2701) be distributed to the victim as required in reference (p);

(4) Require SARCs and SAPR VAs to advise victims who reported a sexual assault or sought mental health treatment for sexual assault of the opportunity to communicate with a General/Flag Officer (GO/FO) regarding issues related to their military career that the victim believes are associated with the sexual assault;

(5) Establish Military Service-specific guidance to ensure collateral misconduct is addressed in a manner that is consistent and appropriate to the circumstances and at a time that encourages continued victim cooperation;

(6) Establish Expedited Transfer procedures for victims of sexual assault, per DON policy (see paragraph n. of enclosure (4)) and enclosure (7) of this instruction;

(7) Require the SARCs and SAPR VAs to collaborate with designated Special Victims Investigation and Prosecution (SVIP) Capability personnel during all stages of the investigative and military justice process, per reference (v) to ensure an integrated capability to the greatest extent possible, per reference (w);

(8) Provide notice to a Service Member whenever he or she is required to complete a "Questionnaire for National Security Positions" (Standard Form (SF) 86) in connection with an application, investigation or reinvestigation for a security clearance, that it is DoD policy to answer "no" to question 21 of SF 86 with respect to consultation with a health care professional if:

(a) The individual is a victim of a sexual assault;
and

(b) The consultation occurred with respect to an emotional or mental health condition strictly in relation to the sexual assault.

(9) Require the installation SARC and the installation FAP staff to coordinate when a sexual assault occurs as a result of domestic abuse, domestic violence or involves child abuse, to ensure the victim is directed to FAP.

g. Retaliation

(1) Establish procedures to protect Service Member victims of sexual assault and/or their dependents from retaliation, ostracism, maltreatment and reprisal, per section 1709 of reference (f), reference (x), and Service regulations. Require the SARC or SAPR VA to inform victims of the resources listed in enclosure (6) of this instruction to report instances of retaliation, reprisal, ostracism or maltreatment to request a transfer or MPO;

(2) Establish procedures to require commanders to protect the SARC and SAPR VA from retaliation, reprisal, ostracism, or maltreatment related to the execution of their duties and responsibilities;

(3) Establish procedures to require commanders to protect witnesses and bystanders who intervene to prevent sexual assaults or who report sexual assaults from retaliation, reprisal, ostracism or maltreatment, per section 1709 of reference (f);

(4) Mandate a general education campaign to notify members of the military services of the authorities available, per chapter 79 of reference (i) for the correction of military records when a member experiences any retaliatory personnel action for making a report of sexual assault or sexual harassment;

(5) Establish a confidential process, utilizing boards for the correction of military records of the DON by which a sexual assault victim during service in the military may

challenge the terms or the characterization of the discharge or separation on the grounds that the terms or characterization were adversely affected by being a sexual assault victim, per section 547 of reference(s).

h. DoD Safe Helpline. Establish procedures for supporting the DoD Safe Helpline, per reference (y), which provides guidance for the referral database, providing a timely response to victim feedback and publicizing the DoD Safe Helpline to SARCs, SAPR VAs, Service Members, and to persons at military correctional facilities.

(1) Utilize the DoD Safe Helpline as the sole DoD hotline to provide crisis intervention, facilitate victim reporting through connection to the nearest SARC and other resources as warranted;

(2) The DoD Safe Helpline does not replace local base and installation SARC or SAPR VA contact information.

i. SAPR Training

(1) Establish guidance to meet the SAPR training requirements for legal, NCIS, DON law enforcement, responders, and other Service Members in enclosure (12) of this instruction;

(2) Upon request, submit a copy of SAPR training programs or SAPR training elements to the Under Secretary of Defense (Personnel and Readiness) (USD(P&R)) through DON-SAPRO for evaluation of consistency and compliance with DoD SAPR training standards in this instruction and current SAPR core competencies and learning objectives. The military services will correct USD(P&R) identified DoD SAPR policy and training standards discrepancies;

(3) Require specialized training for all supervisors (officer, enlisted, civilian) down to the most junior supervisor that explains:

(a) That all supervisors 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

from retaliation, reprisal, coercion, ostracism, and maltreatment in Unrestricted Reports;

(b) What constitutes retaliation, reprisal, ostracism and maltreatment, per service regulations and Military Whistleblower Protections and procedures for reporting allegations of reprisal, per reference (x);

(c) The resources available for victims (listed in enclosure (6) of this instruction) to report instances of retaliation, reprisal, ostracism, maltreatment or sexual harassment or to request a transfer or MPO;

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

(4) Establish procedures to implement SAPR training, per enclosure (12) of this instruction, to include explaining the eligibility for SVC or VLC for individuals making Restricted and Unrestricted Reports of sexual assault and the types of legal assistance authorized to be provided to the sexual assault victim, per section 1565b and 1004e of reference (i). Explain that the nature of the relationship between a SVC or VLC and a victim in the provision of legal advice and assistance will be the relationship between an attorney and client, per section 1044e of reference (i). Training should be provided by subject matter experts on the topics outlined in enclosure (12);

(5) Provide SAPR training and education for civilian employees of the military departments, per section 585 of reference (j);

(6) Require that the United States Naval Academy (USNA) include in their curricula substantive course work that addresses honor, respect, character development, leadership and accountability as they pertain to the issue of preventing sexual assault in the military services and providing the appropriate response to sexual assault when it occurs.

(a) In addition to the substantive coursework in academy curricula, training will be provided within 14 days

after the initial arrival of a new cadet or midshipman at the USNA and repeated annually thereafter. Training will be conducted in the manner described in enclosure (12) of this instruction using adult learning methods;

(b) Such training will include, at a minimum, a brief history of the problem of sexual assault in the Military Services, a definition of sexual assault, information relating to reporting a sexual assault, victims' rights and dismissal and dishonorable discharge for offenders.

(7) Ensure that the provisions of title 17 of reference (f) apply to the USNA as required by section 552 of reference (s).

j. Coordinating Functions

(1) Coordinate all military service SAPR Policy changes with DON-SAPRO. In addition, liaison with DON-SAPRO in order to coordinate new training products. All new SAPR training products shall be reviewed by DON-SAPRO before their implementation;

(2) Appoint a representative to the SAPR IPT, per enclosure (3) of this instruction and provide chairs or co-chairs for working groups when requested. Appoint a representative to SAPRO oversight teams upon request;

(3) Provide quarterly and annual reports of sexual assault involving Service Members via DON-SAPRO to be consolidated into the annual Secretary of Defense report to Congress, per reference (a) and section 1631(d) of reference (t). See enclosure (14) of this instruction for reporting requirements;

(4) Support victim participation in semi-annual Survivor Meetings with the Director of DoD SAPRO;

(5) Support victim participation in the Survivor Experience Survey referred to in enclosure (14) of this instruction, conducted by the DoD Office of People Analytics (OPA);

(6) Provide budget program and obligation data via DON-SAPRO, as requested by the DoD SAPRO;

(7) Submit required data to DSAID. Require confirmation that a multi-disciplinary CMG tracks each open Unrestricted Report, is chaired by the installation commander (or the deputy installation commander) and that CMG meetings are held monthly for reviewing all Unrestricted Reports of sexual assaults;

(8) Provide data connectivity, or other means, to authorized users to ensure all sexual assaults reported in theater and other joint environments are incorporated into the DSAID or authorized interfacing systems for the documentation of reports of sexual assault, as required by section 563 of reference (u);

(9) Ensure that service data systems used to report case-level sexual assault information into the DSAID are compliant with DoD data reporting requirements, pursuant to section 563 of reference (u);

(10) Require that reports of sexual assault be entered into DSAID through MCIO case management systems or by direct data entry by SARCs and legal officers. Establish procedures to regularly review and assure the quality of data entered into DSAID.

(a) Data systems that interface with DSAID shall be modified and maintained to accurately provide information to DSAID;

(b) Only SARCs who are credentialed (and maintain that credential) through D-SAACP and legal officers appointed by their Military Service shall be permitted access to enter sexual assault reports and case outcome data into DSAID.

(11) Provide Director, DoD SAPRO, via DON-SAPRO, a written description of any sexual assault related research projects contemporaneous with commencing the actual research. When requested, provide periodic updates on results and insights. Upon conclusion of such research, a summary of the findings will be provided to DoD SAPRO as soon as practicable;

(12) Require that reports of sexual assaults are provided to the Commanders of the Combatant Commands for their respective area of responsibility on a quarterly basis or as requested;

(13) Individuals assigned at local commands to systematically collect and organize PII and other case-specific information from SARCs, SAPR-Vas, or sexual assault victims shall be trained and certified in D-SAACP as a SAPR-VA before engaging in such activity.

k. Prevention Strategies. Develop and annually update Service-level sexual assault prevention strategies that address the needs of different demographic groups and leadership levels and that describe mechanisms to assess progress or lack thereof in reducing the true frequency of sexual assault. The first version shall be submitted to DON-SAPRO for review within 180 days of the effective date of this instruction with subsequent updates submitted annually thereafter by September 30.

3. Chief, Bureau of Medicine and Surgery shall:

a. Timely Medical Care

(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.

b. Comprehensive Medical Care

(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 MHS;

(2) Evaluate and implement, to the extent feasible, processes linking the medical management of the sexually assaulted patient to the primary care manager.

c. Training. Establish standards and periodic training for healthcare personnel and healthcare providers regarding the Unrestricted and Restricted Reporting options of sexual assault, per enclosure (12) of this instruction. Enforce eligibility standards for healthcare providers to perform SAFEs;

d. Data Reporting. Collect all data according to DoD annual reporting requirements, as explained in enclosure (14), and submit all data in coordination with Service inputs from the Navy and Marine Corps;

e. Victim Care Protocols. Ensure that all MTFs, along with deployable Navy and Marine Corps units with organic medical departments, have written gender-specific protocols for the management of sexual assault victims. At a minimum, protocols shall address all requirements for healthcare providers in enclosure (9) and applicable requirements for SAFE Kits in enclosure (12). All MTF protocols shall also address local procedures for providing access to SAFEs and each MTF shall assign a healthcare provider as the primary point of contact concerning DoD, DON and Military Service SAPR policy and for updates in sexual assault victim care;

f. Sexual Assault Forensic Exams. Ensure the implementation of ongoing training for healthcare personnel sufficient to maintain a broad-based capability to collect and preserve SAFE Kits. With few exceptions, every Sailor and Marine world-wide should have access within 24 hours to a SAFE performed by a trained and certified healthcare provider.

(1) At a minimum, all MTFs with an emergency department that operates 24 hours per day shall maintain an on-site capability to initiate SAFEs, along with SAFE Kit collection and preservation, within one hour of the procedure being requested by a credentialed healthcare provider or designated law enforcement official, as appropriate. In addition, protocols shall be developed and training instituted to ensure that chain-of-custody is maintained for SAFE Kits collected by any DON healthcare personnel;

(2) In circumstances where an MTF with a 24/7 Emergency Room is located in a civilian jurisdiction with an established network for conducting SAFE Kit collection, per reference (n) and the MTF has assessed the standard of victim care in the established network and concluded an MOU or MOA, per enclosure (9), then the MTF may satisfy the above requirement by actively facilitating or providing victim transportation to the civilian network facility to ensure the victim arrives there within one hour of initial arrival at the MTF. The MTF shall also actively coordinate any appropriate follow-up medical care at the MTF itself;

(3) To the maximum extent possible, coordinate with regional and operational commanders to offer rapid access in remote or isolated environments to SAFE performed locally or nearby by trained and certified healthcare providers, to include environments which may lack some aspects of the overall SAPR support team of legal, medical, mental health, laboratory testing, chaplain, and NCIS services;

(4) 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;

(5) In cases of MTFs that do not have an emergency department that operates 24 hours per day, require that a sexual assault medical forensic examiner be made available to a patient of the facility through an MOU or MOA with local private or public sector entities and consistent with reference (n) when a determination is made regarding the patient's need for the services of a sexual assault medical forensic examiner. The MOU or MOA will require that SARCs or SAPR VAs are contacted and that SAFE Kits are collected and preserved, per enclosure (8) of this instruction;

(6) When drafting MOUs or MOAs with local civilian medical facilities to provide DoD-reimbursable healthcare (to include psychological care) and forensic examinations for Service Members and TRICARE eligible sexual assault victims, require commanders to include the following provisions:

(a) Notify the SARC or SAPR VA;

(b) Local private or public sector providers shall have processes and procedures in place to assess that local community standards meet or exceed those set forth in reference (n) as a condition of the MOUs or MOAs.

g. Coordinating Office. Identify a primary office to represent Navy Medicine in coordination of issues pertaining to the medical management of sexual assault victims.

4. Director, Naval Criminal Investigative Service shall:

a. Training. Ensure that all NCIS military and civilian personnel receive SAPR training, per enclosure (12);

b. SAPR Program Coordination. Direct that NCIS units communicate with their servicing SARC and participate with the multi-disciplinary CMG;

c. Data Reporting

(1) Collect all data according to DoD annual reporting requirements, as explained in enclosure (14), and submit all data in coordination with Service inputs from the Navy and Marine Corps;

(2) Per section 572 of reference (q), establish a record on the disposition of any Unrestricted Report of rape, sexual assault, forcible sodomy, or an attempt to commit these offenses involving a member of the military services, whether such disposition is court-martial, non-judicial punishment or other administrative action.

(a) The record of the disposition of an Unrestricted Report of sexual assault will, as appropriate, include information regarding:

1. Documentary information (i.e., NCIS or other MCIO adult sexual assault investigative reports) collected about the incident, other than investigator case notes;

2. Punishment imposed, if any, including the sentencing by judicial or non-judicial means, including incarceration, fines, restriction, and extra duty as a result of a military court-martial, federal or local court and other

sentencing, administrative discharge or any other punishment imposed;

3. Specific charges preferred and referred to non-judicial punishment or court-martial as applicable;

4. Adverse administrative actions, if any, taken against the subject of the investigation;

5. Any pertinent referrals made for the subject of the investigation offered as a result of the incident, such as drug and alcohol counseling and other types of counseling or intervention.

(b) The disposition records will be retained for a period of not less than 20 years.

1. Documentary information (i.e., NCIS adult sexual assault investigative reports) will be retained, per reference (z);

2. Punishment imposed by non-judicial or judicial means, adverse administrative actions, any pertinent referrals made for the subject of the investigation and information from the records that satisfies the reporting requirements established in section 1631 of reference (aa) will be incorporated into DSAID.

5. Judge Advocate General of the Navy and Staff Judge Advocate to the Commandant of the Marine Corps shall:

a. Training. Ensure that all military and civilian legal services personnel receive SAPR training, per enclosure (12);

b. Data Reporting. Collect all data according to DoD annual reporting requirements, as explained in enclosure (14), and submit all data in coordination with Service inputs from the Navy and Marine Corps;

c. Victim Assistance

(1) Ensure that all members of the Navy and Marine Corps who are victims of sexual assault are informed of the

availability of legal assistance provided by a military or civilian legal assistance counsel;

(2) Unless a DD Form 2910 is filed with a SARC, a report to a military attorney may not result in the rendering of SAPR services or investigative action because of the privileges associated with speaking to these individuals. Military attorneys 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;

(3) Ensure that all members of the Navy and Marine Corps who are victims of sexual assault are informed of their rights under the VWAP and that they receive a copy of DD Form 2701. In most cases, the completed DD Form 2701 should be distributed to the victim in Unrestricted Reporting cases by DoD law enforcement agents;

(4) Establish procedures to ensure that in the case of a general or special court-martial, the trial counsel causes each qualifying 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 Rule for Courts-Martial (R.C.M.) 1103(b)(3) in reference (k). 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 (i)) or any attempt to commit such offense in violation of section 880 of reference (i), if the court-martial resulted in any finding to that specification. If the alleged victim elects to receive a copy of the record of proceedings, it shall be provided without charge and within a timeframe designated by regulations of the Military Service concerned. The victim shall be notified of the opportunity to receive the record of the proceedings, per R.C.M. 1103(g)(3)(C) in reference (k).

d. Supervise the Administration of military justice. Conduct regular reviews of military justice training, manning, processes, reporting, and accountability procedures. Identify

and disseminate best practices throughout the Navy and Marine Corps legal communities.

6. Chief of Chaplains shall:

a. Training. Ensure that all Chaplains and Religious Program Specialists (RPs) receive SAPR training, per enclosure (12);

b. Data Reporting. Collect all data according to DoD annual reporting requirements, as explained in enclosure (14), and submit all data in coordination with Service inputs from the Navy and Marine Corps;

c. Victim Assistance. Unless a DD Form 2910 is filed with a SARC, a report to a chaplain may not result in the rendering of SAPR services or investigative action because of the privileges associated with speaking to these individuals. A chaplain 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.

7. Naval Inspector General and Deputy Naval Inspector General for Marine Corps Matters shall:

a. Include specific assessments of SAPR programs in all command inspections and area assessments and ensure that subordinate inspectors general include SAPR program assessments in their own unit-level inspection programs;

b. Provide copies of all findings relevant to SAPR programs and sexual assault issues to DON SAPRO;

c. To the maximum extent possible within DON guidance, communicate with DON-SAPRO when planning SAPR-related special studies in order to avoid redundant or conflicting efforts.

8. Director, Naval Audit Service shall:

a. Accept audit proposals for consideration from DON SAPRO on SAPR-related topics outside the normal Operational Planning Board process;

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b. To the maximum extent possible within DON guidance, communicate with DON-SAPRO when planning SAPR-related audits in order to avoid redundant or conflicting efforts.

POLICY

1. It is DON policy, per references (a) and (b), that:

a. This instruction establishes and implements the DON SAPR program. Unrestricted and Restricted Reporting options are available to Service Members and their adult military dependents in accordance with this instruction;

b. The DON goal is a culture free of sexual assault, through an environment of prevention, education and training, response capability (see enclosure (2)), victim support, reporting procedures, and appropriate accountability that enhances the safety and well-being of all persons covered by this instruction.

(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 an 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 (ab).

(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 enclosure (2);

(3) Not provide policy for legal processes within the responsibility of the Judge Advocate General (JAG) of the Navy and Staff Judge Advocate (SJA) to the CMC provided in sections 801-946 of reference (i), also known and referred to in this instruction as the UCMJ; reference (ac); or for criminal investigative matters assigned to the DoD IG, the NCIS, or other cognizant MCIO;

d. Command sexual assault awareness and prevention programs and DoD law enforcement (see enclosure (2)) 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 enclosure (2) throughout the DON 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 enclosure (2)) and the immediate commander of the Service Member victim and alleged

Service Member offender for the purpose of this instruction. 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 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 enclosure (2)) 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;

l. Sexual assault victims shall be given priority and treated as emergency cases. Emergency care (see enclosure (2)) 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. A safety assessment capability shall be established for persons covered in this instruction 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 HRRT in accordance with the guidance in enclosure (17) of this instruction. This will be done even if the victim is not physically located on the installation.

(2) Victims assessed to be in a high-risk situation 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 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, per the guidance in enclosure (16) of this instruction. 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.

n. 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, per the procedures for commanders in enclosure (17) of this instruction. 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.

o. 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 one year of final disposition of his or her sexual assault case may request a GO/FO review of the circumstances of and grounds for the involuntary separation, per DoD references (ad) and (ae);

(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 Naval Records 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.

p. DON prohibits granting a waiver for commissioning or enlistment in the Navy and Marine Corps when the person has a qualifying conviction (see enclosure (2)) for a crime of sexual assault, a conviction for an attempt of a sexual assault crime, or has ever been required to be registered as a sex offender, per section 657 of reference (i).

q. 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 (reference (ad), enlisted personnel) and DoD Instruction 1332.30 (reference (ae), commissioned officers).

r. 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.

s. 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.

t. The DoD will retain the DD Form 2910 and "DoD SAFE Report" (DD Form 2911) for 50 years, regardless of whether the Service Member filed a Restricted or Unrestricted Report as defined in enclosure (2). PII will be protected, per section 552a of reference (af), also known as the Privacy Act of 1974, DoD Directive 5400.11 (reference (ag) and reference (ah)).

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

(a) The SARC will enter the Unrestricted Report DD Form 2910 in the DSAID (see enclosure (2)) 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.

(b) The DD Form 2911 shall be retained, per reference (z).

(c) If the victim had a SAFE, the SAFE Kit will be retained for five years, per reference (z) and per section 586 of reference (j) as amended by section 538 of reference (s). When the forensic examination is conducted at a civilian facility through a MOU or a MOA with the DON, 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 DON or DoD agency responsible for accepting custody of the SAFE.

(d) Personal property retained as evidence collected in association with a sexual assault investigation will be retained for a period of five 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, per section 586 of reference (j) as amended by section 538 of reference(s) and DoD regulations.

(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 time frame 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 for five years 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 DON or 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 DON or DoD agency responsible for accepting custody of the forensic kit. The five-year time frame 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.

(d) Personal property retained as evidence collected in association with a sexual assault investigation will be retained for a period of five years. In the event the report is converted to Unrestricted or an independent investigation is conducted, 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, per section 586 of reference (j) as amended by section 538 of reference (s) and DoD regulations.

u. Current or former Service Members who made a report of sexual assault may contact their respective Service SAPR headquarters office or Service or National Guard 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, per the procedures specified in the sections 552 and 552a of reference (af), also known respectively as "The Freedom of Information Act" and "The Privacy Act of 1974."

v. 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.

w. At the time of reporting, victims must be informed of the availability of legal assistance and the right to consult with a SVC/VLC, per section 1044e of reference (i).

x. Consistent with the reference (ai), sexual assaults in DoD confinement facilities involving Service Members will be governed by Part 115 of Title 28, Code of Federal Regulations (reference (aj)).

y. Individuals who perform the duties of SAPR Program Managers with direct access to victims, SARCs and SAPR VAs as described in this instruction and in reference (d), must undergo the required background investigation and complete the D-SAACP certification process, per enclosure (17). Only SARCs and SAPR VAs are identified as positions of public trust.

z. The SAIRO report provides GO/FO level commanders with oversight within 8 calendar days over the local response to an Unrestricted Report or an independent investigation (see enclosure (2)) of sexual assault to assure victim care, visibility and transparency to senior leaders and system accountability.

(1) A SAIRO report is required when the assigned immediate commander receives notification of an Unrestricted

Report from a SARC or notification of an independent investigation from NCIS or another MCIO.

(2) The SAIRO report will be prepared and submitted by the assigned immediate commander (see enclosure 14) with input from the SARC and the MCIO. The SARC will be solely responsible for providing all victim information required by the SAIRO report to the commander.

(3) The MCIO must be immediately contacted, per reference (z).

(4) The victim must be offered healthcare (medical and mental health), victim advocacy and a SVC/VLC. If requested by the victim, healthcare and advocacy must be provided as authorized.

(5) For the purposes of the SAIRO report, to avoid the unintended consequence of victims being reluctant to report because they do not want the first GO/FO and the O-6 in their chain to identify them as a sexual assault victim, the SAIRO report will not include victim PII, victim photographs or additional incident information that could reasonably lead to personal identification of the victim or the subject for both Unrestricted Reports and independent investigations.

(6) Information regarding the SAIRO report will only be released to personnel with an official need to know, per section 522a of reference (af), also known as the Privacy Act of 1974 or as authorized by law.

(7) In the first eight calendar days of an Unrestricted Report (information provided by the SARC) or an independent investigation (information provided by the MCIO), some information may not be available to complete the SAIRO report. There is no follow-up report required. The SAIRO report is a one-time reporting requirement.

RECORDS MANAGEMENT / FORMS AND REPORTS

1. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned according to the records disposition schedules found on the Directives and Records Management Division (DRMD) portal page:

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/SitePages/Home.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local Records Manager or the DRMD program office.

2. Forms and Reports

a. Forms

(1) "Victim Reporting Preference Statement" (DD Form 2910), available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2910.pdf.

(2) "DoD Sexual Assault Forensic Examination Report" (DD Form 2911) and associated instructions, available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2911.pdf.

(3) "Department of Defense Sexual Assault Advocate Certification Program Application Packet for New Applicants" (DD Form 2950), available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2950.pdf.

(4) "Initial Information for Victims and Witnesses of Crime" (DD Form 2701), available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2701.pdf.

(5) "Questionnaire for National Security Positions" (U.S. Office of Personnel Management Standard Form 86 (SF 86)) has been assigned the reports control symbol Office of Management Budget 3206-0005, available online at www.opm.gov/forms/pdf_fill/sf86.pdf.

(6) "Commander's 30-Day Checklist for Unrestricted Reports of Sexual Assault," available online at [www.sapr.mil/public/docs/policy/toolkit/Commander Checklist for Unrestricted Reports 20150122.pdf](http://www.sapr.mil/public/docs/policy/toolkit/Commander%20Checklist%20for%20Unrestricted%20Reports%2020150122.pdf).

(7) "Military Protective Order" (DD Form 2873), available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2873.pdf.

(8) "Defense Sexual Assault Incident Database Data Form" (DD Form 2965) has been assigned the reports control symbol OMB 0704-0482, available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2965.pdf.

(9) "Department of Defense Sexual Assault Advocate Certification Program Renewal Application Packet" (DD Form 2950-1), available online at www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2950-1.pdf.

b. Reports. All other reporting requirements contained within this instruction are exempt from reports control by SECNAV M-5214.1, paragraph 7n.

REPORTING OPTIONS AND SEXUAL ASSAULT REPORTING PROCEDURES

1. Reporting Options. Service Members and military dependents 18 years and older who have been sexually assaulted have two reporting options: Unrestricted or Restricted Reporting. Unrestricted Reporting is favored by the DoD and DON. However, Unrestricted Reporting may represent a barrier for victims to access services when the victim desires no command or DoD law enforcement involvement. Consequently, the DoD recognizes a fundamental need to provide a confidential disclosure vehicle via the Restricted Reporting option. Regardless of whether the victim elects Restricted or Unrestricted Reporting, confidentiality of medical information shall be maintained, per reference (ak). DoD civilian employees and their family dependents and DoD contractors are only eligible for Unrestricted Reporting and for limited emergency care medical services at a MTF, unless that individual is otherwise eligible as a Service Member or TRICARE beneficiary of the MHS to receive treatment in an MTF at no cost to them, per reference (a).

a. Unrestricted Reporting. This reporting option triggers an investigation and command notification, and it allows a person who has been sexually assaulted to access healthcare treatment, and the assignment of a SARC and SAPR VA. When a sexual assault is reported through Unrestricted Reporting, a SARC shall be notified, respond or direct a SAPR VA to respond, offer the victim healthcare treatment and a SAFE and inform the victim of available resources. The SARC or SAPR VA shall explain the contents of the DD Form 2910 and request that the victim elect a reporting option on the form. If the victim elects the Unrestricted Reporting option, the victim may not change from an Unrestricted to a Restricted Report;

b. Restricted Reporting. This reporting option does NOT trigger an investigation. The command is notified that "an alleged sexual assault" occurred, but is not given the victim's name or other PII. Restricted Reporting allows Service Members and military dependents who are adult sexual assault victims to confidentially disclose the assault to specified individuals (SARC, SAPR VA, or healthcare personnel) and receive healthcare treatment and the assignment of a SARC and SAPR VA. A sexual assault victim can report directly to a SARC, who shall respond or direct a SAPR VA to respond, offer the victim healthcare treatment and a SAFE and explain to the victim the resources

available through the DD Form 2910 where the reporting option is elected. The Restricted Reporting option is only available to Service Members and adult military dependents. Restricted Reporting may not be available in a jurisdiction that requires mandatory reporting or if a victim first reports to a civilian facility or civilian authority, which will vary by state, territory and overseas agreements (see paragraph 1.f. of this enclosure). However, section 536 of reference (ab) preempts mandatory reporting laws, provided the victim first reports to an MTF, in jurisdiction requiring mandatory reporting thereby preserving the Restricted Reporting option. If a victim elects this reporting option, the victim may convert a Restricted Report to an Unrestricted Report at any time. The conversion to an Unrestricted Report will be documented with a signature by the victim and the signature of the SARC or SAPR VA in the appropriate block on the DD Form 2910.

(1) Only the SARC, SAPR VA and healthcare personnel are designated as authorized to accept a Restricted Report. Healthcare personnel, to include psychotherapists and other personnel listed in Military Rule of Evidence (MRE) 513 of reference (ac) who received a Restricted Report (meaning that a victim wishes to file a DD Form 2910 or have a SAFE), shall contact a SARC or SAPR VA, per the requirements in enclosure (9) of this instruction to assure that a victim is offered SAPR services and so that a DD Form 2910 can be completed and retained;

(2) A SAFE and the information contained in its accompanying Kit are provided the same confidentiality as is afforded victim statements under the Restricted Reporting option (see enclosure (8) of this instruction);

(3) In the course of otherwise privileged communications with a chaplain, SVC/VLC or legal assistance attorney, a victim may indicate that he or she wishes to file a Restricted Report. If this occurs, a chaplain, SVC/VLC, and legal assistance attorney shall, with the victim's consent, facilitate contact with a SARC or SAPR VA to ensure that a victim is offered SAPR services and so that a DD Form 2910 can be completed. A chaplain, SVC/VLC, or legal assistance attorney cannot accept a Restricted Report;

(4) A victim has a privilege to refuse to disclose and to prevent any other person from disclosing a confidential communication between a victim and a SARC or SAPR VA in a case arising under the UCMJ, if such communication is made for the purpose of facilitating advice or supportive assistance to the victim, per MRE 514 of reference (ac);

(5) A sexual assault victim certified under the Personnel Reliability Program (PRP) is eligible for both the Restricted and Unrestricted reporting options. If electing Restricted Reporting, the victim is required to advise the competent medical authority of any factors that could have an adverse impact on the victim's performance, reliability or safety while performing PRP duties. If necessary, the competent medical authority will inform the certifying official that the person in question should be suspended or temporarily decertified from PRP status, as appropriate, without revealing that the person is a victim of sexual assault, thus preserving the Restricted Report.

c. Non-Participating Victim (see enclosure (2)). For victims choosing either Restricted or Unrestricted Reporting, the following guidelines apply:

(1) Details regarding the incident shall be limited to only those personnel who have an official need to know. The victim's decision to decline to participate in an investigation or prosecution should be honored by all personnel charged with the investigation and prosecution of sexual assault cases, including, but not limited to, commanders, DoD law enforcement officials, and personnel in the victim's chain of command. If at any time the victim who originally chose the Unrestricted Reporting option declines to participate in an investigation or prosecution, that decision should be honored, per this subparagraph. However, the victim cannot change from an Unrestricted to a Restricted Report. The victim should be informed by the SARC or SAPR VA that the investigation may continue regardless of whether the victim participates;

(2) The victim's decision not to participate in an investigation or prosecution will not affect access to SARC and SAPR VA services, medical and psychological care, or services from an SVC or VLC. These services shall be made available to all eligible sexual assault victims;

(3) If a victim approaches a SARC, SAPR VA, or healthcare provider and begins to make a report, but then changes his or her mind and leaves without signing the DD Form 2910 (the form where the reporting option is selected), the SARC, SAPR VA, or healthcare provider is not under any obligation or duty to inform investigators or commanders about this report and will not produce the report or disclose the communications surrounding the report. If commanders or law enforcement ask about the report, disclosures can only be made in accordance with exceptions to MRE 514 or MRE 513 privilege, as applicable.

d. Disclosure of Confidential Communications. In cases where a victim elects Restricted Reporting, the SARC, SAPR VA, and healthcare personnel may not disclose confidential communications or the SAFE and the accompanying Kit to DoD law enforcement or command authorities, either within or outside the DoD, except as provided in this instruction. In certain situations, information about a sexual assault may come to the commander's or DoD law enforcement official's (to include Military Criminal Investigative Organizations (MCIOS)) attention from a source independent of the Restricted Reporting avenues and an independent investigation is initiated. In these cases, SARCs, SAPR Vas, and healthcare personnel are prevented from disclosing confidential communications under Restricted Reporting, unless an exception applies. An independent investigation does not, in itself, convert the Restricted Report to an Unrestricted Report. Improper disclosure of confidential communications 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;

e. Victim Confiding in Another Person. In establishing the Restricted Reporting option, the DON recognizes that a victim may tell someone (e.g., roommate, friend, family member) that a sexual assault has occurred before considering whether to file a Restricted or Unrestricted Report.

(1) A victim's communication with another person (e.g., roommate, friend, family member) does not, in and of itself, prevent the victim from later electing to make a Restricted Report. Restricted Reporting is confidential, not anonymous, reporting. However, if the person to whom the victim confided the information (e.g., roommate, friend, family member) is in

the victim's officer or non-commissioned officer chain of command or DoD law enforcement, there can be no Restricted Report.

(2) Communications between the victim and a person other than the SARC, SAPR VA, healthcare personnel, assigned SVC/VLC, legal assistance officer or chaplain are NOT confidential and do not receive the protections of Restricted Reporting.

f. Independent Investigations. Independent investigations are not initiated by the victim. If information about a sexual assault comes to a commander's attention from a source other than a victim (victim may have elected Restricted Reporting or where no report has been made by the victim), that commander shall report the matter to an MCIO and an official (independent) investigation may be initiated based on that independently acquired information.

(1) If there is an ongoing independent investigation, the sexual assault victim will no longer have the option of Restricted Reporting when:

(a) DoD law enforcement informs the SARC of the investigation; and

(b) The victim has not already elected Restricted Reporting.

(2) The timing of filing a Restricted Report is crucial. In order to take advantage of the Restricted Reporting option, the victim must file a Restricted Report by signing a DD Form 2910 BEFORE the SARC is informed of an ongoing independent investigation of the sexual assault.

(a) If a SARC is notified of an ongoing independent investigation and the victim has not signed a DD Form 2910 electing Restricted Report, the SARC must inform the victim that the option to file a Restricted Report is no longer available. However, all communications between the victim and the victim advocate will remain privileged except for the minimum necessary to make the Unrestricted Report.

(b) If an independent investigation begins AFTER the victim has formally elected Restricted Reporting (by signing the DD Form 2910), the independent investigation has NO impact on the victim's Restricted Report and the victim's communications and SAFE Kit remain confidential to the extent authorized by law and DoD regulations.

g. Mandatory Reporting Laws and Cases Investigated by Civilian Law Enforcement. Health care may be provided and SAFE Kits may be performed in a civilian healthcare facility bound by State and local laws that require certain personnel (usually health care personnel) to report the sexual assault to civilian agencies or law enforcement. In some cases, civilian law enforcement may take investigative responsibility for the sexual assault case or the civilian jurisdiction may inform the military law enforcement or investigative community of a sexual assault that was reported to it. In such instances, it may not be possible for a victim to make a Restricted Report or it may not be possible to maintain the report as a Restricted Report. Consistent with reference (ab), to the extent possible, DON will honor the Restricted Report, however, sexual assault victims need to be aware that the confidentiality afforded their Restricted Report is not guaranteed due to circumstances surrounding the independent investigation and requirements of individual State laws for civilian healthcare facilities.

2. Initiating Medical Care and Treatment upon Receipt of Report. Healthcare personnel will initiate the emergency care and treatment of sexual assault victims, notify the SARC or the SAPR VA, per enclosure (9) of this instruction and make appropriate referrals for specialty care, if indicated. Upon receipt of a Restricted Report, only the SARC or the SAPR VA will be notified. There will be NO report to DoD law enforcement, a supervisory official or the victim's chain of command by the healthcare personnel, unless an exception to Restricted Reporting applies or applicable law requires other officials to be notified. Regardless of whether the victim elects Restricted or Unrestricted Reporting, confidentiality of medical information shall be maintained, per applicable laws and regulations.

3. Implementing DON Dual Objectives. The DON is committed to ensuring victims of sexual assault are protected, treated with dignity and respect and provided support, advocacy and care.

The DON supports effective command awareness and prevention programs. The DON also strongly supports applicable law enforcement and criminal justice procedures that enable persons to be held appropriately accountable for sexual assault offenses and criminal dispositions. To achieve the dual objectives of victim support and offender accountability, DON preference is for Unrestricted Reporting of sexual assaults to allow for the provision of victims' services and to pursue offender accountability, as appropriate. However, Unrestricted Reporting may represent a barrier for victims to access services, when the victim desires no command or law enforcement involvement. Consequently, the DON recognizes a fundamental need to provide a confidential disclosure vehicle via the Restricted Reporting option. This section provides procedural guidance and considerations to implement the DON dual objectives.

a. Restricted Reporting Impact. Restricted Reporting will impact investigations and the ability of the offender's commander to hold the alleged offender appropriately accountable. However, such risks shall not outweigh the overall interest in providing a Restricted Reporting option to sexual assault victims.

b. Victim's Perception of the Military Justice System. The DON seeks increased reporting by victims of sexual assault. A system that is perceived as fair and treats victims with dignity and respect and promotes privacy and confidentiality may have a positive impact in bringing victims forward to provide information about being assaulted. The Restricted Reporting option is intended to give victims additional time and increased control over the release and management of their personal information and empowers them to seek relevant information and support to make more informed decisions about participating in the criminal investigation. A victim who receives support, appropriate care and treatment and is provided an opportunity to make an informed decision about a criminal investigation is more likely to develop increased trust that the victim's needs are of concern to the command. As a result, this trust may eventually lead the victim to decide to pursue an investigation and convert the Restricted Report to an Unrestricted Report.

4. Reports and Commanders

a. Unrestricted Reports to Commanders. The SARC shall provide the installation commander and the immediate commander of the sexual assault victim (if a civilian victim, then the immediate commander of alleged military offender) of the sexual assault victim with information regarding all Unrestricted Reports within 24 hours of an Unrestricted Report of sexual assault. This notification may be extended by the commander to 48 hours after the Unrestricted Report of the incident when there are extenuating circumstances in deployed environments. SARC and SAPR VA communications with victims are protected under the MRE 514 privilege. For Unrestricted Reports, the 8-day incident report shall be filed in accordance with enclosure (17) of this instruction.

b. Restricted Reports to Commanders. For the purposes of public safety and command responsibility, in the event of a Restricted Report, the SARC shall report non-PII concerning sexual assault incidents (without information that could reasonably lead to personal identification of the victim or the alleged assailant (see exception of subparagraph 5(b)2 of this enclosure) to only the commander/installation commander within 24 hours of the report. This notification may be extended by the commander to 48 hours after the Restricted Report of the incident when there are extenuating circumstances in deployed environments. 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, an explanation of the notifications in the DD Form 2910, medical and mental healthcare and informed of his or her eligibility for an SVC/VLC. The eight-day incident report is not required for Restricted Reports, per enclosure (17) of this enclosure. SARC and SAPR VA communications with victims are protected by the Restricted Reporting option and the MRE 514 privilege of reference (ac).

(1) Even if the victim chooses not to convert to an Unrestricted Report or provide PII, the non-PII information provided by the SARC makes the installation commander aware that a sexual assault incident was reported to have occurred. Restricted Reporting gives the installation commander a clearer picture of the reported sexual assaults within the command. The installation commander can then use the information to enhance

preventive measures to enhance the education and training of the command's personnel and to scrutinize more closely the organization's climate and culture for contributing factors.

(2) Neither the installation commander nor DoD law enforcement may use the information from a Restricted Report for investigative purposes or in a manner that is likely to discover, disclose or reveal the identities of the victims unless an exception to Restricted Reporting applies. Improper disclosure of Restricted Reporting information may result in disciplinary action or other adverse personnel or administrative actions.

5. Exceptions to Restricted Reporting and Disclosures

a. The SARC will evaluate the confidential information provided under the Restricted Report to determine whether an exception applies;

(1) The SARC shall disclose the otherwise protected confidential information only after consultation with the SJA of the installation commander, supporting judge advocate or other legal advisor concerned, who shall advise the SARC whether an exception to Restricted Reporting applies. In addition, the SJA, supporting judge advocate or other legal advisor concerned will analyze the impact of MRE 514 on the communications;

(2) When there is uncertainty or disagreement on whether an exception to Restricted Reporting applies; the matter shall be brought to the attention of the installation commander for decision without identifying the victim (using non-PII information). 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, loss of certification or credentialing or other adverse personnel or administrative actions;

b. The following exceptions to the prohibition against disclosures of Restricted Reporting authorize a disclosure of a Restricted Report only when the SJA consultation described in paragraph 6a has occurred and only if one or more of the following conditions apply:

(1) Authorized by the victim in writing;

(2) Necessary to prevent or mitigate a serious and imminent threat to the health or safety of the victim or another person; for example, multiple reports involving the same alleged offender (repeat offender) could meet this criterion. See similar safety and security exceptions in MRE 514 of reference (ac);

(3) Required for fitness for duty or disability determinations. This disclosure is limited to only the information necessary to process duty or disability determinations for Service Members. Disclosure of a Restricted Report under these circumstances does not change the nature of the victim's Restricted Report nor does it create an obligation for reporting to law enforcement or command for investigation;

(4) Required for the supervision of coordination of direct victim healthcare or services. The SARC, SAPR VA, or healthcare personnel can disclose specifically requested information to those individuals with an official need to know or as required by law or regulation;

(5) Ordered by a military official (e.g., a duly authorized trial counsel subpoena in a UCMJ case), Federal, or State judge or as required by a Federal or State statute or applicable U.S. international agreement. The SARC, SAPR VA, and healthcare personnel will consult with the installation commander's servicing legal office in the same manner as other recipients of privileged information to determine if the exception criteria apply and whether a duty to disclose the otherwise protected information is present. Until those determinations are made, only non-PII shall be disclosed.

c. Healthcare personnel may also convey to the victim's unit commander any possible adverse duty impact related to the victim's medical condition and prognosis, per references (ag) and (al). However, such circumstances do NOT otherwise warrant a Restricted 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 instruction and reference (a) 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 make 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 offender or the victim.

7. Resources For Victims To Report Retaliation, Reprisal, Ostracism, Maltreatment Or Sexual Harassment Or To Request An Expedited/Safety Transfer Or 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 DoD 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 reference (am);
- 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 one year of the final disposition of their sexual assault case. A victim may request that the GO/FO review the separation, per reference (ad) (enlisted personnel) or reference (ae) (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 or 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, per Article 138 of the UCMJ (section 938 of reference (i));
- k. Inspector General DoD, invoking whistle-blower protections, per reference (x);
- 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.

**COMMANDER AND MANAGEMENT SEXUAL ASSAULT PREVENTION
AND RESPONSE 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-hour, 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 enclosure (2)) 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, per reference (am) and Military Whistleblower Protections and procedures for reporting allegations of reprisal, per reference (x);

(3) The resources available for victims (listed in enclosure (6) of this instruction) 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. Encourage the use of the "Commander's 30-Day Checklist for Unrestricted Reports" to facilitate the commander's response to the victim, an 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, per section 1743 of reference (f). The Sexual Assault Incident Response Oversight Report template is located in the SAPR Policy Toolkit, on www.sapr.mil. The commander must contact their cognizant Staff 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 DON 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, per 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, per enclosure (9) of this instruction or the SAPR VA.

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

(2) Provide the installation commander and immediate commander with 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, per section 1743 of reference (f);

(4) Provide the installation commander with non-PII, as defined in enclosure (2), 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 SVC/VLC. An 8-day incident report is not required for Restricted Reports, per section 1743 of reference (f);

(5) Be supervised and evaluated by the installation commander or deputy installation commander in the performance of SAPR procedures, per enclosure (8) of this instruction;

(6) Receive SARC training to follow procedures, per enclosure (8) of this instruction. Per the D-SAACP described in enclosure (15) of this instruction, 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 medical personnel, per DON and military service regulations in the performance of SAPR procedures as described in enclosure (9) of this instruction;

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 (12) of this instruction;

g. Require that a CMG is conducted on a monthly basis, per enclosure (11) of this instruction.

(1) Chair or attend the CMG, as appropriate. 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 enclosure (2)) of the reported assault and to the extent permitted pursuant to enclosure (15) of this instruction, reference (ah) and section 552a of reference (af). 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 NCIS or 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 NCIS or the cognizant MCIO 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 the 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 (12) of this instruction. 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 a 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. Per section 1565b(a)(2) of reference (i), 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 DON law enforcement, not affiliated with NCIS, when applicable and VWAP personnel provide victims of sexual assault who elect an Unrestricted Report the information outlined in reference (an) and reference (z) throughout the investigative and legal process. The completed DD Form 2701 shall be distributed to the victim in Unrestricted Reporting cases by NCIS, per reference (ag);

n. Require that investigation descriptions found in enclosure (14) of 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, per references (x) and (am). Require the SARC or SAPR VA to inform victims of the resources, listed in enclosure (6) of this instruction, 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 Restricted Reporting Case Number (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, per section 1743 of reference (f). 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 duty service, as defined in section 101(d)(3) of reference (i), 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 duty 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 enclosure (2)), Reserve Component Members can elect either the Restricted or Unrestricted Reporting option 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 (i) 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 Service 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) reference (i) 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., SARC and healthcare personnel). These individuals are specifically authorized to receive confidential communications, as defined in enclosure (2), 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 (6) of this instruction. 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 by disclosing only non-PII. 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, per table (1) below and section 12323 of reference (i).

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(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, per reference (q); and

(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, per reference (q).

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, per section 12321 of reference (i)	And the sexual assault was committed while he or she was on active duty	The Secretary of the Navy (SECNAV), 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 ...		SECNAV, 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 option to request continuation on active duty for the LOD.

6. Expedited Victim Transfer Requests

a. Any threat to life or safety of a Service Member shall be immediately reported to command and DON law enforcement authorities (see enclosure (2)) 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, DON 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 (CO) 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, per section 673 of reference (i). The Service Members shall initiate the transfer request and submit the request to their COs. The CO 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 enclosure (2)) of sexual assault. The CO, 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 enclosure (2) and includes rape and sexual assault in violation of Article 120 of the UCMJ (section 920 of reference (i)) and forcible sodomy in violation of Article 125 of the UCMJ (section 925 of reference (i)). This Instruction does not address victims covered under FAP;

(b) If the Service Member files a Restricted Report 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 IG. 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, per section 1044e of reference (i);

(4) The CO shall expeditiously process a transfer request from a command or installation, or to a different location within the command or installation. The CO 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 one week from the date the transfer is approved;

(5) The CO must approve or disapprove a Service Member's request for a PCS, PCA or unit transfer within 72 hours from receipt of the Service Member's request. The decision to approve the request shall be immediately forwarded to the designated activity (see enclosure (2)) that processes PCS, PCA or unit transfers;

(6) If the Service Member's transfer request is disapproved by the CO, 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 a Senior Executive Service (SES) equivalent (if applicable). The decision to approve or disapprove the request for transfer must be made within 72 hours of submission of the request for review. If a civilian SES equivalent reviewer approves the transfer, SECNAV shall process and issue orders for the transfer. All transfer requests must be reported in the Services' Annual Program Review submission; to include all disapproved transfer requests, and the reason for disapproval.

(7) The services 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.

(8) Expedited transfer procedures require that a CO 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 CO 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, per section 674 of reference (i);

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.

(9) 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 command action;

(10) 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.

(11) 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. 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.

1. SARC or SAPR VA case documents will not be transferred to the gaining SARC without consent from the victim;

2. The receiving 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.

(12) 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 the new location, 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 he or she 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 will be documented in the minutes of the CMG. • The new commander will provide the victim a monthly update of her or her case within 72 hours of the last CMG.
<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 the new location), 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

Table 2. Victim Transfer Processes (Continued)

IF	THEN
	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 or retaliation-related issues. The 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 hour of the last CMG.

(13) Require that Expedited Transfer procedures for Reserve Component 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;

(14) 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. Military Protective Orders. 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, per section 576(c) of reference (t);

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 (u).

(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 an MPO, or its termination, in accordance with reference (u).

(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 NCIS or 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 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 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 (i), a CPO shall have the same force and effect on a military installation as such order has within the jurisdiction of the civilian 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 civilian 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 shall fill out the "MPO" (DD Form 2873) and provide the victim(s) and the alleged offender(s) with copies of the completed form. Verbal MPOs can be issued, but shall 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, shall be included in the Services' Annual Program Review submission, as required by reference (t).

8. 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 reference (ao), the initial disposition authority is withheld from all commanders within the DON 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; 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 (i)); 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. Commanders and supervisors shall not be 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.

9. Commander SAPR Prevention Procedures. Each commander shall implement a SAPR prevention program that:

a. Establishes prevention practice consistent with his or her Service's implementation of reference (ap). Prevention programs will address concerns about unlawful command influence so that victims' rights are protected at the same time that the due process rights of the alleged offenders are safeguarded;

b. Establishes a command climate of sexual assault prevention predicated on mutual respect and trust, recognizes and embraces diversity, and values the contributions of all its Service Members;

c. Emphasizes that sexual assault is a crime and violates the Core Values of being a professional in the Military Services and ultimately destroys unit cohesion and the trust that is essential for mission readiness and success;

d. Emphasizes DoD, DON and military service policies on sexual assault and the potential legal consequences for those who commit such crimes;

e. Monitors the organization's SAPR climate and responds with appropriate action toward any negative trends that may emerge;

f. Reflects feedback and modifications based on command climate surveys, which are regularly administered in accordance with section 572 of reference (q);

g. Identifies and remedies environmental factors specific to the location that may facilitate the commission of sexual assaults (e.g., insufficient lighting);

h. Emphasizes sexual assault prevention training for all assigned personnel;

i. Establishes prevention training that focuses on the continuum of harm and identifying the behavior of potential offenders;

j. Identifies and utilizes community-based resources and partnerships to add depth to prevention efforts.

**SEXUAL ASSAULT RESPONSE COORDINATOR AND SEXUAL ASSAULT
PREVENTION AND RESPONSE VICTIM ADVOCATE PROCEDURES**

1. Sexual Assault Response Coordinator (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 of MRE 514. 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 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 (a), 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-hour, 7-days-per-week response capability to victims of sexual assault, to include deployed areas.

(1) SARCs shall respond (see enclosure (2)) 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 a 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 with accessing 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 a 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 a 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 or 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 the DSAID and maintained for 50 years in Unrestricted Reports. The DD Form 2910 and the DD Form 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.

(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 in their 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.

(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 (6)) of this instruction);

(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 and the DON recognize 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 or 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 (i). Inform the victim of the opportunity to consult with legal assistance counsel and SVC or VLC as soon as the victim seeks assistance from a SARC or SAPR VA. Explain that the nature of the relationship between an SVC or VLC and a victim in the provision of legal advice and assistance shall be the relationship between an attorney and client.

(b) Inform the victim that information concerning any potential prosecution shall be provided to them in accordance with reference (p).

(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, NCIS and other 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 care for sexual assault victims and

offer 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 the 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 shall be reopened and addressed at the CMG meeting.

(c) A SARC shall open a case in DSAID as an "Open with Limited Information" case when there is no signed DD Form

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 (u) 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 of the DD Form 2950;

(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 certification requirements in the Department of D-SAACP;

(2) Be trained in and understand the confidentiality requirements of Restricted Reporting and MRE 514. 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;

(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.

HEALTHCARE PROVIDER PROCEDURES

This enclosure provides guidance on the 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 DON healthcare personnel who provide or coordinate medical care for victims of sexual assault covered by this Instruction.

1. Standardized Medical Care. To ensure standardized healthcare, the Chief, Bureau of Medicine and Surgery shall:

a. Require the recommendations for conducting forensic exams of adult sexual assault victims in reference (n) 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 (12) of this instruction and section 539 of reference (s);

b. 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, MPOs, 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;

c. 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;

d. 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 consistent with reference (n) through a MOU or MOA with local private or public sector entities and consistent with reference (n), when a determination is made regarding the

patient's need for the services of a sexual assault medical forensic examiner.

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

(2) 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.

e. 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 (n). In addition, verify that as part of the MOU or MOA, a SARC or SAPR VA is notified and that actually responds and meets with the victim in a timely manner;

f. 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 (n) for conducting forensic exams;

g. 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 "DoD SAFE Report" (DD Form 2911);

h. Require that the SARC be notified of all incidents of sexual assault in accordance with sexual assault reporting procedures in enclosure (6) of this instruction;

i. 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;

j. 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;

k. 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.

(1) 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 MHS 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 (n).

(2) 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.

(3) If the victim requests to file a report of sexual assault, the healthcare personnel, to include psychotherapists and other personnel listed in reference (ac), 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.

l. 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 (12) of this instruction.

(1) 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.

(2) 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.

m. 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;

n. Require that the healthcare provider, in the course of preparing a SAFE Kit for Restricted Reports of sexual assault:

(1) 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;

(2) Upon completion of the SAFE, package, seal, and completely label the evidence container(s) with the RRCN and notify the NCIS or other MCIO.

o. 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 (6). 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;

p. 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.

2. Selection, Training, and Certification. For the selection, training, and certification of healthcare providers performing SAFEs in MTFs, refer to standards in enclosure (12) of this instruction.

3. Timely Medical Care. To comply with the requirement to provide timely medical care, the CHBUMED shall:

a. Implement processes or procedures giving victims of sexual assault priority as emergency cases;

b. 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.

4. Comprehensive Medical Care. To comply with the requirement to provide comprehensive medical care, the CHBUMED shall:

a. 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 MHS;

b. 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/.

5. 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:

a. 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);

b. Assessment of the risk of pregnancy, options for emergency contraception, and the need for any follow-up care or referral services to the extent authorized by law;

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

6. Other Responsibilities. The CHBUMED shall:

a. Identify a primary office to represent the DON 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.

SEXUAL ASSAULT FORENSIC EXAM KIT COLLECTION AND PRESERVATION

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 (a), taking into account the medical condition, needs, requests, and desires of each sexual assault victim covered by this instruction.

1. 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 7d in enclosure (12). The forensic component includes gathering information in the 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.

2. 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.

3. 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 (12) to perform a SAFE

may also be contracted to report to the MTF to conduct the examination.

4. 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.

5. 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 NCIS or other designated law enforcement agency. The SAFE Kit shall be retained for 5 years in accordance with section 586 of reference (j). When the forensic examination is conducted at a civilian facility through a MOU or a MOA with the DoD, the requirement for the handling of the forensic kit shall be explicitly addressed in the MOU or MOA. The MOU or MOA with the civilian facility shall address the processes for contacting the SARC and for contacting the appropriate DoD agency responsible for accepting custody of the forensic kit. Personal property retained as evidence collected in association with a sexual assault investigation 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 538 of reference(s).

a. The NCIS 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 DoD IG.

b. 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 NCIS, NCIS Consolidated Evidence Facility representative, or other MCIO.

6. Upon completion of the SAFE Kit in a Restricted Reporting case, the healthcare provider shall package, seal, and label the evidence container(s) with the RRCN and store in accordance with

Service regulations. The SAFE Kit will be retained for 5 years 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. The 5-year time frame 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.

a. The NCIS Consolidated Evidence Facility 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 DoDIG. 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 NCIS or the NCIS Consolidated Evidence Facility.

b. Any evidence and the SAFE Kit in Restricted Reporting cases (to include the DD Form 2911) shall be stored for five years from the date of the victim's Restricted Report of the sexual assault, thus allowing victims additional time to accommodate, for example, multiple deployments or deployments exceeding 12 months.

(1) The SARC will contact the victim at the one-year mark of the report to inquire whether the victim wishes to change his or her reporting option to Unrestricted.

(a) If the victim does not change to Unrestricted Reporting, the SARC will explain to the victim that the SAFE Kit will be retained for a total of five years from the time the victim signed the DD Form 2910 (electing the Restricted Report) and will then be destroyed. The DD Forms 2910 and 2911 shall be

retained for 50 years in a manner that protects confidentiality. The SARC will emphasize to the victim that his or her privacy will be respected and he or she will not be contacted again by the SARC. The SARC will stress it is the victim's responsibility from that point forward, if the victim wishes to change from a Restricted to an Unrestricted Report, to affirmatively contact a SARC before the five-year retention period elapses.

(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 seven business days. The SARC shall document this request on the DD Form 2910.

(2) At least 30 days before the expiration of the five-year storage period, NCIS Consolidated Evidence Facility representative 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, NCIS Consolidated Evidence Facility may destroy the evidence maintained under that victim's RRCN.

(b) If, before the expiration of the five-year storage period, a victim changes his or her reporting preference to the Unrestricted Reporting option, the SARC shall notify NCIS, which shall then assume custody of the evidence maintained by the RRCN from the NCIS Consolidated Evidence Facility or applicable MCIO, pursuant to established chain of custody procedures. NCIS procedures for documenting, maintaining, and storing the evidence shall thereafter be followed.

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

2. NCIS personnel 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.

(3) Evidence shall be stored by the NCIS Consolidated Evidence Facility until the five-year storage period for Restricted Reporting is reached or a victim changes to Unrestricted Reporting.

CASE MANAGEMENT FOR UNRESTRICTED REPORTS OF SEXUAL ASSAULT

1. General

a. CMG oversight for Unrestricted Reports of adult sexual assaults is triggered by open cases in the DSAID initiated by a DD Form 2910 or an investigation initiated by a 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.

b. 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.

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

d. 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, NCIS, 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. NCIS, DoD law enforcement, and the legal representative or SJA shall provide case dispositions. The CMG chair shall 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.

e. 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.

f. CMG Members shall receive the mandatory SAPR training pursuant to enclosure (12) of this instruction.

g. Equivalent standards shall be met for case oversight by CMGs in situations where SARCs are not installation-based but instead work within operational and/or deployable organizations.

2. Procedures

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 NCIS or other appropriate 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 (ac);

(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/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 capability 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 (w) and (v).

(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 two 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 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 a record of 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 (7) will apply as appropriate.

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

(1) The CMG membership shall 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, IG, 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 shall 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 suspect and the victim have a hard copy of the MPO.

(3) The CMG Chair will immediately stand up a HRRT if a victim is assessed to be in a high-risk situation. The purpose and the responsibility of the HRRT are 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 CPO or command has an MPO against the alleged offender, or there has been a violation of a CPO or MPO by the alleged offender;
10. History of drug or alcohol abuse by either the victim or the alleged offender;

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11. Whether the alleged offender exhibits erratic or obsessive behavior, rage, agitation, or instability;

12. Whether the alleged offender is a flight risk.

TRAINING REQUIREMENTS FOR DEPARTMENT OF THE NAVY 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 DON 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 as promulgated in accordance with reference (aa) and explained in enclosure (14) of this instruction.

2. General Training Requirements

a. SAPR training shall individually address sexual assault prevention and response. These SAPR training requirements shall apply to all Service Members and DON civilian personnel who supervise Service Members and should be provided by subject matter experts in those practice areas. These training requirements must align with current SAPR core competencies and learning objectives.

(1) Dedicated SAPR training shall be developed to ensure comprehensive knowledge of the training requirements.

(2) The SAPR training, at a minimum, shall incorporate adult learning theory, which includes interaction and group participation.

(3) Upon request, the Services shall submit a copy of SAPR training programs or SAPR training elements to DoD via the DON-SAPRO for evaluation of consistency and compliance with DoD SAPR training standards in this Instruction. In coordination with DON-SAPRO, the Services will correct identified DoD SAPR policy and training standards discrepancies.

b. Commanders and managers responsible for training shall require that all personnel (i.e., all Service Members, DON

civilian personnel who supervise Service Members, and others as directed) are trained and that completion of training data is annotated. Commanders for accession training will ensure all new accessions are trained and that completion of training data is annotated.

c. If responsible for facilitating the training of civilians supervising Service Members, the unit commander or civilian director shall require all SAPR training requirements in this enclosure are met. The unit commander or civilian equivalent shall be accountable for requiring data collection regarding the training.

d. The required subject matter for the training shall be appropriate to the Service Member's grade and commensurate with their level of responsibility, and will include:

(1) Defining what constitutes sexual assault. Utilizing the term "sexual assault" as defined in enclosure (2);

(2) Explaining why sexual assaults are crimes;

(3) Defining the meaning of "consent" as defined in enclosure (2);

(4) Explaining offender accountability and UCMJ violations;

(5) Explaining updates to military justice that impact victims, to include:

(a) The codification and enhancement of victims' rights in the military;

(b) Changes in Articles 32 and 60 of the UCMJ (sections 832 and 869 of reference (i)) and their impact on victims;

(c) Elimination of the five-year statute of limitations on sexual assault;

(d) Minimum mandatory sentence of dismissal or dishonorable discharge for persons found guilty in a general court-martial of: rape under Article 120(a); sexual assault

under Article 120(b); forcible sodomy under Article 125; or an attempt to commit these offenses under Article 80 of the UCMJ (sections 920(a), 920(b), 925, or 880 of reference (i));

(e) That defense counsel has to make the request to interview the victim through the SVC/VLC or other counsel for the victim, if the victim is represented by counsel. In addition, the victim has the right to be accompanied to the interview by the SARC, SAPR VA, SVC/VLC, or counsel for the government;

(f) That the victim has the right to submit matters for consideration by the convening authority during the clemency phase of the court-martial process, and the convening authority will not consider the victim's character as a factor in making his or her determination unless such matters were presented at trial and not excluded at trial;

(g) Service regulations requiring inclusion of sex-related offenses in personnel records and mandating commanders to review personnel records of incoming Service Members for these notations;

(h) Establishing a process to ensure consultation with a victim of an alleged sex-related offense that occurs in the United States to solicit the victim's preference regarding whether the offense should be prosecuted by court-martial or in a civilian court with jurisdiction over the offense.

(6) Explaining the distinction between sexual harassment and sexual assault and that both are unacceptable forms of behavior even though they may have different penalties. Emphasizing the distinction between civil and criminal actions;

(7) Explaining available reporting options (Restricted and Unrestricted), the advantages and limitations of each option, the effect of independent investigations on Restricted Reports (see paragraph 1.f. enclosure (6)) and explaining MRE 514;

(8) Providing an awareness of the SAPR program (DoD and Service) and command personnel roles and responsibilities, including all available resources for victims on and off base.

Explaining that Military OneSource (see enclosure (2)) has a mandatory reporting requirement;

(9) Identifying prevention strategies and behaviors that may reduce sexual assault, including bystander intervention, risk reduction, and obtaining affirmative consent. Identifying strategies to safely intervene and to guard against retaliation, reprisal, ostracism, or maltreatment because of that intervention;

(10) Discussing process change to ensure that all sexual assault response services are gender-responsive, culturally-competent, and recovery-oriented;

(11) Discussing expedited transfers and MPO procedures;

(12) Providing information to victims when the alleged perpetrator is the commander or in the victim's chain of command, to go outside the chain of command to report the offense to other commanding officers or an IG. Victims shall be informed that they can also seek assistance from SVC/VLC, a legal assistance attorney or the DoD Safe Helpline;

(13) Discussing 50-year document retention for sexual assault documents DD Form 2910 and DD Form 2911, to include retention in investigative records. Explaining why it is recommended that sexual assault victims retain sexual assault records for potential use in Veterans Administration (VA) benefits applications. Explain that the SAFE Kit is retained for 5 years in Restricted Report cases to allow victims the opportunity to change their minds and convert to Unrestricted. Explain that the SAFE Kit is retained for 5 years in Unrestricted Report cases;

(14) Explaining the eligibility for SVC/VLC for individuals who make Restricted or Unrestricted Reports of sexual assault, and the types of legal assistance authorized to be provided to the sexual assault victim. Explaining 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;

(15) Explaining what constitutes retaliation, reprisal, coercion, ostracism, and maltreatment in accordance with Service

regulations and Military Whistleblower Protections and procedures for reporting allegations of reprisal.

(a) Explaining what is the appropriate, professional response by peers to a victim and an alleged offender when a sexual assault is reported in a unit. Using scenarios to facilitate discussion of appropriate behavior, to include discussing potential resentment of peers for victims, bystanders, or witnesses who report a sexual assault. Explaining that incidents of retaliation, reprisal, ostracism, and maltreatment violate good order and discipline erodes unit cohesion and deter reporting of sexual assault incidents;

(b) Explaining that all personnel in the victim's chain of command, officer and enlisted, when they become aware of allegations of retaliation, reprisal, ostracism, or maltreatment, are required to take appropriate measures to protect the victim, including information regarding how to prevent retaliation, reprisal, ostracism, and maltreatment in a unit after a report of sexual assault.

(16) Explaining Service regulations that protect Service Member victims of sexual assault and/or their dependents from retaliation, reprisal, ostracism, and maltreatment. If the allegation is an act that is criminal in nature and the victim filed an Unrestricted Report, the allegation should immediately be reported to a MCIO. Explaining that victims can seek assistance on how to report allegations by requesting assistance from:

(a) A SARC, SAPR VA, or SVC/VLC;

(b) A SARC in different installation, which can be facilitated by 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 (reference (x));

(f) Service 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 a victim within 1 year of the final disposition of the sexual assault case. A victim may request that the GO/FO review the separation;

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

(i) An SVC/VLC, trial counsel and VWAP representative, or legal assistance attorney to facilitate a report 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 (i));

(k) DoD IG, invoking Whistle-Blower Protections;

(l) Commander or SARC to request an Expedited Transfer;

(m) Commander or SARC to request a safety transfer or MPO, if the victim fears violence.

(17) Explaining Service regulations that protect SARC and SAPR VA from retaliation, reprisal, ostracism, and maltreatment, related to the execution of their duties and responsibilities;

(18) Explaining Service regulations that protect witnesses and bystanders who intervene to prevent sexual assaults or who report sexual assaults from retaliation, reprisal, ostracism, and maltreatment;

(19) Explaining that, when completing a "Questionnaire for National Security Positions" (U.S. Office of Personnel Management Standard Form 86 (SF 86)) in connection with an application, investigation, or reinvestigation for a security

clearance, it is DoD policy to answer "no" to question 21 of SF 86 with respect to consultation with a health care professional if:

(a) The individual is a victim of a sexual assault;
or

(b) The consultation occurred with respect to an emotional or mental health condition strictly in relation to the sexual assault.

3. DoD Personnel Training Requirements. Refer to Military Service-specific training officers that maintain personnel training schedules.

a. Initial SAPR training shall occur within 14 days of initial entrance.

(1) The matters specified in paragraph 3a(2) of this section will be carefully explained to each member of the Military Services at the time of or within 14 duty days of the member's initial entrance to active duty or the member's initial entrance into a duty status with a Reserve Component.

(2) The matters to be explained in the initial SAPR training include:

(a) DoD policy with respect to sexual assault;

(b) Special emphasis to interactive scenarios that fully explain the reporting options and the channels through which victims can make an Unrestricted or a Restricted Report of a sexual assault;

(c) The resources available with respect to sexual assault reporting and prevention and the procedures a member seeking to access those resources should follow. Emphasize that sexual assault victims have the right and ability to consult with a SVC or VLC before deciding whether to make a Restricted or Unrestricted Report, or no report at all.

b. Accessions training shall occur upon initial entry.

(1) Mirror the General Training Requirements above;

(2) Provide scenario-based, real-life situations to demonstrate the entire cycle of prevention, reporting, response, and accountability procedures to new accessions to clarify the nature of sexual assault in the military environment.

c. Annual training shall occur once a year and is mandatory for all Service Members regardless of rank or occupation or specialty.

(1) Mirror the General Training Requirements above;

(2) Explain the nature of sexual assault in the military environment using scenario-based, real-life situations to demonstrate the entire cycle of prevention, reporting, response, and accountability procedures;

(3) Deliver to Service Members in a joint environment from their respective Military Services and incorporate adult learning theory.

d. Professional Military Education (PME) and Leadership Development Training (LDT).

(1) For all trainees, PME and LDT shall mirror the General Training Requirements in section 2 of this enclosure.

(2) For senior noncommissioned officers and commissioned officers, PME and LDT shall occur during developmental courses throughout the military career and include:

(a) Explanation and analysis of the SAPR program;

(b) Explanation and analysis of the necessity of immediate responses after a sexual assault has occurred to counteract and mitigate the long-term effects of violence. Long-term responses after sexual assault has occurred will address the lasting consequences of violence;

(c) Explanation of rape myths (see SAPR Toolkit on www.sapr.mil), facts, and trends pertaining to the military population;

(d) Explanation of the commander's and senior enlisted Service Member's role in the SAPR program;

(e) Review of all items found in the "Commander's 30-Day Checklist for Unrestricted reports of Sexual Assault" (see SAPR Toolkit on www.sapr.mil);

(f) Explanation of what constitutes retaliation, reprisal, ostracism, and maltreatment in accordance with Service regulations and Military Whistleblower Protections. This includes understanding:

1. Of resources available for victims (listed in enclosure (6)) to report instances of retaliation, reprisal, ostracism, maltreatment, sexual harassment, or to request a transfer or MPO;

2. That victims who reported a sexual assault or sought mental health treatment for sexual assault may discuss issues related to their military career with a GO/FO that the victim believes are associated with the sexual assault;

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

4. Of a supervisor's role in unit SAPR programs and how to address sexual assault and other illegal and other negative behaviors that can affect command climate.

e. Pre-deployment training shall be provided.

(1) Mirror the General Training Requirements in section 2 of this enclosure;

(2) Explain risk reduction factors tailored to the deployment location;

(3) Provide a brief history of the specific foreign countries or areas anticipated for deployment, and the area's customs, mores, religious practices, and status of forces

agreement. Explain cultural customs, mores, and religious practices of coalition partners;

(4) Identify the type of trained sexual assault responders who are available during the deployment (e.g., law enforcement personnel, legal personnel, SARC, SAPR VAs, healthcare personnel, Chaplains);

(5) Include completion of D-SAACP certification for SARCs and SAPR VAs;

f. Post-deployment reintegration training shall occur within 30 days of returning from deployment and:

(1) Commanders of re-deploying personnel will ensure training completion;

(2) Explain available counseling and medical services, reporting options, and eligibility benefits for Service Members (active duty and Reserve Component);

(3) Explain MRE 514. Explain that Reserve Members can make a Restricted or Unrestricted report with the SARC or SAPR VA and then be eligible to receive SAPR services.

g. Pre-command training shall occur prior to filling a command position.

(1) Mirror the General Training Requirements in section 2 of this enclosure.

(a) The personnel trained shall include all officers who are selected for command and the unit's senior enlisted Service Member;

(b) The required subject matter for the training shall be appropriate to the level of responsibility and commensurate with level of command;

(2) Explain rape myths, facts, and trends;

(3) Provide awareness of the SAPR program and explain the commander's and senior enlisted Service Member's role in executing their SAPR service program;

(4) Review all items found in the commander's protocols for Unrestricted Reports of sexual assault (see SAPR Toolkit on www.sapr.mil);

(5) Explain what constitutes retaliation, reprisal, ostracism, and maltreatment in accordance with Service regulations and Military Whistleblower Protections and procedures for addressing reprisal allegations. This includes understanding:

(a) Resources available for victims (listed in enclosure (6)) to report instances of retaliation, reprisal, ostracism, maltreatment, sexual harassment, or to request a transfer or MPO;

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

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

(d) The role of the chain of command in unit SAPR programs;

(e) The skills needed to address sexual harassment and sexual assault. Interactive exercises should be conducted to provide supervisors the opportunity to practice these skills.

(6) A sexual assault prevention and response training module will be included in the training for new or prospective commanders at all levels of command. The training shall be tailored to the responsibilities and leadership requirements of members of the Military Services as they are assigned to command positions. Such training shall include:

(a) Fostering a command climate that does not tolerate sexual assault;

(b) Fostering a command climate in which persons assigned to the command are encouraged to intervene to prevent potential incidents of sexual assault;

(c) Fostering a command climate that encourages victims of sexual assault to report any incident of sexual assault;

(d) Understanding the needs of and the resources available to, the victim after an incident of sexual assault;

(e) Using MCIOs for the investigation of alleged incidents of sexual assault;

(f) Understanding available disciplinary options, including court-martial, non-judicial punishment, administrative action, and deferral of discipline for collateral misconduct, as appropriate;

(g) Understanding the Expedited Transfer policy. 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 determination should be made, not as a punitive measure, but solely for the purpose of maintaining good order and discipline within the Service Member's unit in accordance with reference (f);

h. Curricula of the USNA will include:

(1) Substantive course work that addresses honor, respect, character development, leadership, and accountability as such pertain to the issue of preventing and the appropriate response to sexual assault in the Military Services;

(2) Initial SAPR training will occur within 14 days of the initial arrival of a new midshipman at USNA and repeated annually thereafter. Training will be conducted using adult learning method in accordance with section 3.a. of this enclosure;

(3) At a minimum, a brief history of the problem of sexual assault in the Military Services, a definition of sexual assault, information relating to reporting a sexual assault, victims' rights, and dismissal and dishonorable discharge for offenders of Service Members convicted by general court-martial for certain sex-related offenses in accordance with section 856 of reference (i).

4. GO/FO and SES Personnel Training Requirements. GO/FO and SES personnel training shall occur at the initial executive level program training and annually thereafter. Mirror the General Training Requirements in section 2 of this enclosure.

a. The Military Service executive level management offices are responsible for tracking data collection regarding the training.

b. The required subject matter for the training shall be appropriate to the level of responsibility and commensurate with level of command.

5. Military Recruiters. Military recruiter training shall occur annually and mirror the General Training Requirements in section 2 of this enclosure.

6. Training for Civilians Who Supervise Service Members. Training is required for civilians who supervise Service Members, for all civilians in accordance with section 585 of reference (f), and, if feasible, highly recommended for DON contractors. Training shall occur annually and mirror the General Training Requirements in section 2 of this enclosure.

7. Responder Training Requirements. To standardize services throughout the DoD, as required in reference (a), all DON 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; DON law enforcement; NCIS; 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 (3) of this instruction. 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;

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 or 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 requirement described 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 (6) of this instruction). 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 shall be entering reports of sexual assault into the 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 (j), as amended by section 538 of reference (s), 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 the "Initial Information for Victims and Witnesses of Crime" form (DD Form 2701).

(10) Inform SARCs of the existence of the DoD-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 (6)) of this instruction). 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;

(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 (j), amended by section 538 of
reference (s), 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 actions 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 a MTF. In addition to the responder training requirements above, 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 shall maintain confidentiality to the extent authorized by law and this instruction. Training shall 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 training 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 (p) and the Department of Justice (DOJ) National Training Standards (reference (aq)) and in accordance with reference (al).

(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 enclosure (15) and with references (aq) and (al);

b. In addition to the requirements in reference (al), 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 his 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 (n) and the DOJ National Training Standards in accordance with reference (aq).

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 three

years from date of issue and must be reassessed and renewed at the end of the three-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. Law enforcement (including NCIS) personnel, authorized to investigate violations of the UCMJ, training shall:

(1) Include the responder training requirements in paragraph 7.a. of this enclosure for 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 DoD IG. In addition, 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 (p) and paragraph 4.4 of reference (an) by contacting the VWAP.

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

(d) Review IG policy and applicable Service guidance 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 5 years in accordance with reference (z) and with section 586 of reference (j), as amended by section 538 of reference (s). Personal property retained as evidence collected in association with a sexual assault investigation will be retained for a period of 5 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 DoD regulations.

(e) Discuss sex offender issues.

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

(1) Be guided by DoD IG policy;

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

(3) Remain consistent with the guidelines published under the authority and oversight of the DoD IG. In addition, NCIS 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 (14) of this instruction;

(b) Include DoD 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 5 years in accordance with reference (z) and with section 586 of reference (j), as amended by section 538 of reference (s). Personal property retained as evidence collected in association with a sexual assault investigation will be retained for a period of 5 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 (j), as amended by section 538 of reference (s), 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 (p) and paragraph 4.4 of reference (an) 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 (a), this instruction, and the assigned Military Service regulations on:

1. Notification to command, SARC, and VWAP;

2. Investigating difficult cases to include drug and alcohol facilitated sexual assaults, having multiple

suspects 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.

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 Military 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 (ar). 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 (p) and paragraph 4.4 of reference (an).

(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 (ac);

(f) How to advise victims, SAPR VAs, and VWAP about the military justice process, and MRE 514. 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 (ac). 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 (i)), or any attempt to commit such offense in violation of Article 80 of the UCMJ (section 880 of reference (i)) 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 (i).

4. MRE 412 of reference (ac) and its application to an Article 32 preliminary hearing;

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).

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 reference (as). 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 (i), 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 above, to include explaining the nature of the relationship between a SVC/VLC and a victim will be the relationship between an attorney and client. In accordance with section 1044e of reference (i), 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 VWAP, including:

(a) The rights and benefits afforded the victim;

(b) The role of the VWAP 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 (i).

(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 (i);

(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 (i) and other State and Federal victims' compensation programs.

j. Chaplains and Religious Program Specialists (RPs) 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 503;

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

(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;

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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.

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE

1. Purpose

a. The DSAID supports DoD, DON, and military service SAPR program management and 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 (u). 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. 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 Form 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 (at) 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 shall 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 shall 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 (see enclosure (17)). In all cases, the DD Form 2965 will not be retained for longer than eight days and shall NOT be mailed, faxed, stored,

or uploaded to DSAID. In a Restricted Report case, a copy of the DD Form 2965 shall NOT be provided to commanders.

3. Notification Procedure 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 <http://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 Freedom of Information Act and Privacy Act requests. Requests shall not be informally handled by the SARCs.

SEXUAL ASSAULT ANNUAL AND QUARTERLY REPORTING REQUIREMENTS

1. Annual Reporting for the Military Services. USD(P&R) submits annual FY reports to Congress on sexual assaults involving members of the Military Services. In coordination with the DON-SAPRO, the Navy and Marine Corps must provide separate reports for the prior FY on a schedule, determined by DON-SAPRO, that allows sufficient time for review by the SECNAV and forwarding to the Secretary of Defense (SECDEF), through the DoD-SAPRO, by March 1 of each year. The annual report is accomplished in accordance with guidance from USD(P&R) and section 1631(d) of reference (aa), 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-level 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 includes case synopses, and disciplinary actions taken in substantiated cases and relevant information. (See paragraph 5 of 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(s).

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. In coordination with DON-SAPRO, the Navy and Marine Corps shall provide separate quarterly reports on a schedule, determined by DON-SAPRO, that allows sufficient time for review and forwarding to DoD-SAPRO by the following dates:

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 USNA. The USD(P&R) submits annual reports on sexual harassment and violence at USNA and the other Military Service Academies (MSAs) to the House of Representatives and Senate Armed Services Committees each Academic Program Year (APY). The MSA Sexual Assault Survey conducted by the DoD OPA has been assigned Report Control Symbol DD-P&R(A)2198.

a. In odd-numbered APYs, the Superintendent of USNA will submit a report via DON-SAPRO to SECNAV assessing USNA policies, training, and procedures on sexual harassment and violence involving Midshipmen. The report will be submitted according to a schedule, determined by DON-SAPRO, that allows sufficient time for review by SECNAV and forwarding to SECDEF no later than October 15 of the following APY. OPA 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, OPA 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. The Superintendent of USNA will submit any data call inputs to DoD-SAPRO via DON-SAPRO according to a schedule determined by DON-SAPRO that allows sufficient time for review.

4. Annual Reporting of Installation Data. Installation data is drawn from the annual reports of sexual assault listed in section 1 of this enclosure. In coordination with DON-SAPRO, the Navy and Marine Corps shall provide separate reports for the prior fiscal year, organized by installation, on a schedule, determined by DON-SAPRO, that allows sufficient time for review by SECNAV and forwarding to SECDEF, through DoD-SAPRO, by April 30 of each year. 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.

5. Sexual Assault Offense Investigation Disposition. (Note: the material below is organized in reference (b) as an appendix to its enclosure (14)). Pursuant to legislated requirements, the following terms shall be used by the Services for annual and quarterly reporting of the dispositions of subjects in sexual assault investigations conducted by the NCIS or other 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 to provide to command for consideration of action to take 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, and 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 (i)) is reported annually to DoD in the case synopses or via the 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 (aa) 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 (i)), 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 (i)) (see Rules for Courts-Martial (R.C.M.s) 307 and 401 in reference (ac)).

(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 (i)).

(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., courts-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, non-judicial punishments, and sentences imposed in the case synopses provided to the DoD. To comply with reference (x), 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 (i)) 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 (aa) 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 enclosure (2)), 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 (i)), 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. The number of victims associated with this category shall be reported. Reference (aa) 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 (aa), 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 (aa) requires the reporting of the number of victims associated with this category.

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(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.

**DEFENSE SEXUAL ASSAULT ADVOCATE CERTIFICATION
PROGRAM PROCEDURES**

1. General. This enclosure explains the procedures for D-SAACP certification, recertification, suspension, revocation, and reinstatement requirements. The procedures are outlined for both civilian and military personnel and in accordance with reference (au).

2. D-SAACP Certification Requirements

a. SARCs and SAPR VAs must be appointed by commanders or other appropriate appointing authorities and must be D-SAACP certified; SARCs and SAPR VAs must undergo or have undergone the required background investigation within the past three years and not have a disqualifying condition. A disqualifying condition includes:

(1) A conviction of a crime of sexual assault or any other punitive offense listed in Articles 120, 120a, 120b, 120c, and 125 of Chapter 47 of Title 10, United States Code, also known and referred to in this instruction as "The UCMJ" (sections 920, 920a, 920b, and 925 of reference (i)), or attempts to commit such acts punishable under Article 80 of the UCMJ.

(2) A conviction of domestic violence (see enclosure (2)); child abuse (see enclosure (2)); violent crimes; or attempts in accordance with Article 80 of the UCMJ (section 880 of reference (i)).

(3) A conviction equivalent to a disqualifying condition of State or federal law.

(4) Any criminal conviction determined by the commander or appropriate appointing authority to be inconsistent with SARC and SAPR VA core duties.

(5) A requirement to be registered as a sex offender.

b. Commanders and appropriate appointing authorities appointing new SARCs and SAPR VAs will consider arrest records or adverse actions in personnel files when evaluating a candidate's suitability for certification. Suitability

determinations for civilian employees will be conducted in accordance with Volume 731 of reference (av).

c. Established criteria will be used to weigh all the information (records and adverse actions in personnel files and all other information) to determine eligibility in performing SARC and SAPR VA duties.

d. Background investigation requirements for SARCs and SAPR VAs are:

(1) All civilian employees in SARC and SAPR VA positions are designated as positions of public trust with a moderate risk level (as defined in reference (au)) and are required to complete a Tier 2 background investigation with favorable results before submitting the D-SAACP application. The Tier 2 investigation must be conducted every five years, in accordance with the OPM requirement in reference (au).

(2) All Service Member SARCs and SAPR VAs are required to complete a Tier 2 background investigation before submitting the D-SAACP application.

(3) Tier 2 background investigation and designation as positions of public trust for civilian SARCs and SAPR VAs hired before implementation of this instruction must be completed no later than April 20, 2018.

e. Applicants must complete and submit the DD Form 2950, and a certificate of completion of 40 hours of D-SAACP-approved training. Instructions including how to complete the form and where to submit are provided on the DD Form 2950.

f. The DD Form 2950 packet includes:

(1) Application.

(2) A D-SAACP SARC or SAPR VA Code of Professional Ethics signed by applicant.

(3) Verification memorandum identifying sexual assault victim advocacy experience (for Levels II through IV). This evaluation memorandum must be completed by someone with the authority or in a position to have observed and evaluated the

applicant's knowledge, skills, and work performance as a SARC, SAPR VA, or civilian victim advocate, as it relates to the provision of services to those victimized by sexual assault.

(a) Level I: Includes part-time and additional-duty SARCs and SAPR VAs. This is required to fulfill the role of SARC or SAPR VA and to deploy as a SARC or SAPR VA. Application for Level I certification is permitted initially for those full-time SARCs and SAPR VAs who do not yet meet the minimum hours required for Level II, III, or IV.

(b) Level II: Along with required attachments listed on page 1 of the application, the DD Form 2950 must also include memorandum of confirmation/evaluation verifying 3,900 hours (two years) of specialized experience and observation of three or more of the applicant's sexual assault case responses within the last two years completed and signed by the supervisor(s) and evaluator(s).

(c) Level III: See application instructions on page 1 of the DD Form 2950 for required attachments. Along with required attachments, the application shall also include memoranda of confirmation/evaluation (pages 6-8) verifying 7,800 hours (four years) of specialized experience and observation of three or more of the applicant's sexual assault case responses within the past two years completed and signed by the supervisor(s) and evaluator(s).

(d) Level IV: Along with required attachments, the application shall also include memoranda of confirmation / evaluation (pages 6-8) verifying 15,600 hours (eight years) of specialized experience and observation of three or more of the applicant's sexual assault case responses within the past two years completed and signed by the supervisor(s) and evaluator(s).

(4) Evaluation of sexual assault victim advocacy experience (for Levels II through IV).

(5) Supervisor and commander or appropriate approving authority statement of understanding.

(6) Two signed letters of recommendations:

(a) SARCs.

1. The first letter must be completed by the commanding officer. The signing commanding officer must be, at a minimum, an O-6 or GS-15 and in the SARC's chain of command. The commanding officer will include the date that the Tier 2 background investigation was completed.

2. The second letter of recommendation must be signed by a day-to-day supervisor. The supervisor must be, at a minimum, an O-3, E-7, CWO2/CW2, or GS-09 in each respective pay grade. The supervisor must be in the SARC's chain of command.

(b) SAPR VAs.

1. The first letter must be completed by the supervising SARC.

2. The second letter of recommendation must be signed by a day-to-day supervisor. The supervisor must be, at a minimum, an O-3, E-7, CWO2/CW2, or GS-09 in each respective pay grade and in the SAPR VAs chain of command. The supervisor will include the date the Tier 2 background investigation was completed.

g. Subjects of an open criminal or IG investigation, a command directed investigation relating to a violation of victim rights or with a nexus to their SARC or SAPR VA duties, will have certification applications delayed until the investigation and complaint has been fully adjudicated to ensure applicants are suitable candidates for certification.

h. D-SAACP certification requirements meet the minimum standards for victim assistance services in the military community in accordance with reference (aw).

3. D-SAACP Recertification Requirements. D-SAACP requires applicants to show proof of 32 hours of continuing education training for certification every two years.

a. Continuing Education Training. The 32 hours of training will be comprised of:

(1) Prevention and Advocacy Training.

(a) Applicants must take 30 hours of prevention and victim advocacy courses in topics relevant to their role as a SARC or SAPR VA. Training courses are not limited to sexual assault advocacy and could be more general victim advocacy and prevention.

(b) Applicants should seek training in emerging issues and victim-focused, trauma-informed care by taking courses that are related to prevention and response and should consult with Service SAPR program managers for approved training courses.

(2) Victim Advocacy Ethics Training. In addition to paragraph 3a(1)(a), applicants must take two hours of victim advocacy ethics training. The Military Services are encouraged to create their own ethics training and submit the curriculum to the D-SAACP Committee for review.

b. Limitations to Continuing Education Training.

(1) Service-specific Training. A maximum of 12 hours of training on updates to Service-specific policies and procedures may be counted towards the 32-hour requirement.

(2) Ineligible Courses. The 40-hour training courses used to obtain initial D-SAACP certification and courses unrelated to victim advocacy or prevention will not satisfy continuing education training requirements.

(3) Ineligible Activities. Activities that are not considered "training" or that are not educational in nature will not count towards D-SAACP continuing education training course requirements (e.g., participating in a run/walk event, reading information online, reviewing SAPR program or policy updates in an email; volunteering at a Sexual Assault Awareness table or booth, or serving as an instructor in a SAPR training).

c. Documentation of Continuing Education Training.

(1) Certification of Completion. All continuing education training must be documented by a certificate of completion or by using the "Department of Defense Sexual Assault Advocate Certification Program Renewal Application Packet" (DD Form 2950-1) as proof of attendance and course completion.

(2) Documentation Requirements. Documentation must include the date, location, topic, and number of hours spent in training, and must be signed by the trainer or training coordinator.

(3) Acknowledgment for a SAPR VA. For a SAPR VA verification must be by the applicant's SARC. The supervisor will acknowledge completion of training requirements in the letters of recommendation, which will be attached to the DD Form 2950-1.

(4) Acknowledgment for a SARC. The SARC's supervisor or Service regional or major command SARC, or Headquarters SAPR office personnel will acknowledge completion of training requirements in the letters of recommendation submitted with the renewal application.

4. D-SAACP Suspension and Revocation Guidelines

a. Before the revocation of a SARC or SAPR VA certification, the following minimum requirements will be met:

(1) On receipt of information that a SARC or SAPR VA is alleged to have committed a sexual assault or any other punitive offense listed in Articles 120, 120a, 120b, 120c, or 125 of the UCMJ (sections 920, 920a, 920b, and 925 of reference (i)); or attempts to commit such acts punishable under Article 80 of the UCMJ (section 880 of reference (i)); or the equivalent State or federal law, regardless of when the alleged offense occurred, the responsible commander, director, or civilian counterpart will:

(a) Immediately report any and all allegations of sexual assault against a SARC or SAPR VA to the appropriate MCIO and the MCIO will take appropriate action in accordance with reference (z).

(b) File an eight-day report in accordance with enclosure (17).

(c) Immediately notify the SARC or SAPR VA in writing that a complaint has been received, an inquiry has been initiated, and their authority to perform SARC and SAPR VA

duties is suspended pending the outcome of the MCIO investigation.

(2) On receipt of any other complaint that is not a sexual assault allegation as defined by reference (c) against a SARC or SAPR VA, the responsible commander or appropriate approving authority will:

(a) Immediately notify the SARC or SAPR VA in writing that a complaint has been received, an inquiry has been initiated, and their authority to perform SARC and SAPR VA duties is suspended pending the outcome of the investigation by the responsible commander or appropriate approving authority.

(b) Ensure a timely and comprehensive inquiry is conducted.

(c) Follow the Military Services' established adverse action, administrative inquiry, or investigative procedures to determine whether the D-SAACP certified SARC or SAPR VA has done one or more of the following:

1. Violated the D-SAACP code of professional ethics provided on the DD Form 2950 or 2950-1.

2. Presented a danger of immediate or serious harm to victims of sexual assault or to the general public.

3. Intentionally made a false statement in the application for certification or renewal on the DD Form 2950 or 2950-1.

4. Used a controlled substance or alcoholic beverage while serving on-call that impaired his or her ability to perform SARC or SAPR VA duties properly.

5. Been charged, arrested, or convicted of any criminal activity.

6. Been charged, arrested, or convicted of domestic violence; child abuse; violent crimes; and any felony offense determined by the commander or the appropriate appointing authority to be inconsistent with the SARC or SAPR VA core duties.

7. Been convicted at court-martial of an offense under the UCMJ carrying with it a maximum sentence of confinement for greater than one year or punitive discharge from the Military Service or of a felony criminal offense in State or federal courts.

8. Engaged in or solicited sexual relations with a sexual assault victim currently under the SARC or SAPR VA's care, or a victim known to be currently under care of any SARC or SAPR VA.

9. Failed to maintain the privacy of victims before, during, and after the professional relationship in accordance with this instruction, Military Rule of Evidence 514 pursuant to reference (ac), and applicable federal, DoD, and Service privacy laws and regulations.

10. Intentionally provided false or misleading guidance or advice to a victim.

11. Demonstrated a lack of competency or ability that jeopardized the delivery of professional victim advocacy.

b. Pending the outcome of the appropriate investigation the commander or other appropriate appointing authority, will determine in consultation with the servicing legal office whether there is preponderance of evidence to support the complaint. If it is determined that a preponderance of evidence exists then he or she will, in consultation with the servicing legal office, the SARC (for SAPR VAs), and the human resources office, based on the nexus of the alleged misconduct to the SARC or SAPR VA duties, determine whether to suspend or revoke the D-SAACP certification.

c. The commander or other appropriate appointing authority will notify the SARC or SAPR VA in writing of a decision to suspend or revoke a D-SAACP certification and will provide a copy of the notification letter to the affected Service SAPR Program office. This notification letter must include:

(1) The effective date of the suspension or revocation of certification.

(2) The grounds for the suspension or revocation, including the specific misconduct, ethical violation, substandard performance, professional or personal impairment, or the reason the commander or appropriate approving authority lost faith and confidence in the SARC or SAPR VA to perform assigned duties.

(3) The direction for the SARC or SAPR VA to surrender their D-SAACP certificate and wallet identification card to the first person in the chain of command or supervisor within 24 hours of receipt of the letter of notification.

(4) Notification of the SARC or SAPR VA's right to appeal the decision and description of the Service appeals procedures.

d. The commander or other appropriate appointing authority will provide a written report to the SAPR Program office of the Military Service concerned within three business days of concluding an inquiry. The report must document:

(1) Complaint received.

(2) Facts surrounding the complaint.

(3) Findings made during the inquiry process to include the grounds for the suspension or revocation, including the specific misconduct, ethical violation, substandard performance, professional or personal impairment, or the reason the commander or appropriate approving authority has lost faith and confidence in the SARC or SAPR VA to perform assigned duties.

(4) Decision to suspend or revoke the SARC or SAPR VA's D-SAACP certification and the effective date of the suspension or revocation.

(5) Signature of the SARC or SAPR VA acknowledging receipt of their suspension or revocation decision notice.

e. Service SAPR Program office will provide the DoD SAPRO with written notification within five business days of receiving the commander's or appropriate approving authorities' notification to suspend or revoke the SARC or SAPR VA's D-SAACP certification. The notification must include the written report

provided to the Service SAPR Program office containing reason(s) for decision based on guidelines in paragraphs 4d(1)-(5) of this enclosure.

f. DoD SAPRO will report the suspension or revocation to the D-SAACP administrator within five business days of receiving notification from the Service SAPR Program office.

g. Should the complaint prove unfounded, the SARC or SAPR VA may be reinstated in accordance with the guidance in section 5 of this enclosure.

5. D-SAACP Reinstatement Guidelines

a. All allegations will be considered by the commander or appropriate appointing authority who will determine if they are inconsistent with SARC or SAPR VA core duties.

b. In instances where a suspension or revocation of certification is due to administrative error, the commander or appropriate appointing authority must issue a reinstatement letter to D-SAACP to reinstate the SARC or SAPR VA. A copy of the letter will be forwarded to the Service SAPR Program office within three business days, and the Service Program office will provide DoD SAPRO with a copy within five business days of receipt. DoD SAPRO will provide the letter to the D-SAACP administrator within five business days of receipt from the Service SAPR Program.

c. If a SARC or SAPR VA certification has been revoked, reinstatement may be requested by reapplying through the D-SAACP application process with DD Form 2950.

d. The Service SAPR Program office will provide DoD SAPRO with written notification and the DD Form 2950 within five business days of receiving the notification to reinstate SARC or SAPR VA D-SAACP certification from the commander or appropriate appointing authority. The written notification will include notification to the SARC or SAPR VA of their reinstatement and the appropriate vehicle for reinstatement and include the SARC or SAPR VA signature.

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e. DoD SAPRO will forward the reinstatement appointment letter and reappointment applications, as appropriate, to the D-SAACP Committee.

f. The D-SAACP Committee and staff will process accordingly and communicate directly with the applicant about the final disposition of request for reinstatement.

**CERTIFICATION STANDARDS FOR SEXUAL ASSAULT
PREVENTION AND RESPONSE PROGRAM MANAGERS**

1. Section 1725 of reference (f) required the Department of Defense to establish minimum standards for the qualifications necessary to be selected, trained, and certified for assignment as a SAPR Program Manager. The standards outlined in this enclosure were established by reference (d).
2. Standards for the selection, training, and certification of SAPR Program Managers are outlined in the table (3) below. They divide SAPR Program Managers into two categories: those that work directly with sexual assault victims and those that do not. The standards in the table below are effective throughout the Department of the Navy. Individuals who were already in their positions as SAPR Program Managers on March 10, 2015, were provided one year from that date to comply with these standards.
3. These standards represent baseline requirements for compliance with references (g) and (d). Each Military Service may add supplementary selection, training, and certification standards, as deemed appropriate.

Table 3. Sexual Assault Prevention and Response Program Manager (SAPR PM) Selection, Training and Certification Standards

CATEGORY OF SAPR PM	SELECTION	TRAINING	CERTIFICATION
SAPR PM *** (CIV or MIL) WHO DOES NOT HAVE DIRECT CONTACT WITH VICTIMS	<ul style="list-style-type: none"> • Experience in developing policy, or program management and execution. • Experience in sexual assault or domestic violence prevention and response is highly recommended. • Tier 1 Background Investigation.* 	<ul style="list-style-type: none"> • 40+ hour Service Specific National Advocate Credentialing Program (NACP) approved Sexual Assault Response Coordinator training to be completed within 6 months of starting employment or assignment. 	<ul style="list-style-type: none"> • All selection and training criteria is met. • Letter of recommendation from current immediate commander/supervisor. • Package submitted and approved for certification to Service or installation level SAPR Chief.
SAPR PM *** (CIV or MIL) WHO HAS DIRECT CONTACT WITH VICTIMS	<ul style="list-style-type: none"> • Experience in developing policy, or program management and execution. • Experience in sexual assault or domestic violence prevention and response is highly recommended. • Tier 2 Background Investigation.** 	<ul style="list-style-type: none"> • 40+ hour Service Specific National Advocate Credentialing Program (NACP) approved Sexual Assault Response Coordinator training. 	<ul style="list-style-type: none"> • Department of Defense Sexual Assault Credentialing Program (D-SAACP) Certification.

* This position has been designated as Tier 1, a low-risk, non-sensitive position in accordance with the 2014 Federal Investigative Standards.

** This position has been designated as Tier 2, a moderate-risk, non-critical position in accordance with the 2014 Federal Investigative Standards.

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*** SAPR PM who were already in their positions on March 10, 2015 were allowed one year from that date to comply with these standards.

(Federal Investigations Notice No. 15-03 outlines Tier 1 and Tier 2 background investigation standards on the Office of Personnel Management website at: <https://nbib.opm.gov/hr-security-personnel/federal-investigations-notices/2015/fin-15-03.pdf>).

**SEXUAL ASSAULT INCIDENT RESPONSE OVERSIGHT REPORT
STANDARDS AND INFORMATION**

1. The SAIRO report will be prepared and submitted by the assigned immediate commander with input from the SARC and the NCIS or other MCIO. For SAIRO reports triggered by Unrestricted Reports, the SARC will be responsible for providing all victim information and the MCIO will provide the incident data and investigation information. For SAIRO reports triggered by an independent investigation, the MCIO will be responsible for providing the available information, and no information will be requested from the SARC. Table (4) below identifies the commanders that have the responsibility for preparing and submitting the SAIRO report.

2. The SAIRO report will be provided to:

a. The installation commander, if such incidents occurred on or in the vicinity of a military installation.

b. The first officer in the grade of O-6 and the first GO/FO in the chain of command of the victim, if the victim is a Service Member.

c. The first officer in the grade of O-6 and the first GO/FO in the chain of command of the subject, if the subject is a Service Member.

d. If the first officer in the grade of O-6 or the first GO/FO in the chain of command designated to receive the SAIRO report is the alleged subject, the SAIRO report will be provided to the next higher commander.

3. The SAIRO report:

a. Will not delay:

(1) Immediate reporting to the appropriate MCIO.

(2) Immediate reporting through operational channels.

The SAIRO report is not meant to replace Service requirements for a serious incident report or operational reporting.

Table 4. SAIRO Reporting Responsibility

VICTIM	SUBJECT	UNIT	RESPONSIBILITY FOR PREPARING & SUBMITTING SAIRO REPORT	REPORT LENGTH	TRIGGER FOR 8-DAY TIME FRAME
Service Member	Service Member	Both in same unit	Victim's immediate commander	Full report	DD Form 2910, "Victim Reporting Preference Statement" signed
Service Member	Service Member	In different units	Victim's immediate commander	Full report	DD Form 2910 signed
Service Member	Civilian	n/a	Victim's immediate commander	Full report	DD Form 2910 signed
Civilian who IS eligible for SAPR services	Service Member	n/a	Subject's immediate commander	Abbreviated report containing "Incident Data" (paragraph 5a) and "Investigation" (paragraph 5e)	DD Form 2910 signed
Civilian who IS NOT eligible for SAPR services	Service Member	n/a	Subject's immediate commander	Abbreviated report containing "Incident Data" (paragraph 5a) and "Investigation" (paragraph 5e)	MCIO notifies immediate commander

b. Is required for all Unrestricted Reports of sexual assault incidents, including incidents (being reported at the present time) that occurred before the enlistment or commissioning of the Service Member victim, with the understanding that some subject information may not be accessible or available.

c. Is not prepared for sexual assaults involving FAP cases, consistent with DoDI 6400.1 (reference (ax)) and DoDI 6400.06 (reference (m)), that occurred during or before military service.

4. The SAIRO report must follow these standards:

a. Time Requirement. The SAIRO report must be submitted in accordance with section (2) of this enclosure within eight calendar days by the immediate commander.

(1) If the victim files an Unrestricted Report through a DD Form 2910, the eight-day timeframe begins when an Unrestricted Report is made to a SARC or SAPR VA and the SARC or SAPR VA fills out a DD Form 2910 for the Unrestricted Report. The SARC will contact the immediate commander within 24 hours, or 48 hours if there are extenuating circumstances in deployed environments. This requirement does not affect the pre-existing requirement for the SARC to contact the installation commander.

(2) If the victim elects to convert his or her Restricted Report to an Unrestricted Report via DD Form 2910, a SAIRO report must be submitted within 8 calendar days of the conversion on the DD Form 2910.

(3) If an independent investigation is started, then the requirement for the SAIRO report and the trigger for the 8-day timeframe begin when the MCIO notifies the immediate commander of the subject.

b. When Required. A SAIRO report is required when an adult sexual assault is reported involving a Service Member victim or a Service Member subject. This requirement only applies to Unrestricted Reports made to a SARC or SAPR VA and to independent investigations initiated by the MCIO.

c. Format. The SAIRO report will follow the written format identified in this enclosure to ensure uniformity across the Military Services, which is essential in joint environments. In addition, the Military Services may require a commander briefing.

d. Need to Know. The information contained in the SAIRO report will be limited to personnel with an official need to know.

e. SAIRO Reporting Responsibility

(1) Within eight calendar days of the Unrestricted Report or notification to the commander of the independent investigation of an adult sexual assault involving a Service Member victim and a Service Member subject, the immediate commander will be responsible for preparing and submitting the SAIRO report in accordance with the procedures in this enclosure.

(a) If the Service Member victim and a Service Member subject are in the same unit, the immediate commander will prepare and submit a written SAIRO report.

(b) If the Service Member victim and a Service Member subject are in different units, the victim's immediate commander will prepare and submit a written SAIRO report.

(c) If the immediate commander is the alleged perpetrator, the next higher commander in the chain of command will prepare and submit a written SAIRO report.

(2) Within eight calendar days of the Unrestricted Report of an adult sexual assault involving a Service Member victim and a non-Service Member subject, the victim's immediate commander will be responsible for preparing and submitting the SAIRO report.

(3) Within eight calendar days of the notification to the commander of the independent investigation or an Unrestricted Report of an adult sexual assault involving a civilian victim, who is eligible for SAPR services, and a Service Member subject, the immediate commander of the subject will be responsible for preparing and submitting the abbreviated SAIRO report containing available information, with the understanding that some victim or subject information may not be accessible. The abbreviated SAIRO report will include "Incident Data" in paragraph 5a and "Investigation" in paragraph 5e in this enclosure.

(4) Within eight calendar days of the notification to the commander of the independent investigation of an adult sexual assault involving a civilian victim, who is NOT eligible for SAPR services, and a Service Member subject, the immediate commander of the subject will be responsible for preparing and submitting the abbreviated SAIRO report containing available information, with the understanding that some victim or subject information may not be accessible. The abbreviated SAIRO report will include "Incident Data" in paragraph 5a and "Investigation" in paragraph 5e in this enclosure.

(5) If the subject is the victim's immediate commander, the SAIRO report will be prepared and submitted by the first O-6 in the victim's chain of command. However, if the subject is the victim's immediate commander and the first O-6 in the chain, then the SAIRO report will be prepared and submitted by the first GO/FO in the victim's chain of command.

5. The following information is required:

a. Incident Data. Incident data will be obtained from the MCIO. Incident data cannot be acquired through a command-directed investigation, which is prohibited for sexual assaults. The immediate commander preparing the SAIRO report will provide preliminary information of the incident, at a minimum including:

(1) Victim gender, duty status, Service affiliation, assigned unit, grade, and current geographic area where the victim is stationed and lives. If not a Service Member or DoD civilian employee, indicate if the victim is a military dependent, DoD contractor, foreign national, or non-government civilian. Do not include PII. The SARC will report non-PII concerning sexual assault incidents (without information that could reasonably lead to personal identification of the victim or the subject). For example, depending on the size of the location or the gender make-up of the unit, the SARC may not be able to include victim gender, rank, or grade.

(2) Subject gender, duty status, Service affiliation, assigned unit, grade, and current geographic area where the subject is stationed and lives. If not a Service Member or DoD civilian employee, indicate if subject is a military dependent, DoD contractor, foreign national, or non-government civilian. Do not include PII. The SARC will report non-PII concerning

sexual assault incidents (without information that could reasonably lead to personal identification of the victim or the subject). For example, depending on the size of the location or the gender make-up of the unit, the SARC may not be able to include subject gender or grade.

(3) Most serious sexual assault offense alleged in the investigation.

(4) Location where the alleged sexual assault offense occurred (e.g., indicate if on an installation). Provide additional details if available; e.g., in barracks, off-base housing, showers.

(5) Date and time of the alleged sexual assault offense.

(6) Date the victim was referred to the SARC or SAPR VA.

(7) If an Unrestricted Report was made to a SARC or SAPR VA, date when the DD Form 2910 was completed by the SARC or SAPR VA.

(8) Date the alleged sexual assault offense was reported to the MCIO, including the organization notified.

(9) If a Service Member subject, whether the subject has been temporarily transferred or removed from an assigned billet, if applicable.

(10) Any other relevant information pertaining to the subject.

b. Advocacy Services Offered. SAPR advocacy services of a SARC and a SAPR VA will be offered if the victim is a Service member, adult military dependent, or otherwise eligible for SAPR services. The SARC will provide the immediate commander assigned to prepare the SAIRO report:

(1) Confirmation that the SARC entered information into the DSAID within 48 hours, or 96 hours if in a deployed environment with connectivity issues.

(2) If the victim accepted advocacy services, a description of any circumstances in the response that adversely

affected the command's ability to address the victim's needs (e.g., timeliness; sensitivity; obstacles to care; coercion, retaliation, or reprisal, if any). The SARC will include any victim input provided with documented victim consent for disclosure of privileged communications. The SARC will confirm that the victim was informed of the ability to speak to a SVC/VLC before providing consent for release of privileged information.

(3) A summary of the SAPR services offered.

(4) The date when the next CMG meeting is scheduled to provide oversight for this case. The installation commander or deputy installation commander will chair the CMG. The victim's immediate commander is a mandatory member.

c. Victim's Immediate Commander Input (for Service Member victims only). Include additional comments by the victim's commander, if any.

d. Healthcare. Do not include PII or individually identifiable health information protected under reference (ak) when providing healthcare information. If the victim is a Service Member or otherwise eligible for healthcare at a military treatment facility, provide the date when:

(1) The victim was offered medical care.

(2) The victim was offered mental health care.

(3) The victim was offered a SAFE at the appropriate location based on eligibility requirements. If a SAFE was not offered, explain why.

e. Investigation. The MCIO will provide the immediate commander assigned to prepare the SAIRO report:

(1) The MCIO case file number. If there is no MCIO case number, indicate why and include the investigating jurisdiction notified and the date of the notification. Information from civilian law enforcement may not be available.

(2) Confirmation that the victim has been provided a copy of "Initial Information for Victims and Witnesses of Crime" (DD Form 2701).

f. Safety. If the victim is a Service Member or an adult military dependent, the SARC will provide the immediate commander assigned to prepare the SAIRO report:

(1) The date the safety assessment of the victim was conducted.

(2) Report on whether there was a need to assemble a HRRT.

(3) The date the victim was given information regarding MPOs and CPOs.

(4) A report on whether MPOs or CPOs were issued and whether they were issued in accordance with enclosure (7).

(5) If the event(s) happened in a deployed environment, a description of the safety measures taken for the victim.

g. Expedited Transfers. If the victim is a Service Member, the SARC will provide the immediate commander assigned to prepare the SAIRO report:

(1) The date the victim was given information regarding expedited transfers.

(2) A report on whether or not the victim requested an expedited transfer and, if so, its processing status, including the date it was received.

h. Legal Services. If the victim is eligible in accordance with Service eligibility requirements, the SARC will provide the immediate commander assigned to prepare the SAIRO report:

(1) The date when the victim was informed of his or her Military Service's SVC/VLC program.

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(2) Confirmation that the victim was notified that a SVC/VLC is the victim's attorney, not the prosecution, and will provide him or her with legal advice and representation.