

OPNAVINST 1752.1C
13 Aug 2015

**NAVY SEXUAL ASSAULT
PREVENTION AND
RESPONSE (SAPR)
PROGRAM**



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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OPNAV INSTRUCTION 1752.1C

From: Chief of Naval Operations

Subj: NAVY SEXUAL ASSAULT PREVENTION AND RESPONSE PROGRAM

Ref: (a) DoD Instruction 6495.02 of 28 March 2013
(b) SECNAVINST 1752.4B
(c) DoD Directive 6495.01 of 23 January 2012
(d) BUMEDINST 6310.11A
(e) SECNAVINST 5370.7D
(f) DoD Instruction 5505.18 of 25 January 2013
(g) OPNAVINST 5354.1F
(h) OPNAVINST F3100.6J (NOTAL)
(i) NAVPERS 15560D, Naval Military Personnel Manual
(j) SECNAVINST 1920.6C
(k) RESPERS M-1001.5, Naval Reserve Personnel Manual

1. Purpose

a. To issue policies and standards to aid in the prevention of sexual assault throughout the Navy, provide support to victims, define requirements, and assign responsibility for implementation of the Navy Sexual Assault Prevention and Response (SAPR) Program pursuant to references (a) through (k).

b. This is a complete revision and should be reviewed in its entirety. Significant changes to this instruction are as described in subparagraphs 1b(1) through 1(b)(16).

(1) Change the Navy Sexual Assault Victim Intervention Program to the Navy SAPR Program to align with the Department of the Navy (DON) SAPR Office and Department of Defense (DoD) policy.

(2) Require commanders to consult a judge advocate general officer prior to disposition of any sexual assault case.

- (3) Delineate notification and reporting requirements for sexual assaults within the Navy.
- (4) Require nationally recognized advocacy standards for the certification and credentialing of sexual assault response coordinators (SARC), deployed resiliency counselors, SAPR victim advocates (SAPR VA), and unit SAPR VAs.
- (5) Require commanding officers (CO), executive officers (XO), and the senior enlisted leaders assigned complete the SARC commander's toolkit brief and training regarding the Military Rule of Evidence 514.
- (6) Establish minimum standards for the qualifications necessary to be selected, trained, and certified for assignment as a SAPR program manager (PM).
- (7) Eliminate the command SAPR liaisons and data collection coordinator assignment requirements and updating responsibilities of the unit SAPR point of contact (POC).
- (8) Establish the requirement for monitoring the use of fiscal, personnel, and program resources necessary for effective SAPR programs via the appropriate program element codes (i.e., 0808738 Operation and Maintenance, Navy; 0538738 Operations and Maintenance, Navy Reserve).
- (9) Establish a self-assessment tool for commands to ascertain SAPR program compliance within individual commands.
- (10) Establish procedures for supporting use of the DoD Safe Helpline as the sole hotline for crisis intervention and facilitation of victim reporting.
- (11) Establish the option for sexual assault victims to report the assault to other COs or an inspector general if the alleged offender is the victim's CO or an individual within the immediate chain of command.
- (12) Establish the right for a victim who files an unrestricted report to seek assistance from a legal assistance attorney.

(13) Establish procedures for victim support to include establishment of victims' legal counsel and special victims' investigations and prosecution capability.

(14) Establish sexual assault case management group (CMG) membership, roles, and responsibilities.

(15) Require flag officer review of grounds and circumstances into recommendations for involuntary separation within 1 year of final disposition of the case of service members who filed Unrestricted Reports of sexual assault.

(16) Incorporate requirements for line of duty determinations.

2. Cancellation. OPNAVINST 1752.1B.

3. Change Recommendations. SAPR policies, procedures, and requirements may be modified only by change to this instruction. Submit recommendations to Deputy Chief of Naval Operations Manpower, Personnel, Training and Education (CNO (N1)).

4. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

5. Forms and Information Collection Requirements

a. The forms listed in subparagraphs 5a(1) through 5a(7) may be downloaded from the DoD Forms Management Program Web site at <http://www.dtic.mil/whs/directives/forms/index.htm>.

(1) DD Form 261 Report of Investigation Line of Duty and Misconduct Status.

(2) DD Form 2701 Initial Information for Victims and Witnesses of Crime.

(3) DD Form 2873 Military Protective Order.

(4) DD Form 2910 Victim Reporting Preference Statement.

(5) DD Form 2911 DoD Sexual Assault Forensic Examination (SAFE) Report.

(6) DD Form 2950 Department of Defense Sexual Assault Advocate Certification Program (D-SAACP) Application Packet for New Applicants.

(7) DD Form 2950-1 Department of Defense Sexual Assault Advocate Certification Program (D-SAACP) Renewal Application Packet for Renewal Applicants

b. The forms listed in subparagraphs 5b(1) through 5b(4) may be downloaded from Naval Forms OnLine at <https://navalforms.documentservices.dla.mil/web/public/home>.

(1) OPNAV 1752/2 Sexual Assault Incident Response Oversight (8-Day) Report.

(2) OPNAV 1752/3 Sexual Assault Prevention and Response (SAPR) Program Command Assessment Tool.

(3) NAVPERS 1752/1 Sexual Assault Disposition Report.

(4) NAVPERS 1070/887 Sex Offense Accountability Record.

c. Data collections contained within this instruction have been assigned Office of the Chief of Naval Operations (OPNAV) report control symbols (RCS) as per subparagraphs 5c(1) through 5c(4).

(1) OPNAV RCS 1752-2 has been assigned to sexual assault report to combatant commands contained in chapter 2, subparagraph 3k.

(2) DD-P&R(Q)2205 has been assigned to Service referral, restricted report data and analysis, and unrestricted incident data analysis contained in chapter 2, subparagraphs 4j, 8w, and 9b.

(3) OPNAV RCS 1752-3 has been assigned to the reports of SAPR program access numbers contained in chapter 2, subparagraph 8c.

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(4) OPNAV RCS 1752-4 has been assigned to OPNAV 1752/2 Sexual Assault Incident Response Oversight (8-day) Report.



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CHAPTER 1
GENERAL INFORMATION

1. Purpose. This instruction establishes internal Navy policy only and is not intended to, nor does it, create any rights, substantive or procedural, enforceable at law or equity by any victim, witness, suspect, accused, or other person in any matter, civil or criminal, and places no limits on the lawful prerogatives of the Navy or its officials.

2. Objective. Sexual assault is a criminal act incompatible with Navy core values, high standards of professionalism, and personal discipline. Navy's focus on prevention and response includes effective education and training, a 24 hour and 7 days per week (24/7) response capability to ensure victim support, worldwide reporting procedures, and appropriate accountability. Commanders, supervisors, and managers at all levels are responsible for the effective implementation of the SAPR program and policy.

3. Applicability. This instruction is applicable throughout the U.S. Navy to:

a. Service members who are on active duty and who have been sexually assaulted, regardless of when or where the sexual assault took place, including those who were victims of sexual assault prior to enlistment or commissioning.

b. National Guard (NG) and Reserve Component (RC) members who are sexually assaulted when performing active service, as defined in section 101(d)(3) of Title 10, United States Code (U.S.C.), and inactive duty training (IDT). If reporting a sexual assault that occurred prior to or while not performing active service or inactive training, NG and RC members will be eligible to receive limited SAPR support services from a SARC, a SAPR VA, and a victims' legal counsel, and are eligible to file a restricted or unrestricted report.

c. Military dependents 18 years of age and older who are eligible for treatment in the military health system (MHS), at installations in the continental United States (CONUS) and

outside of the continental United States (OCONUS), and who were victims of sexual assault perpetrated by someone other than a spouse or intimate partner.

(1) Adult military dependents may file unrestricted or restricted reports of sexual assault.

(2) The Family Advocacy Program (FAP) covers Service members and adult military dependent victims who are sexually assaulted by a spouse or intimate partner and military dependent sexual assault victims who are under 18 years of age. The installation SARC and the installation FAP and domestic violence intervention and prevention staff must direct coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

d. Non-military individuals listed in subparagraphs 3d(1) and 3d(2) who are victims of sexual assault are eligible for limited emergency care medical services at a medical 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 will also be offered the 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 must be provided to:

(1) 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.

(2) U.S. citizen DoD contractor personnel when they are authorized to accompany the Military Services 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 references (a) through (d) as applicable.

e. Victims of sexual assault incidents occurring under DON jurisdiction are eligible, regardless of affiliation, for available advocacy services.

4. Scope

a. All Navy personnel are responsible for understanding Navy's sexual assault policy, the penalties and consequences for engaging in any form of sexual assault, and the adverse impact of sexual assault on unit and Navy mission accomplishment. Navy personnel must not:

(1) Commit sexual assault or other acts of sexual misconduct, in violation of the Uniform Code of Military Justice (UCMJ);

(2) Retaliate or take reprisal against a person who provides information on an incident of alleged sexual assault;

(3) Knowingly make a false accusation of a sexual assault; or

(4) Condone or ignore sexual assaults.

b. All Navy personnel must be made aware of Navy's policy regarding retaliation and reprisal outlined in reference (e). First responders must be alert to the potential presence of retaliation in sexual assault cases, its impact on victims who file reports, and procedures for reporting suspected violations to the proper authority.

c. Waivers will not be granted for commissioning or enlistment in the Navy when the person has a qualifying conviction for a crime of sexual assault or is required to be registered as a sex offender, per OPNAVINST 1752.3.

d. A flag officer must review the circumstances of and grounds for the proposed involuntary separation of a Service member who reports a sexual assault and is later recommended for involuntary separation within 1 year of final disposition of the reported incident.

e. Specific assessments of SAPR programs must be included in all command inspections and area visits, ensuring that subordinate inspectors general include SAPR program assessments in respective unit-level inspection programs.

5. Definitions and Abbreviations and Acronyms. Please refer to appendix A for definitions to terms and appendix B for abbreviations and acronyms used throughout this instruction.

CHAPTER 2
RESPONSIBILITIES

1. Responsibilities. Commanders must take appropriate action under United States laws and regulations on all allegations of sexual assault. DoD and DON civilian officials at each management level must advocate a strong SAPR program and provide education and training that enable prevention and appropriate response to incidents of sexual assault.

2. Judge Advocate General of the Navy must:

a. Establish a timely, effective, worldwide capability to support the prosecution of covered offenses outlined in references (a) and (b).

b. Oversee and manage the special victim investigation and prosecution capability for prosecution and legal support to:

(1) Select specially-trained special victim investigation and prosecution capability prosecutors. Based upon the severity of cases, as determined by supervisory attorneys, special victim investigation and prosecution prosecutors will be assigned to litigate, oversee, or assist in the prosecution of special victim investigation and prosecution capability cases.

(2) Certify that special victim investigation and prosecution capability prosecutors possess the requisite litigation skills, professionalism, and leadership to provide the highest quality of legal representation for the government and support to victims in special victim investigation and prosecution capability cases, under established Service certification standards. Selected special victim investigation and prosecution capability prosecutors must be capable of supervising, mentoring, and training junior counsel while providing candid, independent legal advice and expert prosecutorial support in special victim investigation and prosecution capability cases.

(3) Ensure that qualified victim and witness assistance program (VWAP) personnel, who are judge advocates, are selected, certified, and trained to administer a comprehensive assistance

to support special victim investigation and prosecution capability cases within their local jurisdictions. Judge advocates may not serve as both VWAP personnel and trial counsel for the same sexual assault case.

(4) Ensure that all special victim investigation and prosecution capability paralegals and administrative legal support personnel possess the requisite knowledge, training, and experience to qualify them to provide the broad variety of legal support required in special victim investigation and prosecution capability cases under the supervision of an attorney.

(5) Provide dedicated special victim investigation and prosecution capability trial support resources, such as trial counsel assistance program personnel or highly qualified experts, to assist in training and consulting as necessary in special victim investigation and prosecution capability cases.

(a) Establish policies and procedures to establish a prosecution and legal support special victim investigation and prosecution capability. At a minimum, these policies and procedures will include provisions regarding, as applicable:

(b) General planning to establish Service special victim investigation and prosecution capability policies and regulations to include widespread distribution, training, necessary manpower, and dedicated resources required.

(c) Activation protocol and procedures to ensure:

1. The special victim investigation and prosecution capability legal representative promptly meets or consults with military criminal investigative organizations (MCIO) special victim investigation and prosecution capability members within 48 hours after the designation of an investigation as meeting special victim investigation and prosecution capability requirements.

2. The special victim investigation and prosecution capability legal representative meets or consults with MCIO and Naval Criminal Investigative Service (NCIS) counterparts (e.g., special victim investigation and prosecution capability members) at least monthly to assess progress in the

investigation or prosecution of a covered offense, including ensuring any matter raised by the victim or a person designated to assist or represent the victim is properly addressed.

(d) Integrated professional development and training initiatives focused on enhancing Naval Legal Service Command prosecution capability of special victim offenses.

(6) Establish and maintain selection, certification, and training standards aimed towards achieving fully integrated investigation, prosecution, and victim support.

(7) Enable the selection of special victim investigation and prosecution capability prosecutors to competently litigate or assist in the prosecution of special victim investigation and prosecution capability cases and VWAP personnel and paralegals to competently support the prosecution of covered offenses.

(8) Enable special victim investigation and prosecution capability personnel to support local staff judge advocates (SJA) and responsible legal offices in the provision of candid, professional legal advice to commanders and convening authorities in special victim cases.

(9) Require appropriate training for all special victim investigation and prosecution capability legal personnel to provide victims with an understanding of their rights and information required to be provided during the investigation and court-martial process in a competent and sensitive manner.

(10) Identify and disseminate best practices throughout the Navy legal community.

c. Oversee and manage the victims' legal counsel program to provide legal advice, assistance, and advocacy for eligible sexual assault victims.

(1) Select experienced and mature judge advocates to serve in victims' legal counsel billets where they can be relied upon to provide sound, constructive, and timely legal support to qualifying victims.

(2) Ensure the special training and certification of victims' legal counsel personnel to promote their provision of effective support for victims, including training on victims' rights, victim support, victim recovery, and victim advocacy.

(3) Provide dedicated victims' legal counsel support resources, such as planning, logistics, facilities, fiscal, and professional responsibility experts to assist in manning, supply, and operation of the victims' legal counsel program.

(4) Establish policies and procedures to effect the victims' legal counsel mission and identify and disseminate best practices throughout the victims' legal counsel community.

d. Oversee the provision of professional legal services by Navy judge advocates, civilian attorneys, enlisted and civilian paralegals, and any additional civilian employees who provide legally related VWAP support services.

e. Ensure all victims in unrestricted reports of sexual assault are informed of their rights under the VWAP and that they receive a copy of DD Form 2701 Initial Information for Victims and Witnesses of Crime from the DoD law enforcement officials, per references (a) and (b) and OPNAVINST 5800.7A.

f. Establish procedures to ensure counsel for the government provide a sexual assault victim access to, or a copy of, the Article 32 (UCMJ) preliminary hearing recording upon request.

g. Establish procedures to ensure that in the case of a general or special court-martial involving a sexual assault, a copy of the record of trial (not to include sealed materials, unless otherwise approved by the presiding military judge or appellate court) is provided to the victim, or his or her legal representative if applicable, free of charge.

h. Conduct regular reviews of military justice training, manning, and processes to ensure all requirements are met.

i. Coordinate with other Defense Sexual Assault Incident Database (DSAID) PMs for the collection and submission of the quarterly and annual unrestricted report incident data and analysis as outlined in references (a) and (b).

j. Update the SAPR Cross-Functional Team (CFT) monthly on germane information (e.g., network issues, best practices, lessons learned, aggregate data) to inform stakeholders and drive policy, training, and resourcing.

3. Chief of Chaplains (CNO N097) must:

a. In coordination with OPNAV Director, 21st Century Sailor Office (OPNAV N17), establish and provide standards for initial and periodic sexual assault training for chaplains and religious ministry personnel.

b. Ensure chaplains and religious program specialists (RP) receive sexual assault responder training incorporating required content outlined in chapter 10.

c. Ensure chaplains participate in sexual assault CMG meetings as outlined in chapter 5.

d. Update the SAPR CFT monthly on germane information (e.g., network issues, best practices, lessons learned, aggregate data) to inform stakeholders and drive policy, training, and resourcing.

4. CNO (N1). The Navy Sexual Assault Program was established in 1994 for the purpose of providing a consistent, standardized response to sexual assault incidents through awareness and prevention education, victim advocacy, and data collection. In 2009, the Secretary of the Navy created the DON Sexual Assault Prevention and Response Office (SAPRO) and the Chief of Naval Operations (CNO) assigned the CNO (N1) as the executive agent (EA) for the SAPR program. As the EA, CNO (N1) must:

a. Ensure policy, guidance, and actions support Navy's SAPR program objectives and meet command, Service member, and victim needs.

- b. Develop a strategic plan with supporting actions that achieve the desired end state.
- c. Oversee, coordinate, and synchronize all SAPR actions across the Navy domain, to include the Active Component (AC) and RC.
- d. Ensure implementation of the provisions of this instruction, grant any exceptions needed, and provide for improvements and other appropriate changes.
- e. Provide technical assistance to SAPR program stakeholder organizations in addressing matters concerning SAPR and facilitate the identification and resolution of common issues and concerns.
- f. Provide oversight and support to key SAPR stakeholders to adequately plan for and distribute fiscal, personnel, and program resources necessary for an effective SAPR program and monitor the use of associated funds via the DoD program element code (e.g., 0808738N operations and maintenance, Navy; 0538738N operations and maintenance, Navy Reserve).
- g. Provide program budget and obligation data, as requested by the DoD SAPRO and DON SAPRO.
- h. In coordination with Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM); Commander, U.S. Pacific Fleet (COMPACFLT); and Commander, U.S. Naval Forces Europe, U.S. Naval Forces Africa (COMUSNAVEUR COMUSNAVAF); and Commander, Navy Installations Command (CNIC), establish program assessment capability and metrics for evaluating SAPR program effectiveness.
- i. Identify a primary office to represent the Navy in coordination of issues pertaining to sexual assault prevention and victim support with DON SAPRO and other entities as required in references (a) and (b).
- j. Establish procedures to implement SAPR training as outlined in references (a) through (d) and this instruction.

k. Provide reports of sexual assault to the commanders of the combatant commands for their respective area of responsibility (AOR) on a quarterly basis or as requested.

l. Ensure a general education campaign is conducted to notify Service members of the authorities available for the correction of military records when a member experiences retaliatory personnel action for making a report of sexual assault or sexual harassment.

5. OPNAV N17. OPNAV N17 is designated as the CNO's SAPR officer and directs the implementation of Navywide SAPR efforts. OPNAV N17 must chair the SAPR CFT comprised of key stakeholders delineated in appendix 2A to:

a. Track, revise, and improve SAPR programs as part of overall Navy, DON, and DoD prevention and response strategies.

b. Coordinate and streamline SAPR efforts across the Navy.

c. Update the Navy Preparedness Alliance as directed by the CNO (N1).

d. Update the SAPR Strategic Plan as required, but no later than every 3 years.

e. Research or assess civilian sexual assault prevention programs for incorporation into Navy efforts.

f. Assist with development of protocols to monitor and assess SAPR program effectiveness.

g. Establish data collection procedures and issue policies to ensure standardized release of informational data.

h. Provide a representative to the DoD SAPRO Integrated Product Team (IPT) and provide chair(s) or co-chair(s) for working IPTs, when requested, and appoint a representative to SAPRO oversight teams upon request.

i. Monitor DSAID data entry, access, and maintenance, per references (a) and (b) and this instruction.

j. Coordinate submission of the quarterly, annual, and installation based SAPR data to the Secretary of Defense through the DON SAPRO as directed in references (a) through (c).

6. Navy Office of Information (CHINFO) must:

a. In coordination with OPNAV N17 and other major stakeholders, develop and implement a strategic communications plan that supports Navy's SAPR Program.

b. Publicize SAPR outreach, public awareness, prevention, response, and oversight initiatives and programs.

c. Update the SAPR CFT monthly on germane information (e.g., network issues, best practices, lessons learned, aggregate data) to inform stakeholders and drive policy, training, and resourcing.

7. Director, NCIS, must:

a. Develop policy and procedures and oversee implementation for MCIO adult sexual assault investigations and special victim investigation and prosecution capability pursuant to reference (f).

b. Coordinate with DSAID legal officers and DSAID PMs for the collection and submission of the quarterly and annual unrestricted report incident data and analysis as outlined in references (a) and (b).

c. Update the SAPR CFT monthly on germane information (e.g., initiatives, best practices, lessons learned) to inform stakeholders and drive policy, training, and resourcing.

8. Chief, Bureau of Medicine and Surgery (BUMED) must:

a. Develop standards of medical treatment for victims of sexual assault as stipulated in references (a) through (d).

b. Ensure medical care provided to sexual assault victims is gender-responsive, culturally sensitive, and recovery-oriented.

c. Ensure all military MTFs, along with deployable units with organic medical departments, have written gender-specific treatment protocols for the management of sexual assault victims.

d. Ensure sexual assault victims are given priority and treated as emergency cases, regardless of whether physical injuries are evident. 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.

e. Ensure victims of sexual assault receive timely access to comprehensive medical and psychological treatment, including emergency care treatment and services.

f. Establish processes to support coordination between healthcare personnel and SARCs, ensuring that SARC notification does not delay emergency care treatment of a victim.

g. Develop guidance that requires healthcare personnel, including psychotherapists, to initiate the emergency care and treatment of sexual assault victims and notify the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA upon receipt of a report of sexual assault, regardless if the victim elects restricted or unrestricted reporting.

h. Reinforce policy set forth in references (a) through (d) to minimize re-victimization and establish guidance and protocols for medical response to sexual assault. Healthcare providers giving medical care to sexual assault victims must be trained to recognize pre-existing trauma (prior to present sexual assault incident) and the concept of trauma-informed care.

i. Oversee and evaluate the performance of SAPR procedures by medical personnel.

j. Ensure military MTF COs establish an official collateral assignment for a healthcare provider within each MTF to serve as a primary POC concerning DoD and Navy sexual assault policy and sexual assault care.

k. Develop and publish the plan for the availability of medical sexual assault response capability on a 24/7 basis Navywide, regardless of location. This response must include procedures for collecting, examining, and forwarding of forensic evidence for restricted and unrestricted reporting options by a trained military healthcare provider or a facility retained by the MTF under a memorandum of understanding (MOU) or memorandum of agreement (MOA) required in references (a), (b), and (d).

(1) When establishing MOUs and MOAs with civilian MTF, consider:

(a) The distance and length of time to travel to the civilian MTF;

(b) The credentials and training of civilian medical personnel who will perform the sexual assault forensic examination (SAFE); and

(c) The ability to perform the SAFE on a 24/7 basis.

(2) At a minimum, MOUs and MOAs that concern or address off-base, non-military facilities which provide medical care to eligible victims of sexual assault will include instructions for the notification of a SARC in the case of both restricted and unrestricted reports of sexual assault, evidence receipt procedures, application of the restricted report control number, disposition of evidence to an NCIS representative, and local (CONUS and OCONUS) requirements and jurisdiction for DoD administered SAFE kits.

(3) As a condition of MOUs or MOAs, local private or public sector healthcare providers must have processes and procedures in place to ensure that the local community standards meet or exceed those set forth in references (a) and (b). MTFs must verify initially and periodically that the civilian entities meet or exceed standards for conducting forensic exams of adult sexual assault victims outlined in reference (d).

(4) In situations where a sexual assault victim receives medical care, a SAFE off base through a MOU or MOA with a local private or public sector entities, or both, as part of the MOU

or MOA, victims must be asked whether they would like a SARC to be notified. If the victim consents, the SARC, SAPR VA or unit SAPR VA must be notified and must respond.

1. Ensure all MTF protocols address local (CONUS and OCONUS) procedures for providing access to SAFEs. At a minimum, all MTFs with a 24/7 emergency room must:

(1) Maintain an on-site capability to initiate SAFEs, along with SAFE kit collection and preservation, within 1 hour of the procedure being requested by a credentialed healthcare provider or designated law enforcement official, as appropriate. In addition, protocols must be developed and training instituted to ensure chain of custody is maintained for SAFE kits collected by any DON healthcare personnel.

(2) Have at least one full-time sexual assault forensic examiner assigned. Only Service members and DoD civilian employees who are a physician, nurse practitioner, nurse midwife, physician assistant, registered nurse, or independent duty corpsman and have completed the required training and certification programs may be assigned duties as sexual assault forensic examiners.

m. Ensure that evidence collection procedures are the same for restricted and unrestricted reports of sexual assault to include:

(1) Implementing procedures to provide the victim information regarding the availability of a SAFE kit and the option of refusing to have one conducted when reporting sexual assault incidents. The healthcare provider must use a DoD SAFE kit and the most current edition of the DD Form 2911 DoD Sexual Assault Forensic Examination (SAFE) Report.

(2) Ensuring 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. Improper disclosure of confidential communications and improper release of medical information are prohibited and may result in

discipline pursuant to the UCMJ or State statute, loss of privileges, or other adverse personnel or administrative actions.

(3) Ensuring collaboration with NCIS, other local MCIO, law enforcement officials, and judge advocates to ensure the legal requirements of evidence collection (e.g., chain of custody) are addressed and followed. Upon completion of the SAFE kit and securing of the evidence, the healthcare provider will turn over the material to NCIS or the responsible MCIO, as determined by the selected reporting option.

n. Publicize availability of medical treatment (to include behavioral health) and referral services for victims, witnesses, and alleged offenders who are eligible for treatment in the MHS.

o. Develop and conduct first responder SAPR and SAFE training for all DON military and civilian healthcare personnel.

p. Ensure healthcare providers receive baseline initial and periodic refresher responder training, incorporating the roles and responsibilities of healthcare providers as outlined in references (a), (b), and (d), and this instruction. Ongoing training for healthcare personnel must be sufficient to maintain a broad-based capability to collect and preserve SAFE kits. Sexual assault forensic examiners must complete all training required under the training and certification programs by the date of assignment to this position.

q. Identify a primary office to represent BUMED for coordination of issues pertaining to the medical management of sexual assault victims.

r. Update the SAPR CFT monthly on germane information (e.g., network issues, best practices, lessons learned, aggregate data) to inform stakeholders and drive policy, training, and resourcing.

9. Commander, Navy Personnel Command (NAVPERSCOM) must:

a. Process, track, and provide OPNAV N17 monthly updates regarding expedited transfer requests.

b. Establish, publish, and execute VWAP procedures to ensure that information and services are provided to sexual assault victims, per OPNAVINST 5800.7A.

10. Commander, Naval Education and Training Command (NETC) must:

a. Ensure the sexual assault prevention training and education strategy and program are aligned with and support Navy's overall SAPR program.

b. Coordinate with OPNAV N17 and appropriate PMs to:

(1) Develop and assess awareness, bystander intervention, and sexual assault prevention training to be conducted throughout the military leadership continuum; and

(2) Develop and ensure SAPR training is incorporated into leadership development training with content tailored to the level of supervisory responsibility.

c. Develop annual SAPR training curriculum for Service members required by references (a) and (b) and chapter 10.

d. Update the SAPR CFT monthly on germane information (e.g., network issues, best practices, lessons learned, aggregate data) to inform stakeholders and drive policy, training and resourcing improvements.

11. CNIC is responsible for managing, implementing, and overseeing installation SAPR programs. CNIC must:

a. Issue guidance to regional and installation commands for management and implementation of the program to:

(1) Ensure the installation CO or the installation XO chairs the multi-disciplinary sexual assault CMG on a monthly basis.

(2) Ensure installation SAPR programs incorporate a coordinated approach among medical, legal, investigative,

security, chaplains, fleet and family support centers (FFSC), operational and tenant commands, and civilian resources to include the DoD Safe Helpline.

(3) Ensure notification of a SARC for every report of sexual assault on the military installation to activate victim support and SAPR services. Although SARC notification is required whether or not the victim desires support services, the victim is not required to speak with or see the SARC.

b. Establish and disseminate implementing guidance for local, tenant, and deployed organizations, ensuring both timely access to appropriate victim services and procedures that outline SARC and other first responder responsibilities.

c. Establish procedures for supporting use of the DoD Safe Helpline as the sole DoD hotline for crisis intervention and facilitation of victim reporting through connection to the nearest local SARC, SAPR VA, or unit SAPR VA and other resources as warranted. Procedures must include, but not be limited to, publicizing the DoD Safe Helpline to SARCs and Service members, providing and updating SARC contact information for the referral DoD Safe Helpline database; providing timely response to a victim; and auditing a minimum of 10 percent of SARC or SAPR VA 24/7 access numbers on a monthly basis with results provided to OPNAV N17.

d. Support other responsible Navy SAPR stakeholders in the development and delivery of first responder training requirements (e.g., SARCs, SAPR VAs, health care personnel, law enforcement, MCIOs, judge advocates, chaplains, firefighters, emergency medical technicians (EMT)) as outlined in chapter 10.

e. Support NETC by providing subject matter expertise for the development and implementation of training curriculum identified in this instruction.

f. Develop required initial and periodic refresher training curriculum for SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs (serving ashore, afloat, and deployed) and unit SAPR POCs, incorporating the required content specified in chapter 10.

g. Oversee and manage training completion and certification and credentialing of Navy SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs to include the Defense - Sexual Assault Advocate Certification Program (D-SAACP) certification and revocation guidelines stipulated in reference (a) and chapter 8.

h. Develop standardized unaccompanied housing training for resident advisors, to include the role of resident advisors in preventing sexual assaults.

i. Coordinate development and delivery of pre-deployment and post-deployment SAPR training.

j. Establish procedures to provide adequate safeguards to shield personally identifiable information from unauthorized disclosure as outlined in DoD Directive 5400.11 of 29 October 2014.

k. Ensure procedures are followed to protect victims' rights and provide support and advocacy services.

(1) Ensure sexual assault victims are informed of the opportunity to go outside the chain of command to report the offense to the NCIS, other MCIOs, local law enforcement, an inspector general, victims' legal counsel, or the DoD Safe Helpline.

(2) Ensure that upon reporting sexual assault victims are made aware of the option to seek assistance from a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel or legal assistance attorney; and to consult with defense counsel in cases where victims may have been involved in collateral misconduct.

l. Oversee and manage assignment and allocation of SARCs and full-time SAPR VAs across Navy to ensure:

(1) At a minimum, one full-time SARC and one full-time SAPR VA are assigned per 5,000 personnel. Additional SARCs and SAPR VAs may serve on a full-time or part-time basis.

(2) Only Service members and DoD civilian employees who complete the required training and certification programs serve as SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs.

(3) Designation of a lead SARC is made by the installation CO when multiple SARCs are assigned.

(4) Where multiple SARCs are assigned to an installation, the installation SARC or the lead SARC serves as the co-chair of the sexual assault CMG.

m. Ensure SARCs have, at a minimum, a favorable national agency check (NAC); do not have a conviction of a sexual assault offense; are not registered as a sex offender; and have completed the required SAPR training and D-SAACP certification prior to being authorized access to enter sexual assault reports into the DSAID, as required in this instruction.

n. Oversee, manage, and audit for completeness and accuracy input of data into DSAID by SARCs for all sexual assault cases.

o. Oversee and manage assignment and allocation of deployed resiliency counselors within Navy.

p. Establish procedures to protect SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs from coercion, discrimination, reprisal, or retaliation, related to the execution of SAPR duties and responsibilities.

q. Establish protocols and procedures for when or if SARCs collaborate with local private or public sector entities or utilize social media to ensure standardization and consistent messaging.

r. Ensure establishment of MOUs and MOAs with local community providers and other Military Services. Where appropriate or required by a MOU or MOA, facilitate training for civilian service providers on SAPR policy and the roles and responsibilities of the SARC, deployed resiliency counselors, SAPR VA, and unit SAPR VA.

s. Assist remotely located commands to include Navy recruiting districts, Navy Reserve Officer Training Corps (ROTC) units, Navy operational support centers (NOSC), and other commands not on or near Navy installations, in developing policies and procedures required to ensure compliance with this instruction.

t. In coordination with COMUSFLTFORCOM, COMPACFLT, COMUSNAVEUR COMUSNAVAF, and Commander, Navy Reserve Force (COMNAVRESFORCOM), ensure a comprehensive fleet response to sexual assault is established and resourced.

u. Assist OPNAV N17, COMUSFLTFORCOM, COMPACFLT, COMUSNAVEUR COMUSNAVAF, and COMNAVRESFORCOM in monitoring and assessing SAPR program effectiveness.

v. Assist CHINFO and local public affairs officers in developing and implementing a public awareness plan which publicizes and promotes sexual assault awareness and prevention.

w. Coordinate collection and submission of quarterly and annual service referral and restricted report data and analysis as outlined in references (a) and (b).

x. Update the SAPR CFT monthly on germane information (e.g., network issues, best practices, lessons learned, aggregate data) to inform stakeholders and drive policy, training, and resourcing.

12. Fleet Commanders will be the supported commanders, and regional and installation commanders will be the supporting commanders, for the implementation of requirements listed in subparagraphs 12a through 12g.

a. Designate a flag officer as the SAPR program leader for each Navy installation, fleet concentration area and associated local commands. The SAPR program leader will:

(1) Establish routine coordination meetings with appropriate installation and local command representatives and local community and civic leaders to review SAPR program efforts. Local NCIS representatives, region legal service offices, and installation SARCs will be included in these

coordination meetings whenever possible. Operational flag officers assigned to command positions, but not designated as lead for an oversight group, will participate to the maximum extent practicable.

(2) Ensure that community outreach and engagement (including regional and installation commander cooperation, coordination, and consultation with local law enforcement, hospitals and businesses) are part of each installation or area's prevention and response measures.

b. Institute roving barracks patrols with the intent of increasing the visible presence of leadership to deter behavior that may lead to sexual assault or other misconduct. All fleet units (afloat and shore) with Sailors living in unaccompanied housing will participate in these patrols. For standardization, patrols will be conducted per region or base guidance and training. The timing, composition, frequency, and duration of these tours will be tailored at each location based on guidance from the region or fleet commander. Roving patrols will be led by chief petty officers or experienced officers (O-3 or above) and augmented with E-6 personnel.

c. Ensure all Sailors residing in unaccompanied housing attend indoctrination training for residents within 30 days of occupancy.

d. Ensure personnel screened and assigned as resident advisors for unaccompanied housing are E-6 or above personnel, where manning permits, and attend resident advisor training within 30 days of assignment.

e. Ensure surveys of facilities are conducted to identify areas that require better lighting, visibility, or other safety improvements to reduce the vulnerability of Sailors.

f. Ensure installation and regional SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs continue to have appropriate access to command spaces to perform their duties.

g. Advise OPNAV N17 through CNIC Family Readiness (N91) of all SAPR program related site visits or initiatives by superior

commands (e.g., DoD, DON, Naval Inspector General, Naval Audit Service, etc.) within 48 hours of notification of the visit.

13. Regional Commanders must:

a. Issue guidance to installation COs for management and implementation of the Navy SAPR Program.

b. Ensure installation SAPR programs incorporate a coordinated approach between medical, legal, investigations, security, chaplains, FFSC, operational and tenant commands, and civilian resources.

c. Designate a regional SARC to provide overall local management of the SAPR program and to implement and administer provisions contained in this instruction.

d. Facilitate and ensure installation COs collaborate with and establish written MOUs with local community providers and other Military Services as appropriate.

e. Ensure monthly sexual assault CMG meetings, chaired by the installation CO or installation XO, are conducted as required by references (a) through (c).

14. Installation COs must:

a. Designate an installation SARC to provide overall local management of the SAPR program and to implement and administer provisions contained in this instruction, to include the necessary funding for all SAPR-related logistical and equipment requirements to include cellular telephones.

b. Ensure Service members, their family members, and civilian personnel have access to a well-coordinated, highly responsive SAPR program and appropriate resources (e.g., clinical and supportive counseling).

c. Implement and execute an effective SAPR program to meet requirements and incorporate a coordinated approach between medical, mental health, legal, investigative, security,

chaplain, FFSC, and civilian resources to include establishing MOUs and MOAs where necessary in order to provide required services.

d. Identify and maintain a liaison with civilian sexual assault victim resources, establishing MOUs and MOAs with relevant community agencies such as community crisis counseling centers and private or public sector sexual assault councils to supplement efforts and to implement program requirements where appropriate and useful. Agreements with civilian medical facilities must be made in coordination with the local military MTF or clinic. The purpose of MOUs and MOAs is to:

(1) Collaborate with local community crisis counseling centers, as necessary, to augment or enhance Navy's SAPR program efforts.

(2) Provide liaison with private or public sector sexual assault councils, as appropriate.

(3) In collaboration with BUMED, 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.

(4) In collaboration with BUMED, ensure adequate supplies of SAFE kits are maintained in all locations where SAFEs are conducted, including deployed locations (CONUS and OCONUS). The supplies must be routinely evaluated to guarantee adequate numbers to meet the need of sexual assault victims.

(5) Ensure availability of psychological and other counseling for sexual assault victims.

(6) Identify relevant local law enforcement agencies (LEA) and become familiar with their policies and how they respond to reports of sexual assault 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.

e. Implement roving barracks patrols with the intent of increasing the visible presence of leadership to deter behavior that may lead to sexual assault or other misconduct.

f. Ensure indoctrination training for residents is conducted within 30 days of occupancy to all Sailors residing in unaccompanied housing.

g. Ensure training for resident advisors is provided within 30 days of their assignment.

h. Direct surveys of facilities to identify areas that require better lighting, visibility, or other safety improvements to reduce the vulnerability of Sailors.

i. Chair monthly sexual assault CMG meetings to review all open unrestricted sexual assault cases, facilitate victim updates, and discuss process improvements to ensure quality services are available to victims as outlined in references (a) and (b) and chapter 5. This responsibility must not be delegated below the installation XO level. The installation CO or installation XO must:

(1) Ensure supported commands from other Military Services are invited to attend the sexual assault CMG meetings.

(2) Ensure COs of commands not on or near naval installations (e.g., Navy recruiting districts, NOSCs, Navy ROTC units) are invited to attend the sexual assault CMG meetings as appropriate.

j. Supervise and evaluate the performance of SAPR procedures, per references (a) and (b). This responsibility must not be delegated below the installation XO level.

k. Require direct entry of information regarding sexual assault reports into DSAID by SARCs.

15. Commanders, COs, and Officers in Charge (OIC) must:

a. Within 30 days of assuming command and along with the deputy, XO or assistant OIC, and senior enlisted leader, obtain one-on-one SAPR brief and the commander's toolkit from a SARC.

Officers who hold or have held multiple command positions must obtain a customized brief and CO's toolkit for every command assignment. The brief should specifically include information regarding trends for the command or AOR, local prevention and risk reduction strategies, restricted reporting confidentiality requirements, and the SAPR program requirements.

b. Within 30 days of assuming command and along with the deputy, XO or assistant OIC, and senior enlisted leader, obtain training from a judge advocate on Military Rule of Evidence 514 privilege, retaliation, sexual assault - initial disposition authority, and case disposition reporting requirements.

c. Within 90 days of assuming command and annually thereafter conduct a command climate assessment, per reference (g).

d. Develop a comprehensive command prevention and response plan for allegations of sexual assault and to assess levels of command compliance with SAPR program requirements, using appendices 2B and 2C.

e. Establish and maintain an immediate, coordinated, and effective 24/7 sexual assault response capability and timely access to appropriate victim services, including medical care, victim advocacy, victims' legal counsel, counseling, criminal investigation of unrestricted reports, VWAP information, and chaplain support in all locations to include deployed locations and when installation response resources are not available.

f. Monitor development and sustainment of effective 24/7 response capability within subordinate commands.

g. Provide appropriate information to the installation CO to enable the installation CO to provide the necessary supporting services.

h. Ensure first responders are identified upon their assignment and appropriately trained as outlined in this instruction. Their response times must be continually monitored by the respective COs to ensure timely response to reports of sexual assault. Response times may be affected by local

conditions and operational necessities, but will reflect that sexual assault victims must be treated as emergency cases, regardless of the command's location.

i. Ensure that, if assigned, SAPR PMs must:

(1) Be a Service member or DoD civilian employee experienced in developing policy, or program management and execution. It is highly recommended that SAPR PMs have experience in sexual assault or domestic violence. SAPR PMs within Navy will not work directly with sexual assault victims.

(2) Meet all standards for selection and training as prescribed by reference (a). At a minimum, Navy SAPR PMs must complete 40 hours of Navy's National Advocate Credentialing Program approved SARC training within the first 30 days of being assigned the position.

(3) Obtain written certification from the CO regarding the completion of required training and suitability for assignment as a SAPR PM.

j. Ensure posting and wide dissemination (e.g., common areas of command facilities and living quarters, command Web site) of information about resources available to report and respond to sexual assaults, including the DoD Safe Helpline contact information.

k. Ensure personnel nominated to fill unit SAPR VA and other key command SAPR positions do not have a conviction for a sexual assault, domestic violence or child abuse offense, are not registered sex offenders, or are not required to register as a sex offender.

l. Designate, in writing, an appropriate number of unit SAPR VAs from within the command sufficient to respond to gender differences and gender-specific issues of victims whenever sexual assaults are reported to include locations where installation SAPR VAs are not available (e.g., deployed, underway). At a minimum, two unit SAPR VAs must be designated.

(1) To promote reporting, unit SAPR VAs should generally reflect demographics of the unit to include officers, chief petty officers, and junior personnel. Chapter 9 amplifies Navy reserve activity requirements.

(2) Tenant and deploying commands which have access to installation services at the time of report must utilize installation victim support services to the maximum extent possible and must not develop SAPR programs that operate independently from the installation SARC or deployed resiliency counselor designated to coordinate these issues for the command.

(3) If agreed upon by the installation CO, a MOU or MOA may be established to provide SAPR services in lieu of designating unit SAPR VAs. The MOU or MOA must delineate specific instructions and reporting criteria to facilitate unique Navy requirements when the SARC, SAPR VA or unit SAPR VA utilized belongs to another Service.

m. Designate, in writing, a unit SAPR POC to promote responsive command management of alleged sexual assaults and compliance of SAPR program requirements. Individuals must not serve as both the unit's SAPR POC and unit SAPR VA.

n. Ensure victim privacy through response protocols that strictly limit required chain of command notifications to the smallest number with a need-to-know, limit general access of command sexual assault message traffic, and discourage gossip and speculation within the ranks.

o. Ensure a SARC, deployed resiliency counselor, SAPR VA or unit SAPR VA is contacted immediately upon receipt of unrestricted reports of sexual assault to provide victims with information, emotional support, and guidance through the various medical, mental health, legal, and investigative processes. Ongoing victim advocacy, beyond the initial response, is provided at the request of the victim.

p. Ensure all allegations of sexual assault are immediately referred to NCIS or other MCIOs. Commanders must ensure that all levels of command authority, including command watchstanders (see appendix 2C), are advised of and adhere to this requirement. Internal command inquiry or investigation for

initially reported sexual assaults may only be conducted after initially reporting the allegation to an MCIO and the MCIO or civilian law enforcement declines to investigate the allegations or concludes and presents findings to the convening authority that indicated the allegations did not involve a sexual assault.

q. Provide reports of all unrestricted allegations of sexual assault as outlined in reference (h) and chapter 3.

r. Ensure coordinated effort and case management by the on-scene and homeport SARC when a sexual assault is reported while victims or commands are away from homeports (e.g., deployed).

s. Ensure victims of sexual assault in deployed locations within their AOR are transported to an appropriate MTF, treated for injuries, offered SAPR VA or unit SAPR VA assistance, and a SAFE as quickly as possible.

t. Participate in monthly sexual assault CMG meetings. This responsibility may not be delegated. When operational commitments or other circumstances make the CO's participation impossible, the acting CO must attend the sexual assault CMG.

u. Through the sexual assault CMG, confirm DoD law enforcement officials and VWAP personnel provide victims of sexual assault who elect an unrestricted report with appropriate information throughout the investigative and legal process.

v. Ensure victims and witnesses (whether military or civilian) of crimes under military jurisdiction are afforded their rights and kept informed on the status of the case through any administrative or disciplinary action.

w. Process expedited transfer requests as stipulated in reference (i).

x. Ensure collateral misconduct is addressed in a manner that is consistent and appropriate to the circumstances, taking into account the trauma to the victim; responding appropriately so as to encourage reporting of sexual assault and continued victim cooperation; and considering any potential speedy trial and statute of limitations concerns.

y. Consult an SJA or trial counsel, or both, prior to disposition of any sexual assault case.

z. Obtain flag officer review of the circumstances of and grounds for the proposed involuntary separation and concurrence to separate a Service member who is recommended for involuntary separation within 1 year of final disposition of a reported sexual assault.

aa. Initiate mandatory administrative separation processing for Service members found guilty of committing a sexual assault offense and awarded punishment by court-martial or civilian court system, including the possible requirement to register as a sex offender as required by reference (i).

ab. Review the official military personnel file with the designated field code (i.e., 91) or NAVPERS 1070/887 Sex Offense Accountability Record within 30 days of permanent assignment of a Service member.

ac. Monitor completion and ensure documentation of SAPR training for all personnel (i.e., Service members, DoD civilian employees) who supervise Service members, new accessions, and other personnel as directed by the Under Secretary of Defense (Personnel and Readiness).

ad. Ensure all allegations of retaliation or reprisal against any victim or witness who reports an offense are investigated per reference (e).

ae. Appoint a POC to serve as a formal liaison between the installation SARC and the installation FAP and domestic violence intervention and prevention staff (or civilian domestic resource if FAP is not available for a RC victim) to direct coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

16. Remote Commands, to include Navy recruiting districts, Navy ROTC units, NOSCs, and other commands not on or near Navy installations and not serviced by local or another DoD or Services' SAPR program assets (e.g., a recruiting district or station supported by a SARC from another Service), must develop effective victim response procedures that utilize local

community resources to meet the unique needs of command and personnel assigned. CNIC (N91); BUMED SAPR Office, Reserve Program (BUMED-M92); and regional SARCs must assist commands in developing response protocols, as applicable.

17. SAPR Officers will be, at a minimum, O-3 and above personnel assigned to designated echelon 2 commands, regional commands, and echelon 3 type commands to oversee SAPR program execution and initiatives within the respective AOR. At the discretion of the commander, SAPR officers will:

a. Monitor and analyze sexual assault data and trends, ensure policy and procedural compliance within subordinate commands, prepare written reports, and ensure implementation of SAPR mandates as appropriate.

b. Monitor and track implementation of SAPR initiatives and requirements by subordinate commands.

c. Serve as a liaison between subordinate commands and chain of command regarding all aspects of the SAPR program implementation and coordinate with the appropriate SAPR stakeholders, CNO (N1), and CNIC when required.

d. Ensure subordinate commands implement all components of the SAPR program stipulated in this instruction.

18. Regional SARCs will serve as the subject matter expert and principal POC for the assigned region and CNIC (N91) regarding all reported sexual assaults within the designated AOR. Regional SARCs will:

a. Coordinate and oversee regional implementation and execution of the SAPR program and the performance of duties and responsibilities of subordinate SARCs, deployed resiliency counselors, and full-time SAPR VAs.

b. Personally review SAPR program requirements and the commander's toolkit brief with all newly reporting fleet and region commanders within 30 days of their assumption of command, to include information regarding AOR specific sexual assault data and trends.

c. Coordinate SAPR activities (e.g., initiatives, training, site visits, etc.) across the AOR.

d. Disseminate guidance, best practices, and lessons learned.

e. Oversee and manage DSAID entry completion and accuracy pertaining to sexual assault reports by subordinate SARCs.

f. Maintain statistical data on all sexual assault incidents within their purview.

19. SARCs, as SAPR subject matter experts for assigned installations and commands, must:

a. Serve as the single POC for coordinating appropriate and responsive care to sexual assault victims regardless of Service affiliation. SARCs must be authorized to perform SAPR VA duties and may act in the performance of those duties.

b. Have direct and unimpeded contact and access to the installation CO in the performance of their duties.

c. Communicate directly with the installation CO, the lead SARC, or both, to include providing regular updates and assisting the CO to meet annual SAPR training requirements, including the provision of orientation briefings for newly assigned personnel and providing community education publicizing available SAPR services, as appropriate.

d. Personally review SAPR program requirements and the commander's toolkit brief with all newly reporting commanders, COs and OICs within 30 days of their assumption of command. The brief should specifically include information regarding trends for the command or AOR, local prevention and risk reduction strategies, restricted reporting confidentiality requirements, and the SAPR program requirements.

e. Provide information to assist installation and unit commanders with managing trends and characteristics of sexual assault crimes within Navy and mitigating the risk factors that may be present within the associated environment.

f. Conduct ongoing assessment of the consistency and effectiveness of the SAPR program within the assigned AOR, using OPNAV 1752/3 Sexual Assault Prevention and Response (SAPR) Program Command Assessment Tool.

g. Co-chair monthly sexual assault CMG meetings to review individual cases of unrestricted reports of sexual assault as outlined in chapter 5. This responsibility is not delegable.

h. Complete the required training and credentialing and certification program stipulated by reference (a) prior to performing duties as a SARC.

i. Maintain proof of training and registration with CNIC SAPR PM on the Fleet and Family Support Management Information System, DSAID, and the Defense Web systems. At a minimum, SARCs must also complete:

(1) Forty hours of DoD-approved SAPR VA training conducted by a certified Navy SARC or SAPR VA;

(2) Forty hours of National Advocate Credentialing Program approved SARC training within the first 30 days in the position;

(3) Annual National Advocate Credentialing Program - approved refresher training for each 12-month period following the initial D-SAACP certification; and

(4) Training from a judge advocate on confidentiality requirements and exceptions of restricted reporting and Military Rule of Evidence 514.

j. Familiarize COs and supervisors with the unit SAPR VA roles and responsibilities.

k. Conduct and manage training, certification, and credential application submission for subordinate SAPR VAs and unit SAPR VAs, as appropriate.

1. Supervise subordinate SAPR VAs and unit SAPR VAs to include:

(1) Maintaining a watchbill of SAPR VAs and unit SAPR VAs assigned to naval installations and deployable commands;

(2) Assessing suitability on an ongoing basis of personnel filling SAPR VA, unit SAPR VA, and other key command SAPR positions; and

(3) Ensuring all Service members, family members, and civilian personnel are made aware of Navy and civilian resources available to assist victims of sexual assault.

m. Respond to restricted and unrestricted reports of sexual assault on a military installation in person within 48 hours, unless otherwise requested by the victim. Based on the locality, the SARC may ask the deployed resiliency counselor, SAPR VA or unit SAPR VA to respond and speak to the victim. Sexual assault victims may elect not to speak to the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA or may ask to schedule an appointment with them at a later time.

n. Inform the installation CO and the victim's CO that a sexual assault was reported within 24 hours of receipt of restricted and unrestricted reports of sexual assault.

o. As necessary, brief command authorities on restricted reporting policies, exceptions to restricted reporting, and the limitations of disclosure of confidential communications.

p. Oversee case management and data collection for reported sexual assaults.

(1) Enter information into DSAID within 48 hours of the report of sexual assault. In deployed locations with Internet connectivity issues, the timeframe is extended to 96 hours.

(2) Upload the DD Form 2910 Victim Reporting Preference Statement in unrestricted reports of sexual assault into the DSAID where it must remain for 50 years. For restricted cases,

a hard copy of the DD Form 2910 will be maintained in a two-lock, protected location pursuant to secure storage regulations and privacy laws for 50 years.

(a) In the event of transitioning SARCs, the departing SARC must inform the supervisor of the secure storage location of the DD Form 2910 and the supervisor must ensure the safe transfer of the DD Form 2910 to the next SARC.

(b) Victim consent is not required to transfer the case to the next SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA when the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA has a temporary or permanent change of station (PCS) or is deployed. However, every effort will be made to inform the victim of the case transfer. If the SARC has already closed the case and terminated victim contact, no further action is required.

(3) Maintain documentation or records that are not retrievable by personally identifiable information for either restricted or unrestricted cases. Deployed resiliency counselors, SAPR VAs, or unit SAPR VAs will not maintain any documentation or records regarding victims or reports of sexual assault.

(4) Maintain a DSAID 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.

(5) Advise CNIC (N91) via the appropriate chain of command when a favorable NAC or D-SAACP certification is revoked, affecting access to DSAID.

(6) Notify the MCIO consolidated evidence facility when a SAFE has been collected under restricted reporting and is being mailed by the responsible MTF, identifying the MTF which collected the evidence and will forward the SAFE kit, number of packages being forwarded, and any known mailing delivery details (e.g., tracking number) to include the restricted report control number.

q. Maintain liaison with commanders, DoD law enforcement, MCIO representatives, command legal personnel, healthcare personnel, and civilian authorities, as appropriate, for the purpose of facilitating protocols and procedures to:

(1) Provide a consistent, standardized program to support victims and facilitate communication and transparency among responders who provide victim support services.

(2) Activate victim advocacy on a 24/7 basis for all reported incidents of sexual assault occurring either on or off the installation involving Service members and other persons covered in this instruction.

(3) Monitor activities of SAPR VAs and unit SAPR VAs who are responsible for providing non-clinical crisis intervention and ongoing support for adult sexual assault victims. This support includes assisting victims in navigating reporting options and processes required to obtain care and services.

(4) Facilitate ongoing training of DoD and civilian law enforcement, criminal investigative personnel, firefighters and EMTs on the SAPR policy and program and the roles and responsibilities of the SARC, deployed resiliency counselor, SAPR VAs, unit SAPR VAs, healthcare providers, and victims' legal counsel.

r. Conduct training and education of all command SAPR personnel, support unit SAPR POCs in facilitating NETC-approved required training for command personnel, and support other responder required training.

s. 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.

t. Collaborate with victims' legal counsels to provide coordinated victim support, awareness of and access to available victim recovery resources, and mutual referral to a victims' legal counsel and SAPR VA support when making initial contact with victims.

u. Collaborate with MTF personnel within the AOR to establish protocols and procedures to direct notification of the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA for all incidents of reported sexual assault, and facilitate ongoing training of healthcare personnel on the roles and responsibilities of the SARC, deployed resiliency counselor, SAPR VAs, and unit SAPR VAs.

v. Collaborate with local private or public sector entities that provide medical care to Service members or TRICARE eligible beneficiaries who are sexual assault victims to ensure they can receive a SAFE. This may require establishment of a MOU or MOA.

(1) 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, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs for Service members and persons covered by this policy.

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

w. Facilitate the development and collaboration of SAPR public safety, awareness, prevention measures, and response capability to support victims of sexual assault, including planning local events and nationally recognized activities (e.g., Sexual Assault Awareness and Prevention Month).

x. Publicize the DoD Safe Helpline as the sole DoD hotline for crisis intervention and facilitation of victim reporting through connection to the nearest local SARC, SAPR VA, or unit SAPR VA and other resources as warranted.

20. Deployed Resiliency Counselors. As licensed civilian counselors, deployed resiliency counselors will work cooperatively with military and civilian medical, social service, law enforcement, chaplains, and legal personnel on behalf of sexual assault victims to provide them with critical support services during deployments. Deployed resiliency counselors will provide clinical, educational, and supportive

services across a spectrum of care. Deployed resiliency counselors will complete SARC and SAPR VA training and D-SAACP requirements for SAPR VA certification prior to performing associated duties onboard aircraft carriers and large-deck amphibious assault ships. Deployed resiliency counselors must complete DSAID data collection and SAPR POC training for informational purposes only. The core duties include, but are not limited to:

a. Clinical counseling, FAP support, and prevention activities; briefings and support under the 21st Century Sailor initiatives; and sexual assault response support, coordination, and liaison for the homeport installation SARC while deployed.

(1) Clinical Counseling Services. Deployed resiliency counselors will provide short-term, confidential, solution focused counseling. Comprehensive care will be provided throughout all phases of counseling to include triage, initial assessment, treatment planning, clinical treatment, case management, and closure. A warm hand-off to the ship's behavioral health assets, chaplain, or the homeport behavioral health clinic will be made if a Service member presents issues which fall outside of the Navy's FFSC scope of clinical care, or if high risk concerns have been assessed (e.g., suicidal or homicidal ideations). Deployed resiliency counselors will specifically collaborate with chaplains in the delivery of educational and support services across the spectrum of care. All case records will be maintained in the FFSC Family Support Management Information System. During instances of Internet service interruption, deployed resiliency counselors will maintain hard copy documentation until connectivity is restored and the case can be updated in Family Support Management Information System.

(2) FAP Support. As liaisons to the homeport FAP, deployed resiliency counselors are considered healthcare providers in terms of receiving restricted reports of domestic abuse. Deployed resiliency counselors will report all restricted and unrestricted FAP-related incidents to the homeport FAP coordinator within prescribed timeframes or as soon as possible. They will assist the homeport FAP coordinator in executing a safety plan if necessary, conduct interviews and

assessments with the deployed Service member involved in the case, and provide assistance with the services recommended by the clinical case staff meeting if requested.

(3) Training Support. Deployed resiliency counselors will conduct resiliency training under the 21st Century Sailor initiatives. The training will focus on suicide prevention and sexual assault prevention and response, alcohol and drug abuse prevention, and overall resilience (e.g., combat operational stress, first aid).

(4) SAPR Support. Deployed resiliency counselors, as liaisons to homeport SARCs, will provide a warm hand-off to homeport SARCs for case management and DSAID entry. Deployed resiliency counselors will provide immediate response, needs assessment, referrals, and coordination in response to allegation of sexual assault to include receiving restricted and unrestricted reports, providing command notification, ensuring the victim is assigned a SAPR VA or unit SAPR VA and receives appropriate medical care, if needed. Deployed resiliency counselors will support the SAPR program while afloat with the assigned ship, under the guidance and direction of the homeport SARCs. This can include implementation and execution of sexual assault awareness and prevention training and comprehensive victim advocacy support. Deployed resiliency counselors will provide shipboard training and manage training and certification of unit SAPR VAs, utilizing the D-SAACP approved SAPR VA curricula provided by the CNIC Headquarters SAPR Program.

b. Deployed resiliency counselors will fully support the ship's CO, providing briefs on the SAPR program, SAPR and FAP unrestricted reports, and any high risk concerns that may arise. All clinical and psychoeducational service delivery will be documented in the Family Support Management Information System.

21. SAPR VAs and Unit SAPR VAs, as the primary means of ongoing support to the victim and the primary liaison between the victim and command leadership, must:

a. Be directly accountable to the SARC while carrying out sexual assault advocacy responsibilities in adult sexual assault cases (not under the FAP jurisdiction) and must provide victim advocacy for adult victims of sexual assault.

b. Acknowledge understanding of advocacy roles and responsibilities using DD Form 2950 DoD Sexual Assault Advocate Certification Program D-SAACP Application Packet for New Applicants.

c. Complete the training and D-SAACP requirements prior to providing support to sexual assault victims. At a minimum, SAPR VAs and unit SAPR VAs must complete:

(1) Forty hours of DoD-approved SAPR VA training conducted by a Navy SARC or SAPR VA within 90 days of being designated;

(2) Annual National Advocate Credentialing Program-approved refresher training for each 12-month period following the initial D-SAACP certification; and

(3) Training on confidentiality requirements and exceptions of restricted reporting and Military Rule of Evidence 514.

d. Be notified and immediately respond upon receipt of a report of sexual assault.

e. Inform the victim of reporting options and services available outlined on the DD Form 2910 to include the availability of a victims' legal counsel.

f. Provide non-clinical crisis intervention and ongoing support, in addition to referrals for adult sexual assault victims regardless of service affiliation.

g. Assist the victim in navigating processes required to obtain care and services needed. SAPR VAs and unit SAPR VAs will not serve as the victim's mental health provider or act as an investigator.

h. Conduct training and educate key command SAPR personnel, assist unit SAPR POCs in providing CNIC-approved training for personnel if requested, and support other responder required training.

22. Unit SAPR POCs must have direct access to the CO and will:

a. Be designated in writing by the commander, CO, or OIC. The unit SAPR POC must complete all required training regarding performance of his or her responsibilities under the SAPR program by the responsible SARC or SAPR VA within 90 days of being designated.

b. Provide oversight of command compliance with SAPR program requirements.

c. Ensure members at a command are aware of how to contact a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or victims' legal counsel.

d. Maintain current information on victim resources.

e. In collaboration with the SARC, facilitate quality awareness, prevention and general military training (GMT) to ensure all command members receive annual and periodic SAPR training to include required deployment training.

f. Ensure all personnel (i.e., Service members, DoD civilian personnel who supervise Service members) complete SAPR training and the completion is documented.

g. Obtain and provide to the SARC data on sexual assault incidents necessary to meet DSAID and other reporting requirements.

h. Provide the responsible SARC copies of all sexual assault related personnel incident reports required in reference (h) and chapter 3.

APPENDIX 2A
SAPR PROGRAM CROSS-FUNCTIONAL TEAM (CFT) CHARTER

NAME: Sexual Assault Prevention and Response (SAPR) Cross-Functional Team (CFT)			Formation Date:
LEADER: Deputy CNO for Manpower, Personnel, and Training, and Education (MPTE) (N1)- Mandatory Flag Officer Lead			Phone #: (703) 604-1037
Frequency: Monthly/As needed	Day: To be determined (TBD)	Time: TBD	Location: TBD
Members		Executive Secretary	
Deputy CNO (MPTE) (N1) Flag Officer		Deputy CNO (MPTE) (N1) Representative	
COMUSFLTFORCOM Representative		NCIS Representative	
COMPACFLT Representative		CHINFO Representative	
CNIC Representative		NETC Representative	
OJAG Representative		Master Chief of the Navy Representative	
BUMED Representative		Naval Safety Center Representative	
COMNAVRESFORCOM Representative		Military Sealift Command Representative	
CHC Representative			
COMUSNAVEUR COMUSNAVAF Representative			
MISSION: What do we want to do?			
<p>As part of an overall Navy, DON, joint force and DoD prevention and response strategy, the SAPR CFT is committed to the implementation and oversight of a well-defined, developed, resourced, and synchronized SAPR program in order to achieve meaningful and measurable results in Navy's effort to prevent and eliminate sexual violence within our ranks.</p> <p>The SAPR CFT provides an agile, responsive, and coordinated approach for addressing SAPR issues and properly aligned resources, program management, manpower, and funding across all Navy stakeholders. The SAPR CFT will facilitate development and supervision of a common strategy, an achievable set of objectives, comprehensive training, and a consistent reporting methodology that will provide measurable metrics for feedback, assessment, and analysis.</p>			

GOAL: Why do we want to do it differently?

Establish SAPR CFT as a collaborative partnership to prevent and eliminate sexual assault within Navy.

SAPR CFT optimizes Navy readiness by enhancing the safety and well-being of the force. It represents all components of the Navy - active, reserve, and civilian personnel - in all regions, installations, and fleets, covering their legal, spiritual, health and wellness interests. SAPR CFT provides a collaborative body designed to prevent and eliminate sexual assault throughout the Navy through a synchronized and streamlined effort.

GOVERNANCE: Who will be on the SAPR CFT and SAPR CFT working group(s)? How will decisions be made?

The SAPR CFT will be comprised of representatives from the following organizations: Deputy CNO (MPTE) (N1); Commander, Navy Installations Command (CNIC); U.S. Fleet Forces (COMUSFLTFORCOM); U.S. Pacific Fleet (COMPACFLT); U.S. Naval Forces Europe-U.S. Naval Forces Africa (COMUSNAVEUR COMUSNAVAF); Office of the Judge Advocate General of the Navy (OJAG); Bureau of Medicine and Surgery (BUMED); Navy Reserve Forces (COMNAVRESFORCOM); Military Sealift Command; Chief of Chaplains (CHC); Naval Safety Center; Navy Office of Information (CHINFO); Master Chief Petty Officer of the Navy; Naval Education and Training Command (NETC); and the Naval Criminal Investigative Service (NCIS).

Decisions from the SAPR CFT will be made by consensus to the maximum extent practical. Ultimate decision-making authority within the CFT rests with the CFT leader, who will forward CFT recommendations to Deputy CNO (MPTE) (N1) for approval or disapproval as the SAPR program executive agent (EA). Deputy CNO (MPTE) (N1) has authority to render final decisions on CFT recommendations or forward issues to the Navy Preparedness Alliance for further consideration as the chair. The SAPR CFT will update the Navy Preparedness Alliance as directed by Deputy CNO (MPTE) (N1).

The SAPR CFT will be assisted by integrated planning teams (IPT), as needed, to review and research specific topics. IPTs will present topics to the SAPR CFT as agenda item(s) for decision. IPTs may employ use of transitory and ad hoc advisor(s) in order to bring appropriate subject matter experts to the table, as necessary. This will ensure relevant issues and proposed solutions are fully staffed. Once an IPT has completed its designated support mission, it will be disbanded.

DELIVERABLES: What are the tasks to be accomplished?

The SAPR CFT will develop a SAPR strategic plan for the Navy that addresses program management requirements, resources, health, and effectiveness. This strategic plan will include, at a minimum, the following key tasks:

- 1) Governing Navy's SAPR Program to align resources, processes, and strategies;

- 2) Facilitating collaborative, productive interaction among major stakeholders;
- 3) Maintaining/Updating, as necessary, SAPR strategy and overall OPNAV policy;
- 4) Utilizing and monitoring measurable standards that define the environment and climate throughout the Fleet;
- 5) Synchronizing and integrating efforts and directing overall execution of SAPR programs through the appropriate stakeholders across the Navy;
- 6) Recommending changes to resourcing levels; and
- 7) Developing products for the SAPR EA briefs.

DESIRED EFFECTS: What are the specific outcomes we expect as a result of SAPR CFT implementation?

An educated force that is devoid of sexual assault.

A seamless SAPR structure with processes developed to facilitate timely, fact-based decisions that support SAPR efforts, contribute to Fleet and Sailor readiness, and inform senior Navy leadership.

APPENDIX 2B
COMMANDER'S CHECKLIST

This checklist includes essential elements for meeting command SAPR program requirements and ensuring effective prevention and response.

COMMANDER, COMMANDING OFFICER, AND OFFICER IN CHARGE
RESPONSIBILITIES

Within 30 days of assuming command

- Obtain the CO's toolkit brief from the lead, installation, or regional SARC on sexual assault incident management.
- Obtain a brief from a judge advocate or a region legal service office attorney or trial counsel on Military Rule of Evidence 514 privilege, sexual assault - initial disposition authority, and case disposition reporting requirements.

Within 90 days of assuming command

- Conduct a command climate assessment consistent with command managed equal opportunity program guidelines.

Within 30 days of newly reporting personnel being permanent assigned to the command

- Review all NAVPERS 1070/887 or field code 91 documents in official military personnel files.
- Designate, in writing, a unit SAPR POC to promote responsive command management of alleged sexual assaults and compliance of SAPR program requirements.
- Certify, in writing, completion of required training and suitability for assignment by SAPR PMs. If assigned, SAPR PMs within Navy will not work directly with sexual assault victims.

- Establish and maintain a 24/7 sexual assault response capability and timely access to appropriate victim services, including medical care, victim advocacy, victims' legal counsel, counseling, criminal investigation of unrestricted reports, VWAP information, and chaplain support.
 - Designate, in writing, unit SAPR VAs from within the command, ensuring a sufficient number of trained and certified unit SAPR VAs are designated for 24/7 response when sexual assaults occur to include locations where Navy installation assets are not available. At a minimum, two unit SAPR VAs must be designated.
 - Ensure assigned unit SAPR VAs report to the lead or installation SARC, deployed resiliency counselor, or full-time SAPR VA for oversight and supervision of all advocacy responsibilities and services.
 - Ensure availability of designated key SAPR personnel (e.g., unit SAPR VA, unit SAPR POC) trained by a SARC, deployed resiliency counselor, or SAPR VA to respond if a sexual assault occurs in foreign ports or while deployed.
 - Establish MOAs and MOUs to ensure all SAPR services are available, as applicable.
 - Monitor development and sustainment of effective 24/7 response capability within subordinate commands.
 - Ensure that all levels of command authority, including command watchstanders, are advised of and adhere to the requirement to immediately referred all allegations of sexual assault to NCIS or other MCIOs.
- Develop a comprehensive SAPR program and assess levels of command compliance with SAPR program requirements, using OPNAV 1752/3.
- Conduct a regular review of command sexual assault awareness and prevention education, reporting, victim support processes, and watchstander protocols to ensure they meet program standards.

- Ensure active coordination between installation and command assets for effective prevention and response to incidents, ensuring attendance at sexual assault CMG meetings.
- Advise command personnel that communicating with chaplains, victims' legal counsels, and legal assistance attorneys preserves their restricted reporting option.
- Ensure all required SAPR training is conducted and documented.
- Publicize the DoD confidentiality policy that Service members and their dependents over the age of 18 may make restricted or unrestricted reports to the SARC, deployed resiliency counselor, healthcare providers, SAPR VA, unit SAPR VA, victims' legal counsel, or DoD Safe Helpline staff and publish names and contact information for these personnel.
- Publicize a means of informing the chain of command (e.g., CO's suggestion box, blog, etc.) of any situations which may place individuals at risk of harm and provide feedback concerning the final disposition of suggestions and complaints.
- Post and widely disseminate information about resources available to report and respond to sexual assaults, including the DoD Safe Helpline numbers and Internet Web sites available to all Service members.

Pre- and Post-Deployment Planning

- Identify both immediately available and nearby trained medical, investigatory, and chaplain assets that can be utilized if a sexual assault occurs during underway periods, in foreign ports, or while deployed.
- Ensure coordinated effort and case management by both local and responsible SARCs when deployed.
- Ensure compliance with pre-deployment and post-deployment sexual assault training requirements.

PREVENTION

To ensure Navy's sexual assault prevention policy becomes an integral part of day-to-day personnel management:

- Establish a command climate of prevention, predicated on professionalism, mutual respect and trust that recognizes and embraces diversity, prevents unacceptable conduct, values the contributions of all of its members, and eliminates elements incompatible with a safe, sexual assault-free environment.
- Institute and publicize a safe, supportive environment where members feel comfortable coming forward to inform the chain of command of situations that place individuals at risk of sexual assault, ensuring a safe emotional and physical environment for all members of the command.
- Reassure members of the CO's personal commitment to a climate of prevention and maintain a healthy environment that is safe and contributes to their well-being and mission accomplishment.
- Reiterate the policy on sexual assault and the potential legal consequences for those who violate the law.
- Ensure all personnel understand retaliation or reprisal against any person bringing forward a complaint, cooperating in the investigation of a complaint or the discipline process will not be tolerated.
- Protect SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs from retaliation, coercion, ostracism, discrimination, or reprisals related to the execution of their SAPR duties and responsibilities.
- Provide ongoing education regarding responsible use of alcohol and Navy alcohol and drug abuse prevention programs, emphasizing the link between sexual assault and alcohol misuse.
- Ensure command-wide compliance with mandatory SAPR education, bystander intervention, and deployment training requirements for all Service members, regardless of rank or specialty.

Upon receipt of an unrestricted report

RESPONSE

- Contact the SARC, deployed resiliency counselor, or on-call SAPR VA or unit SAPR VA to ensure SAPR support and services are immediately activated for the victim, ensuring coordinated effort and case management by the local and responsible SARC when a sexual assault is reported while victims or commands are away from homeports (e.g., deployed).
- Consult with an NCIS special agent and judge advocate to ensure familiarization with the rights of both the victim and the alleged offender (established by statute or regulation). Be sure to comply with victim and alleged offender's rights.
- Ensure the sexual assault - initial disposition authority at the appropriate level is advised of all allegations of sexual assault and investigation results.
- Ensure command compliance with SAPR program reporting requirements for unrestricted reports of sexual assault to include the following:
 - Personnel incident reports (i.e., operational report (OPREP)-3 NAVY BLUE or OPREP-3 NAVY UNIT situational report (SITREP)) as outlined in OPNAVINST F3100.6J.
 - Notification to the installation CO within 24 hours of receipt of all unrestricted reports of sexual assault.
 - A written OPNAV 1752/2 Sexual Assault Incident Response Oversight (8-day) Report via e-mail within 8 days of the command becoming aware of a report or investigation of an adult sexual assault involving a Service member victim or a Service member alleged offender (including RC members who were performing active service or IDT during the time of the assault).
 - Specific information to the first flag officer in the chain of command regarding the incident, prevention efforts, impact on the command, progress to resolution and best practices within 30 days after the initial report of the sexual assault.

- Specific details to the sexual assault CMG chair, responsible SARC, and NCIS special agent regarding command actions taken on behalf of the victim member or alleged offender (e.g., military protective order issued, temporary and permanent reassignments, expedited transfer requests, administrative separation proceedings, nonjudicial punishment (NJP) results, status of collateral misconduct, etc.), regardless if the victim declines SAPR services or support.
- Monthly updates to victims who file unrestricted reports of sexual assault regarding the current status of any ongoing investigative, medical, legal, or command proceedings through the final disposition of the reported assault. This update must occur within 72 hours of the last sexual assault CMG meeting and is a non-delegable responsibility.
- Written disposition data (e.g., any administrative, NJP, judicial action taken) resulting from the investigation involving Service members from the command within 2 business days of action being taken, using NAVPERS 1752/1 Sexual Assault Disposition Report.
- A NAVPERS 1070/877 Sex Offense Accountability Record, within 5 business days from adjudication of a court-martial or NJP or at the completion of the NJP appeal process for any sex-related offenses to include violation of Articles 120, 120a, 120b, 120c, or 125 of the UCMJ, or an attempt to commit any of these offenses punishable under Article 80 of the UCMJ, to a the official military personnel file of a Service member who received a court-martial conviction or NJP for these offenses.
- The supported decision to deny a victim's military protective order request to the installation CO or equivalent command level for final decision and first flag officer in the chain of command.
- Participate in the sexual assault CMG meetings as required, advising the chair of all reports of retaliation, ostracism, maltreatment, or reprisal from a victim, witness, or first responder in conjunction with the report of sexual assault and any action taken.

- Consult with a judge advocate, and notify NCIS and the SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA or victims' legal counsel prior to taking any administrative or disciplinary action.
- Initiate mandatory administrative separation processing for Service members found guilty of committing a sexual assault offense and awarded punishment by court-martial or civilian court system, including the possible requirement to register as a sex offender.
- Consult with a judge advocate, following the resolution of a case, to be informed of privacy implications of public announcements relating to adverse personnel actions. Particular care concerning the victim and alleged offender's privacy rights must be considered. While NJP or court-martial results may be published, details of the offense that may infringe upon a victim's privacy should be omitted. Similarly, COs must consider the impact of an acquittal on the victim when making public comments about case resolution.

VICTIM SUPPORT

- Ensure the physical and emotional safety of the victim.
- Contact the SARC, deployed resiliency counselor, or on-call SAPR VA or unit SAPR VA to ensure the victim is made aware of his or her rights and the VWAP and victims' legal counsel program.
- Notify NCIS as soon as the victim's immediate safety is assured, and medical treatment procedures elected by the victim are initiated.
- Ensure a safety assessment is conducted for each sexual assault victim by the responsible SARC, healthcare provider, MCIO representative or designated personnel to determine whether the alleged offender remains a threat and if the victim needs or desires protection.
- After consultation with NCIS, determine whether there is a need for a military protective order or civilian protective order (after consultation with legal, law enforcement, SARC, and

assigned SAPR VA), particularly if the victim and the alleged offender are assigned to the same command, duty location or living quarters.

- Issue a military protective order, using DD Form 2873 Military Protective Order, or take other action to ensure the accused and victim are not working or living in the same environment if the victim desires to be separated from the accused or a military protective order is required. A military protective order may be issued to both a victim and accused as the case may warrant.
- Advise the victim that the military protective order is not enforceable by civilian authorities off base and of the option to apply for a civilian restraining order.
- Forward a commander's decision to deny a victim's request to issue a military protective order to the installation CO or equivalent command level for final decision and first flag officer in the chain of command.
- Notify the local civilian authorities of the military protective order issuance involving a Service member and any individual not residing on a military installation. The civilian authorities must also be notified of any change made in a protective order, or its termination.
- In coordination with DoD law enforcement and NCIS, take all reasonable measures necessary to ensure that a civilian protective order is given full force and effect on all DoD installations within the jurisdiction of the court that issued such order.
- Ensure victim privacy through response protocols that strictly limit required chain of command notifications to the smallest number with a need-to-know, limit general access of command sexual assault message traffic, and discourage gossip and speculation within the ranks.
- Ensure the victim consents, in writing, to the release of information to anyone (including parents, friends, etc.).

- Be sensitive to the needs of the victim's family. Only in cases where the victim has suffered life-threatening injuries will the next-of-kin be notified without prior approval of the victim.
- Take action to safeguard the victim from any formal or informal investigative interviews or inquiries, except those conducted by NCIS or civilian law enforcement.
- Protect the victim, witnesses, and first responders from retaliation, coercion, ostracism, discrimination, or reprisals in person, and respond to any such retaliation occurring in electronic communications or social media by ensuring allegations of retaliation or reprisal against any victim or witness who reports an offense is properly investigated.
- Assist with obtaining immediate transportation for the victim to the appropriate medical facility.
- Ensure the victim is afforded unfettered access to and receives timely access to comprehensive medical and psychological emergency medical treatment regardless of visible injuries, unless the victim declines healthcare.
- Avoid automatic suspension or revocation of security or personnel reliability program (PRP) clearances, understanding that the victim may be satisfactorily treated for his or her related trauma without compromising his or her PRP status. Use established national security standards when making final determinations.
- Process expedited transfer within 72 hours of receipt of a victim's request:
 - Determine if the report is credible (e.g., reasonable grounds exist to believe that an offense constituting sexual assault has occurred based on the advice of the supporting judge advocate and the available evidence) and either approve or disapprove (see MILPERSMAN 1300-1200).
 - Ensure the victim is fully informed regarding reasonably foreseeable impacts of an expedited transfer on his or her career, the potential impact of the transfer or reassignment on the investigation and potential litigation

or initiation of other adverse action against the alleged offender, or any other possible consequences of granting the request.

- Forward the supported recommendation for approval of an expedited transfer request to NAVPERSCOM Personnel Performance and Security (PERS-833) or COMNAVRESFORCOM as appropriate for processing.
- Forward the supported recommendation for disapproval of the transfer request to first flag officer in chain of command for final decision. The request should be forwarded to the immediate superior in command (ISIC) if the first flag officer in the chain of command is the victim's CO.
- If the first flag officer disapproves the request, ensure the supported recommendation for disapproval of the transfer request is forwarded to NAVPERSCOM (PERS-833).
- Forward all expedited transfer request packages to NAVPERSCOM (PERS-833) for a retention period of 3 years, regardless of action(s) taken.
- For open cases, inform only the new CO of the victim's transfer, limiting the information to objective facts about victim care provided, the status of open investigations, and the status of ongoing legal proceedings in order to allow the new CO to facilitate the victim's access to advocacy, healthcare, MCIOs, and legal counsel.
- Ensure the victim has access to the chain of command, is treated with sensitivity, is kept informed on the status of the case, and that the command climate does not re-victimize the victim.
- Work with the NCIS special agent and SARC to provide the victim with monthly updates regarding the status of his or her case, ensuring concerns are addressed during the sexual assault CMG meeting. This responsibility is non-delegable.

Provide victims monthly updates regarding the current status of any ongoing investigative, medical, legal, or command proceedings regarding the sexual assault until the final disposition of the reported assault.

Designate individuals within respective organizations to process line of duty determinations for RC victims of sexual assault that occurred while performing active service and IDT, as applicable.

Determine how to best dispose of the victim's possible collateral misconduct. When deciding whether to discipline victims of sexual assault for collateral misconduct, COs will balance all relevant considerations and consult with a judge advocate.

Forward all administrative separation actions involving Service member victims who are recommended within 1 year of final disposition of sexual assault cases to the first flag officer in the separation authority's chain of command for review and concurrence of the circumstances of and grounds for the separation prior to effecting the separation action.

ALLEGED OFFENDER

Emphasize that every alleged offender is presumed innocent until proven guilty.

Safeguard the alleged offender's rights and preserve the integrity of a full and complete investigation.

Never attempt to interview or interrogate an alleged offender of sexual assault and avoid discussing the sexual assault allegation with the alleged offender, since doing so may jeopardize the criminal investigation. This responsibility lies with the appropriate LEA handling the investigation.

Monitor the well-being of the alleged offender, particularly for any indications of erratic or violent behavior that may endanger the safety of the victim or others, suicidal ideations, or other unhealthy attempts to cope with stress, and ensure appropriate assistance is rendered. Consult with medical and mental health providers for appropriate courses of action, as needed.

- Determine the need for a military protective order (after consultation from legal, law enforcement, SARC, and assigned SAPR VA), using DD Form 2873 if required.
- Consider a temporary or permanent reassignment of the alleged offender instead of the victim pursuant to a determination that reasonable grounds exist to believe that an offense constituting sexual assault has occurred based on the advice of the supporting judge advocate and the available evidence.
- Ensure ongoing communication and coordination of actions (i.e., reporting requirements) between commands if the victim is assigned to another command.

CONSIDERATIONS WHEN INFORMATION
REGARDING A SEXUAL ASSAULT BECOMES KNOWN WITHIN THE RANKS

- Discourage members from participating in "barracks gossip" or discussing the incident in their workplace.
- Encourage members to be supportive of the process and to discourage "choosing sides" that will lead to tension within the command, place undue stress upon the victim or alleged offender, and adversely impact the fair resolution of the case.
- Regularly assess and refer for appropriate action all reports of retaliation, ostracism, maltreatment, or reprisal from a victim, witness, or first responder in conjunction with a report of sexual assault.

APPENDIX 2C
SAPR WATCHSTANDER CHECKLIST

Upon a command or staff duty officer or quarterdeck watchstander being contacted by an individual who indicates he or she has been sexually assaulted, follow the steps below:

NOTE: Do not ask for the caller's name, rank, or any other means of identification. Doing so could take away the caller's option to make a restricted report.

- Ask the caller if he or she is safe. If not, recommend that the caller proceed to a safe environment or call 911 as appropriate.
- Ask the caller if he or she needs immediate medical attention. If needed, provide the caller information to assist him or her obtain medical services as appropriate. In cases of emergency, recommend the caller contact 911 for immediate assistance.
- Immediately advise the caller, "If you divulge your identity and any information about the assault, your reporting options will be limited to filing only an unrestricted report which would initiate an investigation into the allegation."
- Advise the caller to contact the DoD Safe Helpline, local SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or victims' legal counsel if he or she desires to make a restricted report.
- Inform the on-call SAPR VA that you have a caller who desires to be placed in contact with an on-call SAPR VA and pass on the individual's telephone number. If necessary, leave a voice mail for the duty SAPR VA requesting a call be made to the caller's telephone number provided.
- Before terminating the telephone call, advise the caller that a SAPR VA, deployed resiliency counselor, or the SARC will be contacting him or her directly and provide the SAPR VA contact information to the caller.

If the caller prefers to be contacted by a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA or victims' legal counsel directly, obtain his or her telephone number, place him or her on hold, and contact the 24-hour duty SAPR VA at

_____.

If requested, provide the caller with the following contact information:

SARC: _____

Deployed resiliency counselor: _____

On-call SAPR VA: _____

Unit SAPR VA: _____

Victims' legal counsel: _____

Medical personnel: _____

DoD Safe Helpline: _____

CHAPTER 3
REPORTING OPTIONS AND REQUIREMENTS

1. Reporting Options. There are two reporting options for victims of sexual assault: restricted and unrestricted reports. Individuals eligible to report using either method include:

a. Service members and military dependents 18 years and older who have been sexually assaulted, regardless of when or where the sexual assault took place or the service affiliation;

b. NG and RC members; and

c. Navy ROTC midshipmen who do not qualify under subparagraph 1a or subparagraph 1b and who report sexual assaults that occurred while they were in an active duty status (i.e., summer training, drill status).

2. Unrestricted Reports. The unrestricted reporting option triggers an official investigation of the allegations, command notification, VWAP rights and additional command protective actions, and allows eligible sexual assault victims access to medical treatment, legal services, and counseling.

a. Upon the victim's election of unrestricted reporting via the DD Form 2910, SARCs must notify the installation CO and victim's CO within 24 hours of the report. This notification may be extended by the CO to 48 hours after the unrestricted report of the incident when there are extenuating circumstances in deployed environments. A victim may not change an unrestricted report to a restricted report.

b. All unrestricted reports of alleged sexual assault involving adult victims and alleged offenders will be reported regardless of any military affiliation or status of the victim or alleged offender. COs must:

(1) Contact a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA to immediately activate the provision of SAPR services.

(2) Refer all allegations of sexual assault immediately to NCIS or another MCIO (as appropriate).

(3) Ensure compliance with SAPR program reporting requirements.

3. Restricted Reports. The restricted reporting option does NOT trigger an investigation and is only available to Service members and adult military dependents. Restricted reporting allows Service members and military dependents who are over 18 years of age to confidentially disclose the assault to specified individuals (e.g., SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel, or healthcare personnel) and receive healthcare treatment and the assignment of a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, and victims' legal counsel. A victim may change a restricted report to an unrestricted report.

a. Only the SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, and healthcare personnel are designated as authorized to accept a restricted report.

(1) Licensed clinicians, who provide clinical services in an FFSC, and healthcare personnel working in an MTF, including administrative staff, are considered healthcare providers and may receive restricted reports.

(2) EMTs are considered healthcare personnel, but not all may be trained to receive restricted reports. In those cases, a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA will assist.

b. Healthcare personnel must initiate the emergency care and treatment of sexual assault victims and notify the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA to assure that a victim is offered SAPR services so that a DD Form 2910 can be completed. Healthcare personnel will not inform their supervisory official, victim's chain of command, or law enforcement and will not report the incident to investigative services or the command unless an exception to restricted reporting applies or applicable law requires other officials to be notified.

c. The victim's communications with the SARC, deployed resiliency counselor, SAPR VA, and unit SAPR VA are protected by the restricted reporting option and the Military Rule of Evidence 514. The DoD Safe Helpline staff, chaplain, victims'

legal counsel, or legal assistance attorney cannot accept a restricted report, but may maintain privileged communications.

(1) If a victim indicates that he or she wishes to file a restricted report during otherwise privileged communications with the DoD Safe Helpline staff, a chaplain, victims' legal counsel, or legal assistance attorney, the victim is required to contact a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or healthcare personnel to initiate a restricted report and receive the appropriate care.

(2) The DoD Safe Helpline staff, a chaplain, victims' legal counsel, or legal assistance attorney may, with the victim's permission, facilitate contact with a SARC, deployed resiliency counselor, SAPR VA or unit SAPR VA to ensure that a victim is offered SAPR services and that a DD Form 2910 is completed. Only the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA will be notified.

d. The SARC must notify the installation CO and the victim's CO that "a restricted report of an alleged sexual assault has been filed" and not provide any other information pertaining to the reported incident. This notification is made for the purposes of public safety and command responsibility. Notification to the installation CO or victim's CO may be extended 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, received explanation of the notifications in the DD Form 2910, been offered medical and mental healthcare, and been informed of his or her eligibility for a victims' legal counsel.

e. Neither CO 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 being protected; thereby, voiding the restricted nature of the selected reporting option. The command must ensure the protection of personally identifiable information during the treatment and reporting processes.

f. The victim should be advised by a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA that if the chain of command or the MCIO learns of the assault by other means, an official investigation be will initiated.

g. Jurisdiction bound by State and local laws, territorial or overseas agreements may require certain personnel (usually healthcare personnel) to report the sexual assault to civilian agencies or law enforcement when healthcare is provided and a SAFE kit is performed.

h. Restricted reporting does not create any actionable rights for the victim or alleged offender or constitute a grant of immunity for any actionable conduct by the alleged offender or the victim.

4. Exceptions to Restricted Reporting

a. The SARC will evaluate the confidential information provided under the restricted report to determine whether an exception applies.

(1) The SARC must disclose the otherwise protected confidential information only after consultation with the SJA of the installation CO, supporting judge advocate or other legal advisor concerned, who must 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 Military Rule of Evidence 514 on the communications.

(2) When there is uncertainty or disagreement on whether an exception to restricted reporting applies, the matter must be brought to the attention of the installation CO for decision without identifying the victim (using non-personally identifiable 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. Exceptions to the prohibition against disclosures of restricted reporting authorize a disclosure of a restricted report only if one or more of conditions apply, as per subparagraphs 4b(1) through 4b(6).

(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 suspect) could meet this criteria.

(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.

(4) Required for the supervision of coordination of direct victim treatment or services. The SARC, deployed resiliency counselor, SAPR VA, unit 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.

(a) Healthcare personnel may convey to the victim's unit CO any possible adverse duty impact related to the victim's medical condition and prognosis. However, such circumstances do not otherwise warrant a restricted reporting exception to policy.

(b) If necessary, the competent medical authority will inform the certifying official that the person in question should be temporarily suspended from PRP status outlined in SECNAVINST 5510.30B, without revealing that the person is a victim of sexual assault, thus preserving the restricted report. A sexual assault victim certified under the PRP is:

1. Eligible for both the restricted and unrestricted reporting options; and

2. Required to advise the competent medical authority of any factors that could have an adverse impact on their performance, reliability, or safety while performing PRP duties, if electing restricted reporting.

(c) Ordered by an appropriate military official (e.g., a military judge or trial counsel 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, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel, and healthcare personnel will consult with the installation CO'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-personally identifiable information must be disclosed.

(5) The SARC will evaluate the confidential information provided under the restricted report to determine whether an exception applies.

(a) The SARC must disclose the otherwise protected confidential information only after consultation with the SJA of the installation CO, supporting judge advocate or other legal advisor concerned, who must 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 Military Rule of Evidence 514 on the communications.

(b) When there is uncertainty or disagreement on whether an exception to restricted reporting applies, the matter must be brought to the attention of the installation CO for decision without identifying the individuals involved (using non-personally identifiable information).

(6) The SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or victims' legal counsel must inform the victim when a disclosure is made by the exceptions in this instruction.

5. Non-participating Victim. A victim has the right to refuse to disclose and to prevent any other person from disclosing confidential communication between a victim and a 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 references (a) through (c). Guidelines for victims choosing either restricted or unrestricted reporting include:

a. The victim's decision not to participate in an investigation or prosecution must not affect access to SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, and victims' legal counsel services or medical and psychological care. These services must be made available to all eligible sexual assault victims.

b. Details regarding the incident will 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.

c. If at any time the victim who originally chose the unrestricted reporting option declines to participate in an investigation or prosecution, that decision must be honored. The victim should be informed by the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA that the investigation may continue regardless of whether the victim participates.

d. If a victim approaches a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA and begins to make a report, but then changes his or her mind and leaves without signing the DD Form 2910 (where the reporting option is selected), the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA is not under any obligation or duty to inform investigators or COs about this report and must not produce the report or disclose the communications surrounding the report. If COs or law enforcement ask about the report, disclosures can only be made per exceptions to Military Rule of Evidence 514 privilege.

6. Confidential Communications. Confidential communications related to sexual assaults may not be disclosed. Improper disclosure of confidential communications, improper release of medical information, and other violations of references (a) through (c) are prohibited and may result in discipline pursuant to the UCMJ or State statute, loss of privileges, or other adverse personnel or administrative actions.

a. In cases where a victim elects restricted reporting, the SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel, and healthcare personnel may not

disclose confidential communications or SAFE kit information to law enforcement or command authorities, either within or outside the DoD, unless an exception applies. SARCs, deployed resiliency counselors, SAPR VAs, unit SAPR VAs, victims' legal counsels, and healthcare personnel who make unauthorized disclosure of a confidential communication are subject to disciplinary action.

(1) All restricted report information remains confidential and protected. However, unauthorized or inadvertent disclosures made to the chain of command or law enforcement must result in notification to the MCIO.

(2) Regardless of whether the victim elects restricted or unrestricted reporting, confidentiality of medical information must be maintained per DoD Instruction 6025.18 of 2 December 2009. 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.

b. Communications between a victim and a chaplain are confidential communications and can be made to chaplains either directly, through an RP, or through other administrative support personnel assigned to the chaplain. Unless the victim releases the chaplain from confidentiality, chaplains maintain confidentiality pursuant to SECNAVINST 1730.9.

(1) RPs and other administrative support personnel assigned to the chaplain may become aware of confidential communications in the course of their support duties. In that event, they are obligated to keep that information confidential and immediately refer the matter to the chaplain. Under these circumstances the victim preserves their restricted reporting capability.

(2) Lay leaders, directors of religious education, and other support personnel who inadvertently become aware of confidential communications must keep such matters confidential, and immediately refer the matter to the chaplain. Under these circumstances, the victim preserves their restricted reporting capability.

c. Collateral misconduct offenses revealed by a sexual assault victim when making a restricted report are considered confidential communications and will not be disclosed except as authorized under Military Rule of Evidence 514.

7. Victim Confiding in Another Person. Communications between the victim and a person(s) other than the SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel, or healthcare personnel are not confidential and do not receive the protections of restricted reporting.

a. A victim may inform other individuals (e.g., roommate, friend, family member) that a sexual assault has occurred before considering whether to file a restricted or unrestricted report. This communication with others does not, in and of itself, prevent the victim from later electing to make a restricted report.

b. There can be no restricted report made if the person(s) to whom the victim confided the information (e.g., roommate, friend, family member) is in the victim's chain of command or DoD law enforcement, unless the individual(s) is(are) clearly acting in the capacity of someone authorized to take a restricted report from the victim. For example, the victim may make a restricted report to a healthcare provider who is in the victim's chain of command, if the healthcare provider is acting clearly and solely as the victim's healthcare provider.

8. Independent Investigations. If information about a sexual assault comes to a CO's attention from a source other than a victim who has elected restricted reporting or where no election has been made by the victim, that CO must report the matter to an MCIO and an official (independent) investigation may be initiated by the MCIO based on that independently acquired information.

a. The timing of filing a restricted report is important. In order to take advantage of the restricted reporting option, the victim must file a restricted report before the SARC is informed of an ongoing independent investigation of the sexual assault.

b. If an independent investigation begins after the victim has formally elected restricted reporting, 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.

c. If the SARC is informed of an ongoing independent investigation prior to a restricted report being made (via the DD Form 2910), the SARC must inform the victim of the ongoing independent investigation of the sexual assault and notify the victim that the option of restricted reporting is no longer available.

9. Reporting Requirements for Unrestricted Reports. Reports must be submitted for all unrestricted reports of sexual assault as outlined in reference (h), appendix 3A, and the guidance in subparagraphs 9a through 9e.

a. Personnel incident reports (i.e., OPREP-3 NAVY BLUE, OPREP-3 NAVY UNIT SITREP) must be submitted.

(1) Only sexual assault must be listed as the type of incident in related message reports. No additional description of the incident must be provided in personnel incident reports of sexual assault.

(2) Care should be taken to avoid reporting sensitive personal information that might cause unwarranted invasion of personal privacy of individuals involved. Command demographics must be taken into account when determining the information to be provided.

(3) All unrestricted reports of alleged sexual assault will be reported regardless of affiliation, status, or location of the victim or alleged offender. The naval command with cognizance over the victim is responsible for forwarding required personnel incident reports.

(4) Reports of allegations of active duty members of another Service assigned to a naval command are also required regardless of location. The naval command with cognizance over the alleged offender in sexual assault reports involving active duty members of another Service not assigned to a naval command and non-military or unidentified victims is responsible for forwarding required personnel incident reports.

(5) Incidents involving civilians sexually assaulted on property under DON jurisdiction must be reported.

(6) If neither the victim nor alleged offender is a Navy member, the CO of the installation or activity where the sexual assault occurred is responsible for meeting the reporting requirements.

(7) COs for both victim and alleged offender will coordinate efforts for submission.

b. An OPNAV 1752/2 must be submitted within 8 days of the command becoming aware of a report or investigation of an adult sexual assault involving a Service member victim or a Service member alleged offender (including RC members who were performing active service or IDT during the time of the assault). OPNAV 1752/2 is also required for incidents (being reported at the present time) that occurred before the enlistment or commissioning of the Service member victim.

(1) This requirement only applies to unrestricted reports made to a SARC, deployed resiliency counselor, or SAPR VA and to independent investigations initiated by the MCIO per reference (a).

(2) An individual OPNAV 1752/2 is required for each victim involved, regardless of affiliation, status or location of the victim or alleged offender.

(3) OPNAV 1752/2 must be submitted by:

(a) The CO when the victim and alleged offender are assigned to the same command.

(b) The CO of the victim when the victim and the alleged offender are assigned to different commands.

(c) The CO of the victim in a case involving a Service member victim and a non-Service member alleged offender.

(d) The CO of the alleged Service member offender in reports involving a civilian victim.

(e) The first O-6 or above ISIC when the CO is the alleged offender.

(4) Without disclosing protected communications and victim confidentiality, the OPNAV 1752/2 will be prepared and submitted by the CO with input from the SARC and the MCIO (e.g., NCIS). At a minimum, the CO preparing the OPNAV 1752/2 will provide preliminary information of the incident with the understanding that some victim or alleged offender information may not be accessible or available.

(a) For a report triggered by an unrestricted report of sexual assault, the SARC will be responsible for providing all victim information and the MCIO will provide the incident data and investigation information.

(b) When the report is triggered by an independent MCIO investigation, the MCIO will be responsible for providing the available information. Incident data must not be acquired through a command-directed investigation which is prohibited for sexual assaults per references (a) through (c).

(5) The OPNAV 1752/2 will have limited distribution to ensure control of sensitive information and incorporate plain language definitions for the type of sexual assault reported. The OPNAV 1752/2 will be sent via e-mail, at a minimum, to:

(a) The installation CO, if such incident occurred on or in the vicinity of a military installation.

(b) The chain of command of the victim and alleged offender, up to and including the first flag officer.

(c) The ISIC of the Service member alleged offender when the alleged offender is a CO or flag officer.

(6) An OPNAV 1752/2 is not prepared for sexual assaults involving FAP cases, consistent with OPNAVINST 1752.2B.

c. A first flag report is required to be made to the first flag officer in the chain of command within 30 days after the initial personnel incident report of the sexual assault by all COs of both victims and alleged offenders, regardless of which command submitted the special incident report. This requirement

includes a personal assessment regarding the impact of the receipt of the reported incident, prevention efforts, impact on the command, progress to resolution and best practices. First flag reports must be made in person, if feasible. Telephone calls or video teleconferences (VTC) are acceptable alternatives. E-mail reports are not an acceptable alternative.

d. A written disposition report, using NAVPERS 1752/1 Sexual Assault Disposition Report, must be submitted within 2 business days of final disposition of all unrestricted reports of sexual assault. A final, official resolution refers to completion of judicial, investigative, disciplinary, and administrative actions (e.g., defendant found guilty or not guilty, alleged offender administratively separated, no action taken due to insufficient evidence).

(1) NAVPERS 1752/1 must be submitted by:

(a) The CO of an alleged offender who is subject to the UCMJ.

(b) The victim's CO when an unrestricted report specifies an unknown offender or an offender not subject to the UCMJ.

(2) The NAVPERS 1752/1 will be retained by NCIS for a minimum of 20 years.

e. A NAVPERS 1070/887 will be submitted to a Service member's official military personnel file within 5 business days from adjudication of a court-martial or NJP or at the completion of the NJP appeal process for any sex-related offenses to include violation of Articles 120, 120a, 120b, 120c, or 125 of the UCMJ, or an attempt to commit any of these offenses punishable under Article 80 of the UCMJ.

(1) NAVPERS 1070/887 will be used to annotate the official military personnel file of any Service member who is convicted at court-martial or awarded NJP for sex-related offense(s), regardless of recommendation for retention or separation from the naval service. NAVPERS 1070/887 will remain in the official military personnel file of Service members for the duration of the applicable member's career.

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(2) Submission of the NAVPERS 1070/887 will generate a field code 91 entry in the official military personnel file to alert COs of Service members who received a court-martial conviction or NJP for these offenses.

(3) COs must review all field code 91 documents within 30 days of permanent assignment of all newly reporting personnel.

APPENDIX 3A
SEXUAL ASSAULT REPORTING REQUIREMENTS MATRIX

SEXUAL ASSAULT REPORTING REQUIREMENTS MATRIX										
Victim	Subject (Alleged Offender)	Command	Initial OPREP-3 NAVY BLUE or OPREP-3 NAVY UNIT SITREP	Incident Response Oversight (8-Day) Report (OPNAV 1752/2)	First Flag Officer Report	Sexual Assault Disposition Report (NAVPER 1752/1)	Sex Offense Accountability Record (NAVPER 1070/887)			
Service member	Service member	Both in Same Unit	CO	CO	CO	CO	CO			
Service member	Service member	In Different Units	Victim's CO	Victim's CO	Both COs	Subject's CO	Subject's CO			
Service member	Non-Service member/Dependent/Unknown	Not applicable	Victim's CO	Victim's CO	Victim's CO	Victim's Current CO	Not applicable			
Non-Service member/Dependent	Non-Service member/Dependent/Unknown	Not applicable	Subject's CO	Subject's CO	Subject's CO	Subject's CO	Subject's CO			
Dependent/Non-Service member	Dependent/Non-Service member	Not applicable	CO for installation where incident occurred or Sponsoring CO	Not applicable	CO for installation where incident occurred or Sponsoring CO	CO for installation where incident occurred or Sponsoring CO	Not applicable			
	Timeframe Due		As required In OPNAVINST F3100.6J	Within 8 days of command becoming aware of a report or investigation of sexual assault	Within 30 days of Initial OPREP-3 Navy Blue/OPREP-3 Navy Unit SITREP	Within 2 days upon final decision/adjudication	Within 5 days upon court-martial/NJP adjudication or completion of the NJP appeal process			

CHAPTER 4
SEXUAL ASSAULT RESPONSE

1. General. A 24/7 sexual assault response capability must be provided for all locations, including deployed areas. Installation COs are responsible for providing information regarding this capability and guidance for gaining timely access to appropriate victim services and procedures.

2. Victim Support. SAPR services must be gender-responsive, culturally competent, and recovery-oriented. Mandatory activation of an on-call deployed resiliency counselor, SAPR VA, or unit SAPR VA will be conducted immediately at the time of the sexual assault report to provide victims with information, emotional support, and guidance through the various medical, mental health, investigative, and legal processes. The terms SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, and victims' legal counsel must be used as standard terms throughout the Navy to facilitate communications and transparency regarding SAPR response capability.

a. Ongoing victim advocacy, beyond the initial response, is provided at the request of the victim. Victims are free to decline any or all of the options available.

b. SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs are responsible for ensuring:

(1) Victims understand all service and support options available and must advise them of:

(a) Restricted and unrestricted reporting options.

(b) Circumstances when disclosure and exceptions to confidentiality and restricted reporting exist.

(c) Any local or State sexual assault reporting requirements that may limit the possibility of restricted reporting.

(d) Protections of and exceptions to Military Rule of Evidence 514, the victim-VA privilege.

(e) SAFE confidentiality to victims and the confidentiality of the contents of the SAFE kit, depending upon restricted or unrestricted reporting.

(f) Implications of a victim confiding in another person resulting in a third party report to command or DoD law enforcement.

(g) Services of the SARC, deployed resiliency counselor, SAPR VA, and unit SAPR VA are optional and that the services may be declined, in whole or in part, at any time.

(h) The option to request a different SAPR VA or unit SAPR VA (subject to availability, depending on locality staffing) or continue without SAPR VA or unit SAPR VA services.

(i) Access to SARC and SAPR services will not be affected by the victim's preference to decline participation in the investigation or prosecution.

(j) Victim rights stipulated in the DD Form 2701.

(k) Availability of military protective orders and other protective measures for unrestricted reports.

(l) The expedited transfer request option and procedures when unrestricted reports of sexual assault are filed.

(m) Availability of assistance from the DoD Safe Helpline.

(n) Availability of legal assistance and victims' legal counsel which is optional and may be declined, in whole or in part, at any time.

(o) The option of being accompanied by a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or Victims' legal counsel during interviews by law enforcement or a trial counsel or a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel, or trial counsel during an interview by a defense counsel.

(p) The chance that investigations into unrestricted reports of sexual assault may continue regardless of whether the victims desire to participate in the investigation or prosecution.

(q) Availability of information concerning the prosecution, if applicable.

(r) Per Article 54(e), UCMJ, and Rule for Court-Martial 1103 of JAGINST 5800.7F, the right to request and receive a copy of the prepared record of the proceedings (not to include sealed materials, unless otherwise approved by the presiding military judge or appellate court) of a general or special court-martial involving a sexual assault or other offense covered by Articles 120, 120c, and 125 of the UCMJ, or attempts to commit these offenses under Article 80 of the UCMJ.

(s) Availability of referral services to military and civilian agencies for sexual assault victims upon the request of the victim and as appropriate. SARCs, deployed resiliency counselors, SAPR VAs or unit SAPR VAs will:

1. Facilitate these referrals, as appropriate, and encourage sexual assault victims to follow-up with referrals.

2. Inquire whether the victim is an RC or an NG member to ensure that victims are referred to the appropriate geographic location.

3. Accompany victims during interviews with law enforcement, trial counsel, or the defense counsel, if requested.

(t) Policy regarding the completion of the Standard Form (SF) 86 regarding consultation with a healthcare professional in relation to the sexual assault.

(2) Completion and retention of DD Forms 2910 for all cases and must:

(a) Ensure the victim elects to make a restricted or unrestricted report, using the DD Form 2910.

(b) Provide the victim a hard copy of the DD Form 2910 with the victim's signature, advising him or her to keep a personal copy, 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.

(c) Inform the victim that the DD Form 2910 will be retained for 50 years for the purpose of providing the victim access to documentation of his or her sexual assault victimization with the Department of Veterans Affairs for future care and benefits.

c. Victims' legal counsels complement the care and support victims receive through other sources by working with the victim through the investigation and military justice process and advocating for the victim's rights and interests. Victims' legal counsels provide independent legal counsel to eligible sexual assault victims, forming an attorney-client relationship with the victim. Victims' legal counsels provide personal representation advice to victims involved in collateral misconduct connected with a report of sexual assault. Collateral misconduct resulting in administrative processing or court-martial will necessitate assignment of a separate military defense counsel. SARCs, deployed resiliency counselors, SAPR VAs, unit SAPR VAs, MCIO personnel, victim witness liaisons, trial counsels, and healthcare providers must inform sexual assault victims of the availability of victims' legal counsel services.

d. Legal assistance support, which is in addition to and not instead of victims' legal counsel support, will include confidential advice and assistance addressing:

(1) Rights and benefits afforded to the victim under law and DoD policy;

(2) Role of VWAP personnel;

(3) The distinctive role of the SAPR VAs;

(4) Privileges existing between the victim and a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA;

(5) The differences between restricted and unrestricted reporting;

(6) An overview of the military justice system;

(7) Services available from appropriate agencies for emotional and mental health counseling and other medical services;

(8) Requests for expedited transfer;

(9) Availability of and protections offered by civilian and military protective orders;

(10) Availability of a safety assessment conducted by trained personnel; and

(11) Availability of appeal of an administrative separation action following an unrestricted report of a sexual assault.

3. Victim Safety and Well-being. Victims of sexual assault must receive reasonable protection from the alleged offender(s). Protective measures should not place undue burden on Service members or their family members. Any threat to life or safety of Service members must be immediately reported to command and DoD law enforcement authorities. COs must:

a. Consider both the physical and emotional well-being of the victim in making this decision. The victim's preference should receive primary consideration if at all practicable.

b. Consider relocating the victim or alleged offender to minimize the likelihood for alleged offender and victim interaction or until the case is adjudicated in cases where the victim and alleged offender are assigned to the same command. Consideration may be given for a temporary or permanent reassignment of the alleged offenders instead of the victim pursuant to a determination that reasonable grounds exist to believe that an offense constituting sexual assault has occurred based on the advice of the supporting judge advocate and the available evidence.

c. Consider initiating a safety transfer when the lives or safety of Service members or their family members are threatened.

d. Assess the safety and well-being of Service members and their dependents when concerns or circumstances warrant issuance of military protective orders or reassignment.

e. Consider issuing a military protective order which, in sexual assault cases, may have separate requirements than other military protective orders. While victim safety is paramount, prior to issuing a military protective order, COs must consult with NCIS or other MCIOs to ensure the military protective order does not compromise an ongoing investigation. If a military protective order is issued, it must remain in effect until such time as the issuing CO terminates the order or issues a replacement order.

(1) COs must:

(a) Use the DD Form 2873, providing copies to both the victim and alleged offender as appropriate. Verbal military protective orders can be issued, but the DD Form 2873 should be issued as soon as possible thereafter.

(b) Notify NCIS of the issuance of a military protective order and of the individuals involved in the military protective order.

(c) Notify the appropriate civilian authorities when a military protective order has been issued involving any individual who does not reside on a military installation.

1. Include, at a minimum, the local civilian LEA or LEAs with jurisdiction to respond to an emergency call from the residence of any individual involved in the order.

2. Notify them of any change made in a protective order, to include:

a. The issuance of the protective order;

b. The individuals involved in the order;

- c. Any change made in a protective order;
- d. The termination of the protective order; and
- e. Issuance of a replacement protective order.

(d) Advise the person seeking the military protective order that the military protective order is not enforceable by civilian authorities off base and that victims desiring protection off base should seek a civilian protective order. Any violation of the military protective order should be reported to the issuing commander, DoD law enforcement, and NCIS.

(e) In coordination with DoD law enforcement and NCIS, take all reasonable measures necessary to ensure that a civilian protective order is given full force and effect on all DoD installations within the jurisdiction of the court that issued such order.

(f) Brief the sexual assault CMG chair and co-chair on the existence of a military protective order or civilian protective order and its requirements.

(g) Forward the decision and rationale to deny a victim's military protective order request to the installation CO or equivalent command level for final decision in consultation with a judge advocate, per reference (a).

(2) DoD law enforcement officials must:

(a) Document military protective orders and civilian protective orders for all Service members in the investigative case file, to include documentation for RC personnel in Title 10, U.S.C., status.

(b) Advise the sexual assault CMG chair and co-chair of existing military protective orders and civilian protective orders as appropriate.

4. Expedited Transfer Requests. Circumstances may exist that warrant the transfer of a Service member who makes an unrestricted report of sexual assault, but may not otherwise meet established criteria for effecting the immediate transfer of Service members. Service members who file unrestricted reports of sexual assault may request an expedited transfer per reference (i).

5. Command Notification. Prior to execution of PCS orders, the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA must ensure the victim elects to either have or not have the case management transferred to the next command. It is important for the victim to understand that there is potential for the gaining command to be informed about the case from other sources. Notification from the losing CO to the gaining CO will depend on whether there is an open case and continuation of services, regardless of conditions under which the sexual assault victim is transferred or reassigned (i.e., PCS on or before the member's normal rotation date, temporary reassignment in or out of local area).

a. If there is neither an open case nor continuation of services, no other action or notification is needed. The CO will not inform the new CO of the sexual assault incident when none of the following apply: active criminal investigation, active legal proceeding, ongoing healthcare (medical or mental health) needs that are directly related to the sexual assault, ongoing monthly sexual assault CMG meeting oversight, or active SAPR victim support services.

b. For open cases, the responsible SARC will obtain the victim's written consent for continuation of supportive services with the new SARC when a victim has a temporary change of duty, PCS, or is deployed and document the victim's response in DSAID. Documentation of this election on the DD Form 2910 is mandatory and must be uploaded into DSAID and retained under records storage and management requirements. Case documents will not be transferred to a new SARC without consent from the victim.

(1) When the transferring victim does not desire to continue services, the original SARC and sexual assault CMG will retain case management oversight responsibility until final disposition of the unrestricted report case. The SARC must:

(a) Obtain the victim's desire for updates regarding ongoing investigative or legal proceedings. If updates are desired, the victim's new CO will attend the sexual assault CMG meetings at the victim's original duty location with attendance documented in the sexual assault CMG meeting minutes. If the sexual assault CMG and new command are not co-located, the CO is authorized to attend the sexual assault CMG meetings via telephone or VTC. The victim's new CO will provide the victim monthly updates within 72 hours of the sexual assault CMG meeting.

(b) Inform the victim of the SAPR resources available at the next command.

(2) If continued SAPR services are requested, transfer of the sexual assault case will be coordinated by the SARC with a warm hand-off with the SARC at the new duty station to ensure continuity of care.

(a) The new CO will adopt processes to assure strict confidentiality. Every attempt must be made to limit access to the information that a victim has been transferred into the unit as result of a sexual assault report.

(b) All information should be kept confidential. The victim's original CO will inform only the new CO of the transfer, limiting the information to objective facts about victim care provided, the status of open investigations, and the status of ongoing legal proceedings in order to allow the new CO to facilitate the victim's access to advocacy, healthcare, MCIOs, and legal counsel. The CO may share the notification with the senior enlisted advisor, if deemed necessary to support the victim. Additional personnel will be notified by the CO only as necessary for monthly sexual assault CMG meeting updates or based on a need-to-know.

(c) Sexual assault CMG case oversight will be conducted at the victim's new duty station location with updates provided by the victim's new CO, the investigating MCIO, and a representative involved in the legal proceedings. All investigative and disposition updates from the original MCIO or legal representative will be provided to the sexual assault CMG chair at the new location for documentation in the DSAID by the

responsible SARC. Monthly updates will be provided to the victim by the victim's new CO within 72 hours of the sexual assault CMG meetings.

(d) NAVPERS 1752/1 will be forwarded to the MCIO at the victim's new location within 2 days of the final decision or action taken, if applicable.

6. Alleged Offenders. Alleged offenders may be temporarily reassigned or removed from a position of authority or from an assignment, not as a punitive measure, but solely for the purpose of maintaining good order and discipline within the member's command. The alleged offender's CO must:

a. Monitor the well-being of the alleged offender, particularly for any indications of suicide potential, and ensure appropriate intervention occurs, if indicated.

b. Emphasize that every alleged offender is presumed innocent until proven guilty regardless of safety measures taken to protect the victim or others within the command such as relocation and military protective orders.

c. Safeguard the alleged offender's rights and preserve the integrity of a full and complete investigation to include no formal or informal investigative interviews or inquiries by personnel other than those assigned to an MCIO or civilian law enforcement. This responsibility lies with the appropriate LEA handling the investigation.

d. Inform the alleged offender of available counseling support and if referred to counseling, that such referral is reported as required in chapter 3.

e. Determine the need of the issuance of a military protective order or a temporary or permanent transfer from the current duty station.

7. Accountability

a. Navy's special victim investigation and prosecution capability provides a distinct, recognizable group of appropriately skilled professionals consisting of specially trained and selected MCIO and NCIS investigators, judge

advocates, VWAP personnel, and administrative paralegal support personnel who work collaboratively to investigate and prosecute allegations of sexual assault, and provide support to the victims. All special victim investigation and prosecution personnel will be selected, certified, and trained with a goal of achieving fully integrated investigation, prosecution, and victim support.

(1) Selection of the special victim investigation and prosecution investigators is contingent on the completion of advanced specialized training issued in reference (a). Investigators must:

(a) Be knowledgeable of the special victim investigation and prosecution priorities, working collaboratively with specially special victim investigation and prosecution trained personnel consisting of judge advocates, VWAP personnel, and legal support personnel.

(b) Notify each member of the special victim investigation and prosecution within 24 hours of determining that an allegation meets the criteria of a special victim covered offense to activate the victim's service support. The contact can occur via personal meeting, telephone conference call, or VTC.

(c) Collaborate with all members of the special victim investigation and prosecution team within 48 hours (without regard to the day of the week) of the allegation's designation by the responsible MCIO as an investigation that meets the criteria of a covered offense. The collaboration can occur via personal meeting, telephone, or VTC.

(d) Meet or consult with other special victim investigation and prosecution personnel at least monthly for periodic investigative case reviews and to ensure all aspects of the victim's needs are being met. Where all special victim investigation and prosecution, members are not co-located, meetings are authorized to be conducted via telephone or VTC.

1. All special victim investigation and prosecution notifications, meetings, and consultations will be documented in the appropriate investigative file.

2. The documentation will include the name, position, organization, and response of the persons briefed and the date of the briefings.

(e) Coordinate investigations when informed of allegations of sexual assault, ensuring the appropriate commander(s) and SARC(s) are notified.

(f) Ensure victims are provided a completed DD Form 2701, which sets out victims' rights and points of contact in unrestricted report cases.

(g) Ensure victims and the responsible SARCs receive monthly investigation updates until the investigation is complete and forwarded to the command for adjudication.

(h) Request final disposition data on cases investigated or prosecuted by civilian LEAs and, if received, immediately notify the cognizant commander(s) and responsible SARC(s) of these results.

(i) Obtain final disposition data on Navy victims and alleged offenders investigated by other MCIOs and immediately notify the cognizant CO(s) and responsible SARC(s) or deployed resiliency counselor(s) of these results.

(2) Special victim investigation and prosecution legal personnel collaborate with SARCs, deployed resiliency counselors, SAPR VAs and unit SAPR VAs, and victims' legal counsel to facilitate a victim's welfare, security, and recovery from the sexual assault. Special victim investigation and prosecution legal personnel must:

(a) Inform victims entitled to victims' legal counsel services of their right to consult with victims' legal counsel.

(b) Inform victims entitled to legal assistance of their right to consult with a legal assistance attorney.

(c) Consistent with applicable laws and regulations, ensure that responsible legal offices establish active liaisons with organizations and key individuals to ensure victim care.

1. Local military and civilian LEAs.
2. SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs.
3. FAP clinicians, FAP managers, and domestic abuse VAs.
4. Military chaplain offices.
5. Medical and mental healthcare personnel.
6. COs.
7. Victims' legal counsels.
8. Other persons as necessary to provide a continuum of care in special victim cases.

(d) Promptly meet or consult with MCIO special victim investigation and prosecution members within 48 hours after the designation of an investigation as meeting special victim investigation and prosecution requirements.

(e) Meet or consult with MCIO special victim investigation and prosecution members at least monthly to assess progress in the investigation or prosecution of a covered offense, including ensuring any matter raised by the victim or a person designated to assist or represent the victim is properly addressed.

(f) Be able to provide victims with a comprehensive understanding of their rights and information required to be provided during the investigation and court-martial process.

b. Authority to dispose of certain sexual assault cases is withheld to the O-6 special court-martial convening authority level within the chain of command. This officer will be known as the sexual assault - initial disposition authority. These responsibilities are non-delegable and apply to cases involving allegations of rape and sexual assault (as specifically enumerated under UCMJ Article 120, subsections (a) and (b), UCMJ), forcible sodomy under Article 125 of the UCMJ or attempts to commit those offenses under Article 80 of the UCMJ, and other

alleged offenses arising from or relating to the same incident(s), whether committed by the alleged offender or the victim. Prior to making the initial disposition determination, the sexual assault - initial disposition authority must consult with a judge advocate. The sexual assault - initial disposition authority must:

(1) If the CO is O-5 or below, forward the sexual assault case involving allegations of rape, sexual assault, forcible sodomy, or attempts to commit those offenses, and other alleged offenses arising from or relating to the same incident(s) to the appropriate O-6 or above sexual assault - initial disposition authority within 30 days of receipt of the report if practicable. If the higher level sexual assault - initial disposition authority returns the case, any action may be taken as deemed appropriate.

(2) Make an initial disposition decision per Rule for Court-Martial 306.

(3) Take action as appropriate, documenting the decision. Action may include no action or returning the case to the subordinate commander for disposition as that officer deems appropriate.

c. Service members alleged to have committed a sexual assault offense may be subject to trial by court-martial and, if found guilty, be awarded punishment by court-martial under the Manual for Courts-Martial and JAGINST 5800.7F. Such personnel are subject to administrative separation processing per reference (i), as well as civilian court system actions under local, State, and Federal statutes, including the possible requirement to register as a sex offender if convicted. Other administrative actions include NJP, counseling and comments in fitness reports and performance evaluations.

d. Navy members who are convicted of a sex offense at a court-martial while on active duty or in a reserve status, and who are not punitively discharged, must be processed for administrative separation per references (i) and (j). Likewise, members who receive a civilian conviction for a qualifying sexual misconduct offense must be processed for administrative separation.

8. Collateral Misconduct. 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, other violations of certain regulations or orders) which could be punishable under the UCMJ. Considerations should be given to 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.

a. When the alleged offenses fall under the purview of the sexual assault - initial disposition authority, the victim's alleged collateral misconduct is withheld to the sexual assault - initial disposition authority. Sexual assault - initial disposition authorities or COs must determine, in a timely manner, how to best manage the disposition of alleged misconduct, to include deferring alleged collateral misconduct actions for sexual assault victims until final disposition of the sexual assault case.

b. COs must not be penalized for deferring alleged collateral misconduct actions for the sexual assault victim until final disposition of the sexual assault case.

c. Service member victim's collateral misconduct associated with the sexual assault incident will be excluded from consideration as intentional misconduct or gross negligence in line of duty determinations for healthcare to ensure sexual assault victims are able to access medical treatment and mental health services.

CHAPTER 5
SEXUAL ASSAULT CASE MANAGEMENT GROUP (CMG)

1. General. Installation sexual assault CMGs are established to review the status of open unrestricted reports of sexual assault and ensure system-wide coordination, accountability, and victim access to services and information. The focus of the sexual assault CMG is on victim response and recovery, not to substantiate a case.

2. Requirements. Sexual assault CMG meetings will be held every month to review individual unrestricted cases, facilitate monthly victim updates, and direct system coordination, accountability, entry of disposition, and victim access to quality services. If there are no cases in a given month, the sexual assault CMG will still meet to ensure training, processes, and procedures are complete for system-wide coordination.

a. The multi-disciplinary sexual assault CMG will be chaired by the installation CO or installation XO. This responsibility may not be delegated. The sexual assault CMG chair must:

(1) Identify and require designated installation personnel to become part of the sexual assault CMG and attend every monthly meeting.

(2) Ensure each sexual assault CMG member involved with and working on a specific case provides a verbal update for each victim concerned without violating victim confidentiality or disclosing privileged communications or facts surrounding the incident.

(3) Identify the responsible SARC, healthcare provider, or MCIO personnel who have been trained and are able to perform a safety assessment of each sexual assault victim.

(4) If a victim is assessed to be in a high-risk situation, immediately stand up a multi-disciplinary high-risk response team. High-risk response teams will continually monitor victims who have been assessed to be a high risk for safety by assessing danger and developing a plan to manage the situation. However, the COs of both the victim and alleged

offender have the responsibility to ensure the safety and good order and discipline of their members. The high-risk response team must:

(a) Be chaired by the victim's CO and, at a minimum, include the alleged offender's CO; the victim's SARC, deployed resiliency counselor, SAPR VA or unit SAPR VA; the MCIO representative; the judge advocate; the VWAP personnel assigned to the case; victim's healthcare provider or mental health and counseling services provider; and the personnel who conducted the safety assessment.

(b) Make its first report to the installation CO, sexual assault CMG chair, and sexual assault CMG co-chair within 24 hours of being activated. At a minimum, briefings to the sexual assault CMG chair and co-chair must occur at least once a week while the victim is on high-risk status.

(c) Assess the victim's safety to include, but not be limited to, evaluating items listed in appendix 5A.

(5) Regularly assess and refer for appropriate action all reports of retaliation, ostracism, maltreatment, or reprisal from a victim, witness, or first responder in conjunction with a report of sexual assault.

(6) Obtain confirmation from the assigned SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA that each victim has been informed of available SAPR services to include counseling, chaplain, medical, victims' legal counsel, and other legal resources without violating victim confidentiality.

(7) Ensure equivalent standards are met for case oversight by sexual assault CMGs in situations where SARCs are not installation based, but instead work within operational or deployable units.

(8) Monitor and require immediate transfer of sexual assault victim information between SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs to ensure continuity of SAPR services for victims, in the event of the change of duty station of a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA.

(9) Ensure the status of each expedited transfer request, military protective order, and civilian protective order is reported by the CO or law enforcement representative.

(10) If the victim has informed the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA of an existing civilian protective order, the chair must require the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA to inform the sexual assault CMG of the existence of the civilian protective order and its requirements.

(11) Ensure information regarding protective order(s) for all active duty members provided by the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA during the sexual assault CMG meeting is documented by the DoD LEA in the investigative case file.

(12) Obtain confirmation that the victim's CO provides the victim a monthly update of the status of the case within 72 hours of the latest sexual assault CMG meeting. This responsibility may not be delegated. At the victim's request, the update may be in writing and the SARC, deployed resiliency counselor, SAPR VA, or victims' legal counsel may be present.

(13) Ensure that all appropriate updates are submitted for each case disposition within 24 hours for entry into DSAID by the SARC.

(14) Ensure that case disposition is communicated to the sexual assault victim within 2 business days of the final disposition.

(15) Ensure the sexual assault CMG meeting is not combined with a FAP incident determination committee or clinical case staff meeting to minimize confusion over the two separate programs.

(16) 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 sexual assault CMG membership will be briefed on trends. Data sources (e.g., MCIO, DSAID, SITREP, etc.) must be clearly identified.

b. The installation SARC must serve as the co-chair of the sexual assault CMG. In the case of multiple SARCs on an installation, the lead SARC must serve in this position. This responsibility may not be delegated. Only a SARC may co-chair the multi-disciplinary sexual assault CMG. The sexual assault CMG co-chair must:

(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 timeframe is extended to 96 hours.

(2) Maintain the sexual assault CMG meeting agenda and minutes within DSAID. Minutes of the monthly meetings will include those in attendance and sexual assault CMG recommendations (e.g., additional referrals, follow-up actions, etc.).

c. At a minimum, the sexual assault CMG membership must consist of the individuals listed in appendix 5B. An appointed alternate must attend when primary members are not available except in the case of victim's CO.

(1) Except in extenuating circumstances, such as deployments, sexual assault CMG members (or alternates considered appropriate by the sexual assault CMG chair) must be conducted in person when feasible. Otherwise, telephone calls or VTC are acceptable alternatives.

(2) Members of the sexual assault CMG must:

(a) Receive the mandatory SAPR training (e.g., CO's toolkit brief, retaliation, Military Rule of Evidence 514, annual and refresher training, etc.) as applicable.

(b) Meet monthly to discuss cases until they are resolved (i.e., legal, medical, psychological services are completed), case is adjudicated, and victims no longer wish to receive SAPR services.

(c) Explore the feasibility of joint use of existing SAPR resources, to include rotating on-call status of SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs.

(d) Consider requests for meeting attendance by non-members, determining if it is in the best interest of victims and case discussions.

(3) On a joint base or when the installation has tenant commands:

(a) The commander of the tenant organization (e.g., installation based, operational, and deployable) and the designated lead SARC must be invited to the sexual assault CMG meetings.

(b) The commander of the tenant organization must provide appropriate information to the host commander, to enable the host commander to provide the necessary supporting services.

d. Other SARCs, deployed resiliency counselors, SAPR VAs, or unit SAPR VAs must actively participate in each sexual assault CMG meeting by presenting verbal updates on the assigned sexual assault cases, providing recommendations and, if needed, seeking assistance from the chair or victim's CO.

3. Victim Confidentiality. Victim confidentiality must be maintained.

a. Sexual assault CMG participants are only authorized to share case information with those who have an official need-to-know.

b. Each sexual assault CMG member who is involved with and working on a specific case will provide a verbal update without violating victim confidentiality or disclosing privileged communications, or facts surrounding the incident.

APPENDIX 5A
HIGH-RISK RESPONSE TEAM SAFETY ASSESSMENT TOOL

High-risk response teams will continually monitor victims who have been assessed to be a high risk for safety by assessing danger and developing a plan to manage the situation. When assigned, the high-risk response team must evaluate the victim's safety, to include, but not be limited to, the following items:

- Victim's safety concerns.
- Whether the victim has sustained serious injury during the sexual assault incident.
- Alleged offender's access to the victim or whether the alleged offender is stalking or has stalked the victim.
- 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 (e.g., existence of children in common, sharing (or prior sharing) of a common domicile).
- Whether the victim has a civilian protective order or command has a military protective order against the alleged offender, or there has been a violation of a civilian protective order or military protective order by the alleged offender.
- History of drug or alcohol abuse by either the victim or the alleged offender.
- 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.
- Whether the alleged offender has threatened, attempted, or has a plan to commit suicide.
- 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.

- Whether the alleged offender has a history of law enforcement involvement regarding domestic abuse, assault, or other criminal behavior.
- Whether the alleged offender exhibits erratic or obsessive behavior, rage, agitation, or instability.
- Whether the alleged offender is a flight risk.

APPENDIX 5B
SEXUAL ASSAULT CASE MANAGEMENT GROUP (CMG) MEMBERSHIP LIST

Chair (Installation CO or Installation XO)
Co-chair (Installation SARC or Lead SARC)
Chaplain (as designated by the senior chaplain)
All SARCs assigned to the installation (regardless if they have an assigned victim being discussed)
Victim's CO (When operational commitments or other circumstances make the CO's participation impossible, the acting CO must attend the sexual assault CMG for each case reviewed)
Victim's SAPR VA or unit SAPR VA
Victim's healthcare provider or mental health and counseling services provider
Victim's VWAP representative (or civilian victim witness liaison, if available) or victims' legal counsel
Safety assessment personnel trained to conduct a safety assessment of current sexual assault victims
MCIO special agent and DoD law enforcement who have detailed knowledge of the case
Judge advocate or legal representative (as appropriate)
Other professionals directly involved with the case being reviewed (as appropriate)

CHAPTER 6
EVIDENCE COLLECTION

1. General. Medical services offered to eligible victims of sexual assault include the option to elect a SAFE in addition to the general medical management related to sexual assault response, to include mental healthcare. The forensic component includes gathering information in the DD Form 2911 from the victim. The SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or healthcare provider must inform the victim of any State or local reporting requirements whenever a SAFE is conducted at a civilian MTF. Victims must also be informed of local requirements which may preclude DoD administered SAFE kits.

2. SAFEs. With the victim's consent, a trained DoD or DON healthcare provider may conduct a SAFE in a manner that collects and preserves evidence with non-personally identifiable information about the victim. In the absence of a trained DoD healthcare provider, the victim will be appropriately referred to a non-DoD healthcare provider for the SAFE which may preclude the ability to maintain a restricted report.

a. Military SAPR personnel, to include medical personnel, must be appropriately trained on protocols for the use of the SAFE kit.

b. The SAFE of a sexual assault victim should be conducted by an healthcare provider who has specialized education and clinical experience in the collection of forensic evidence and treatment of sexual assault victims.

c. A local sexual assault forensic examiner who is trained and credentialed to perform a SAFE may also be contracted to report to the MTF to conduct the examination as provided in reference (d).

3. Chain of Custody. Upon completion of the SAFE kit, the MTF and healthcare provider are responsible for maintaining chain of custody, packaging, and mailing the SAFE kit within 48 hours of evidence collection to the MCIO or MCIO consolidated evidence facility representative or the appropriate DoD LEA as determined

by the selected reporting option. At no point in the chain of custody should a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA have possession of the SAFE kit.

a. 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 per reference (a).

b. In an unrestricted case, the healthcare provider must package, seal, and label the evidence container(s) with the victim's name and notify the MCIO. MCIO special agents will receive forensic evidence from the healthcare provider if not already in custody, and label and store such evidence per references (d) and (f). The SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA will advise the victim that evidence will be stored for 5 years starting from the date the sexual assault investigation is closed in an unrestricted report of the sexual assault. The victim must sign the DD Form 2910 to acknowledge that he or she understands these conditions.

c. For restricted reports only, the healthcare provider must package, seal, and completely label the evidence container(s) with the restricted report control number assigned by the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA (see appendix 6A) which will be marked on the DD Form 2910 to identify forensic evidence collected by the SAFE. Unique to each incident, the alphabetical-numeric case numbers must be used in lieu of personally identifiable information to label and identify the evidence collected (i.e., SAFE kit, accompanying documentation, personal effects, and clothing). Restricted case SAFE kits will be assigned a restricted report control number consisting of 19 characters or numbers.

(1) The MCIO installation code entered should be based on the lead SARC responsible for supervision and oversight of the responding deployed resiliency counselor, SAPR VA, or unit SAPR VA. The appropriate code should not reflect the code for the command, where the sexual assault occurred, or the location of the evidence collection.

(2) There should be no victim identifying information on the package. It will be tracked using only the restricted

report control number (maintained by the installation SARC and given to the healthcare provider who will annotate the number on the exterior of the SAFE kit). The deployed resiliency counselor, SAPR VA, or unit SAPR VA must annotate the restricted report control number on the DD Form 2910 and forward the restricted report control number to the responsible SARC the next business day or as soon as possible.

(3) The SAFE kit will be turned over to the MCIO consolidated evidence facility and stored for 5 years from the date of the victim's restricted report of the sexual assault. The MTF and healthcare provider are responsible for maintaining chain of custody, packaging, and mailing the SAFE kit within 48 hours of evidence collection.

(4) The SARC will contact the victim at the 1-year mark of the report to inquire whether the victim wishes to change the reporting option to unrestricted in order to participate in the military justice process. The SARC will stress that the victim is responsible from that point forward to affirmatively contact a SARC before the 5-year retention period elapses for the evidence if the victim wishes to change the report from restricted to unrestricted. A victim must acknowledge, in writing, that he or she understands these conditions by signing the DD Form 2910.

(a) If the victim does not change the report to unrestricted, the SARC will advise the victim that the DD Form 2910 and the DD Form 2911 will be retained for a total of 50 years from the time the victim signed the DD Form 2910 (electing the restricted report) and will then be destroyed. 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.

(b) If a victim changes the reporting preference to the unrestricted reporting option before the expiration of the 5-year storage period, the SARC must notify the respective MCIO representative, LEA, or MCIO consolidated evidence facility, pursuant to established chain of custody procedures. MCIO procedures for documenting, maintaining, and storing the evidence must thereafter be followed. The SARC will ensure that the change in reporting is documented by having the victim re-

sign the DD Form 2910. All protocols for unrestricted reports will apply, including notification of command and review by the sexual assault CMG.

(5) At least 30 days prior to the expiration of the 5-year storage period, the law enforcement or MCIO representative must notify the appropriate SARC that the storage period is about to expire and confirm with the SARC that the victim has not made a request to convert to unrestricted reporting or made a request for any personal effects.

(6) If there has been no change, the activity, generally the LEA or MCIO may destroy the evidence maintained under that victim's restricted report control number at the expiration of the storage period in compliance with established procedures for the destruction of evidence.

APPENDIX 6A
RESTRICTED REPORT CONTROL NUMBER MATRIX

NUMBER AND TYPE	DESCRIPTION	EXAMPLE
3 letters 4 numbers	Date of Forensic Examination (DDMMYY)	02JAN38
2 letters	Victim Service Affiliation	NA (Navy), MC (Marine Corps), AR (Army), AF (Air Force), CG (Coast Guard)
4 letters	MCIO Installation Code	DCWA (Washington Navy Yard, DC)
3 letters	SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA initials (Use the letter "N" for the middle initial if the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA has no middle name)	KER
3 numbers	Sequential Number - Represents the ordinal number of Forensic Evidence Storage Numbers assigned by each SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA during the calendar year	001

Example restricted report control number:
02JAN38-NA-DCWA-KER-001

CHAPTER 7
SEXUAL ASSAULT RECORD AND DATA COLLECTION

1. General. Data must be collected according to the reporting requirements as issued by DoD and references (a), (b), and (h).

2. DSAID. DSAID is a DoD-wide centralized, case-level database for the uniform collection of data regarding incidents of sexual assaults to develop and implement congressional reporting requirements. The database 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 alleged offender, and the disposition of reports associated with the assault.

a. 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. DSAID must:

(1) Contain information about sexual assaults reported to the DoD involving persons covered by this instruction, via both unrestricted and restricted reporting options.

(2) Include adequate safeguards to shield personally identifiable information from unauthorized disclosure. The system will not contain personally identifiable information about victims who make restricted reports.

(3) Information about sexual assault victims and subjects will receive the maximum protection allowed under the law and applicable policy. DSAID will include stringent user access controls. Only SARCs who have, at a minimum, a favorable NAC must be permitted access to enter sexual assault reports into DSAID.

b. At the DoD level, only de-identified data is used to respond to mandated reporting requirements. Identified closed case information and de-identified, aggregate open case information may also be used as a management tool for statistical analysis, tracking, reporting, evaluating program effectiveness, and conducting research.

c. Written requests from individuals seeking access to information about themselves contained in DSAID and records should be addressed to the Deputy CNO (MPTE) (N1). Disclosure of data stored in DSAID will only be granted when authorized or required by law or regulation. Requests must not be informally handled by the SARCs.

3. Access to Records. Victims must have permanent access to their records.

a. DD Forms 2910 and 2911 must be stored for 50 years in restricted and unrestricted cases. Victims of sexual assault needing subsequent copies of either the DD Form 2910 or DD Form 2911 can request them from the SARC who must assist the victim in accessing the requested copies within 7 business days. The SARC will document this request in the DD Form 2910.

b. Victims may request access to, or a copy of, the recording of the preliminary hearing. Upon request, counsel for the government must provide a sexual assault victim access to, or a copy of, the recording per the Manual for Courts-Martial.

c. In the case of a general or special court-martial in which the victim was a victim of sexual assault, the victim must be provided a copy of the record of trial (not to include sealed materials, unless otherwise approved by the presiding military judge or appellate court) free of charge. Trial counsel must inform victims of sexual assault in a general or special court-martial of the opportunity to receive a copy of the record of trial.

(1) A copy of the record of trial must be provided to each qualifying victim as soon as it is authenticated or, if the victim requests, at a time thereafter. The victim's receipt of the record of trial, including any delay in receiving it, must be documented and attached to the original record of trial.

(2) A copy of the convening authority's action must be provided to each qualifying victim as soon as each document is prepared. If the victim so requests, service of the record of trial may be delayed until the convening authority's action is available.

d. Written Freedom of Information Act and Privacy Act requests for agency information will be processed, per SECNAVINST 5720.42F.

4. Military Records

a. Procedures for correction of military records if a Service member experiences any retaliatory action for making a report of sexual assault should be submitted per reference (i) and SECNAVINST 5420.193.

b. Service members who file unrestricted reports of sexual assault and are recommended for involuntary separation within 1 year of final disposition of the unrestricted case may request flag officer or ISIC review of the circumstances of, or the grounds for, the proposed separation.

CHAPTER 8
DEFENSE - SEXUAL ASSAULT ADVOCATE CERTIFICATION PROGRAM
(D-SAACP)

1. General. All SARCS, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs must complete the National Advocate Credentialing Program, complete all CNIC preapproved initial training, and be certified prior to serving in the capacity of a SARC, SAPR VA, or unit SAPR VA. The notification of certification from the National Organization for Victims Assistance to individual applicants includes a D-SAACP unique identification number and validity dates and serves as official proof of certification status.

2. Certification. In order to maintain certification through D-SAACP, all D-SAACP certified SARCS, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs must satisfy the D-SAACP continuing education training guidelines and apply for certification renewal every 2 years. D-SAACP requires applicants to complete a DD Form 2950-1 Department of Defense Sexual Assault Advocate Certification Program (D-SAACP) Renewal Application Packet for Renewal Applicants and show proof of 32 hours of National Advocate Credentialing Program and CNIC preapproved continuing education training for certification renewal. The 32 hours of training will be comprised of 30 hours of prevention and advocacy training and 2 hours of ethics training. Applications must be approved by National Organization for Victims Assistance before the current certification expires. All individuals performing the duties of a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA must immediately self-report if they believe they are no longer eligible for continued certification. All self-reports may render those SARCS, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs ineligible for initial certification or continued certification.

3. Revocation

a. Before revocation of a SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA certification, the CO will ensure minimum standards are met.

(1) A timely and appropriate inquiry is conducted.

(2) The SARC, deployed resiliency counselors, SAPR VA, or unit SAPR VA is notified, in writing, that a complaint has been received, an inquiry has been initiated, and his or her authority to perform as SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA duties is suspended until reinstated by the responsible commander.

(3) Any and all unrestricted allegations of sexual assault are reported to the appropriate MCIO and all procedures for unrestricted reporting per references (a) through (d) and (f) are followed.

b. The inquiry process will follow Navy's established adverse action, administrative inquiry, or investigative procedures to determine whether the D-SAACP certified SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA has done one or more of the items listed in subparagraphs 3b(1) through 3b(10).

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

(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 on the DD Form 2950.

(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) Committed an offense prohibited by UCMJ Articles 120, 120B, 120C, and 125, or attempts to commit any one of those offenses, Article 80 of the UCMJ, or the equivalent State or Federal law.

(6) Engaged in or solicited sexual relations with a sexual assault victim under care of the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA.

(7) Been convicted of a court-martial, received NJP, been involuntarily administratively separated from any branch of the Service, or been convicted of a criminal offense in Federal or State courts.

(8) Failed to maintain the privacy of victims before, during, and after the professional relationship, Military Rule of Evidence 514 pursuant to the Manual for Courts-Martial, and applicable Federal, DoD, and Service privacy laws and regulations.

(9) Intentionally provided false or misleading guidance or advice to a victim.

(10) Demonstrated a lack of competency or ability that jeopardized the delivery of professional victim advocacy.

c. The CO will determine whether to suspend or revoke the D-SAACP certification, in consultation with a judge advocate and human resources office, if there is a preponderance of evidence to support the complaint.

d. The CO will notify the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA, in writing, when suspending or revoking a D-SAACP certification and provide a copy of the notification to CNIC (N91) within 3 business days of the suspension or revocation. This 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 lost faith and confidence in the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA to perform assigned duties;

(3) The direction for the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA to surrender his or her 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; and

(4) Description of the right of the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA to appeal the decision under Navy's appeals procedures.

e. The CO will provide a written report to CNIC (N91) within 3 business days of concluding an inquiry. The report must document the complaint received, facts surrounding the complaint, findings made during the inquiry process, and the CO's decision to sustain, suspend, or revoke the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA's D-SAACP certification.

f. Should the complaint prove unfounded, the CO will reinstate the SARC, deployed resiliency counselor, SAPR VA, or unit SAPR VA via re-issuance of an appointment letter.

CHAPTER 9
PROCEDURES FOR THE NAVY RESERVE FORCE

1. General. COs of reserve commands (i.e., echelon 5) must adhere to the requirements of COs as delineated in within this instruction. These requirements do not apply to COs of reserve units. However, COs of reserve units (i.e., echelon 4) are responsible for supporting their respective ISIC in maintaining an effective SAPR program. At a minimum, this must include ensuring required training is conducted and documented, appropriate command climate is established and monitored, and personnel are made aware of reporting procedures, resources, and options for both local and remote reporting.

a. To provide quality SAPR services, reserve command COs must proactively work with assigned SARCs to identify facilities and available resources for their AOR.

b. Reserve command COs may be required, at times, to ensure appropriate care and services are being provided to victims of sexual assault who report and receive SAPR services in geographically remote locations.

(1) Reserve commands on naval installations must utilize and participate in the installation's SAPR VA watchbill. Reserve units must not maintain independent SAPR VA watchbills, unless specifically authorized by the CO of the reserve unit.

(2) If not located on or near naval installations, reserve commands must have remote access to the services of the nearest DoD SARCs and SAPR VAs.

(3) If the installation or support is non-Navy, a MOU or MOA which complies with SAPR program requirements for both Services may be utilized for the provision of SAPR services and support.

(4) The Psychological Health Outreach Program and Yellow Ribbon Program representatives, resident at reserve regional component commands, as well as regional SARCs, must be used to identify resources and the designated unit SAPR POC to maintain communications regarding the ongoing care of remotely located victim(s) and alleged offender(s).

c. Reserve command COs are authorized to participate via telephone or VTC in cases where sexual assault CMGs are being held in a geographically separated location.

2. Eligibility

a. Regardless of the sexual assault report type (restricted or unrestricted), RC members must have access to medical treatment and counseling for injuries and illness incurred from a sexual assault experienced when performing active service or IDT. However, medical entitlements for RC members remain dependent upon a line of duty determination as to whether or not the sexual assault incident occurred in an active duty or IDT status, per reference (k) and SECNAVINST 1770.3D. RC members who have been sexually assaulted:

(1) While performing active service or IDT will:

(a) Have access to the SAPR services of a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or victims' legal counsel regardless of when or where the sexual assault took place; and

(b) Receive limited or full services and support contingent on the Service member's line of duty status when the assault occurred.

(2) While not performing active service or IDT are eligible to receive limited SAPR services from a SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, or victims' legal counsel.

b. If desiring to make a restricted report, RC and NG victims must be advised of the nearest MTF or facility retained by an MTF under a MOU or MOA where a SAFE may be obtained and the confidentiality of the restricted reporting option can be maintained. In some cases, this may not be in the proximity of the command, unit, or the member's residence. As an alternative, victims must be advised that they may obtain a SAFE through a local civilian healthcare provider who may be bound by State and local laws, which may require reporting the sexual assault to civilian law enforcement.

3. Reporting Requirements. Reserve command COs must report all unrestricted reports of alleged sexual assaults involving Service members, regardless of the affiliation or status. Reserve command COs must comply with all reporting requirements within this instruction.

4. Line of Duty Procedures

a. Eligible RC members must be informed as soon as practicable after an alleged sexual assault of the option to request continuation or retention on active duty for the purpose of completing a line of duty determination. Requests for line of duty benefits in cases of sexual assault are governed by references (a) and (k). RC victims may:

(1) Request retention on active duty until completion of the line of duty determination when the sexual assault was committed while the member was on active duty and the member is expected to be released from active duty before the line of duty determination is made.

(2) Request to be returned to active duty for such time as necessary for completion of the line of duty determination if the sexual assault occurred while the member was on active duty and the line of duty determination is not completed.

b. Requests must be submitted in writing by the member and must be decided within 30 days from the date of request.

(1) If the request is denied, the member may appeal to the first flag officer in the member's chain of command. In the case of such an appeal, a decision on the appeal must be made within 15 days from the date of appeal.

(2) Approved requests must be coordinated with COMNAVRESFORCOM Medical Department (N9) for funding and issuance of orders. A licensed healthcare provider must recommend the continued treatment plan in the case of follow-on referrals.

c. Echelon 5 COs must designate individuals within their respective organizations to process line of duty determinations for victims of sexual assault when performing active service and IDT. These individuals must possess maturity and discretion and are specifically authorized to receive covered communications

for the purpose of determining line of duty status in cases of restricted reports. Completion of SAPR VA training by these individuals is highly recommended.

d. In cases of restricted reports, line of duty determinations must be made without the Service member being identified to the chain of command as a victim of sexual assault.

(1) The request for line of duty benefits, DD Form 261 Report of Investigation Line of Duty and Misconduct Status, and the associated enclosures must be written, edited, and handled in a manner to preclude the CO from connecting an individual to the specific circumstances of the injury, illness, or disease. Line of duty requests for restricted reports must be marked and directed to remain within the possession of individuals with the ability to maintain covered communications (e.g., SARC, deployed resiliency counselor, SAPR VA, unit SAPR VA, victims' legal counsel, healthcare provider, etc.).

(2) The SARC may provide documentation that substantiates the victim's duty status at the time of the incident as well the fact that a restricted report has been made to a designated official and documented via a DD Form 2910.

(3) The appropriate SARC will brief the person designated to process the line of duty determination on restricted reporting policies, exceptions to restricted reporting, and the limitations of disclosure of covered communications.

(4) The SARC and command-designated individual may consult with the servicing legal office or victims' legal counsel in the same manner as other recipients of privileged information for assistance, exercising due care to protect covered communications by disclosing only non-personally identifiable information. Unauthorized disclosure may result in disciplinary action.

e. The modification of the line of duty process for restricted reporting does not extend to pay and allowances or travel and transportation incident to the healthcare entitlement. However, at any time the Service member may

affirmatively change his or her reporting option to unrestricted on the DD Form 2910 in order to be considered for the full range of entitlements authorized.

5. Expedited Transfer Requests

a. Per references (i) and (k), transfer or reassignment of RC personnel may include:

(1) Provisions for performance of IDT on different weekends or dates than the alleged offender or with a different unit in the home drilling location in order to ensure undue burden of a transfer is not placed on the Service member and his or her family; or

(2) A temporary or permanent transfer of either the victim or alleged offender from the assigned unit or command.

b. The reserve unit CO must endorse and forward Service member's written expedited transfer request to the reserve command CO who will forward the request to the ISIC within 24 hours of receipt of the transfer request.

c. The ISIC will forward the request within 72 hours of receipt either to COMNAVRESFORCOM if approval is recommended or to the first reserve flag officer in the chain of command if disapproval is recommended.

d. All correspondence related to expedited transfers (i.e., requests, approvals, denials, or withdrawals) must be forwarded to NAVPERSCOM (PERS-833) per reference (i).

CHAPTER 10
TRAINING

1. General. SAPR training requirements apply to all Service members and DoD civilian personnel who supervise Service members, as prescribed in references (a) through (c). Commanders and managers responsible for training must require that all personnel (i.e., all Service members, DoD civilian personnel who supervise Service members, and other personnel as directed by the Under Secretary of Defense for Personnel and Readiness) are trained and that completion of training is documented. On a case-by-case basis and upon request, sexual assault victims may be permitted to accomplish mandatory SAPR training in alternate settings through SARCs, deployed resiliency counselors, SAPR VAs, victims' legal counsel, or other means as determined by the command.

a. SAPR training must provide personnel with Navy policy and information on available reporting options and the exceptions or limitations of each option. At a minimum, SAPR training must incorporate adult learning theory, including group facilitation and interaction. Ethical decision making will be incorporated in all training vignettes. Training will be scenario-based, using real-life situations to demonstrate the cycle of reporting, response, and accountability procedures and be updated annually.

b. All prevention education will use the standardized DoD definitions, issued for training and education purposes. Service members, regardless of rank, must receive face-to-face annual sexual assault prevention and response training at the command level.

c. To ensure standardization and consistency throughout the Navy for military members and civilian employees, training developed or approved by NETC or CNIC must be utilized. SARCs, deployed resiliency counselors, SAPR VAs, and unit SAPR VAs are available to support unit SAPR POCs, who are responsible for ensuring the completion of SAPR training requirements.

d. Use of non-standard supplemental training is authorized. Third party material must be vetted through the OJAG (Criminal Law Division (Code 20)) to ensure consistency with policy and messaging strategies.

e. All Service members will receive SAPR training at the following career intervals: mandatory upon initial entry, upon commissioning, periodic, and throughout professional military education and leadership development training. The focus of this training is to ensure all personnel have a working knowledge of the spectrum of harm, risk reduction strategies, and the meaning of consent. Training should provide personnel with information on the reporting options available to them and the exceptions and limitations of each option.

2. Requirements

a. GMT must be the foundation of all SAPR training, must occur once a year, and is mandatory throughout the fleet to include recruiters, instructors, and members in a joint environment.

b. The required subject matter for all other SAPR training must mirror the general training requirements and be appropriate to the Service member's grade and commensurate with their level of responsibility. Training will include appropriate scenarios for the target population and clarify the nature of sexual assault in the military environment. The contents will include sexual assault policy, sexual assault victim resources and reporting options, and sexual assault prevention.

(1) Delayed entry recruits (e.g., future Sailors) must complete initial entry SAPR training.

(2) All new accessions (officer and enlisted) must complete accessions training within 14 days of initial entrance to active duty or the member's initial entrance into a duty status with a RC. The unit CO or civilian equivalent must be accountable for documenting training completion and data collection regarding the training.

(3) Military recruiter training must occur annually and mirror GMT requirements.

(4) Training is required for civilians who supervise Service members and must occur annually.

(5) Professional military education must occur during developmental courses throughout the military career. It will

provide increased details and analysis of the SAPR program; the necessity for immediate responses following a sexual assault; the lasting consequences of violence; misconceptions, facts, and trends regarding sexual assaults; the role of commanders and senior enlisted personnel in the SAPR program; protocols for unrestricted reports of sexual assault; and information regarding reprisal and retaliation and reporting procedures for allegations of reprisal and retaliation.

(6) Sexual assault prevention and response training will be incorporated into leadership development training. Leadership development training will depend on the level of responsibility attained in the career continuum; emphasize the importance of command climate setting a tone of professionalism, respect and trust; focus on the sensitive handling of reports, and reporting options for victims; and leadership's responsibility in prevention and response to sexual assault.

(a) Pre-command training completion is required prior to an individual's assumption of a command position (e.g., officers who are selected for command, senior enlisted members). A SAPR training module will be included in the training for new or prospective commanders at all levels of command. The training will be tailored to the responsibilities and leadership requirements. The training subject matter must be appropriate to the level of responsibility and commensurate with level of command. Such training will include:

1. Fostering a command climate that does not tolerate sexual assault.
2. Fostering a command climate in which persons assigned to the command are encouraged to intervene to prevent potential incidents of sexual assault.
3. Fostering a command climate that encourages victims of sexual assault to report any incident of sexual assault.
4. Explaining of the potential needs of victims and the resources available to victims after an incident of sexual assault.

5. Explaining of the rights of alleged offenders and the resources available to alleged offenders upon receipt of a report of sexual assault.

6. Requiring use of MCIOs for the investigation of all alleged incidents of sexual assault.

7. Explaining available disciplinary options, including court-martial, NJP, administrative action, and deferral of discipline for collateral misconduct, as appropriate.

(b) Flag officer and senior executive service personnel training must occur at the initial executive level program training and annually thereafter. Deputy CNO (MPTE) (N1) is responsible for tracking data collection regarding the training. Required topics must be appropriate to the level of responsibility and commensurate with level of command.

(7) Pre- and post-deployment briefings are mandatory and normally provided by the operational commander or by FFSCs. Post-deployment reintegration training completion must be held within 30 days of a member's return from operational deployment. Commanders of re-deploying personnel will ensure training completion and documentation. The training will emphasize available counseling and medical services, reporting options, eligibility benefits for AC and RC members, and Military Rule of Evidence 514. For the purposes of this SAPR training requirement, operational deployment is defined in OPNAVINST 3000.13D.

(8) To standardize services throughout the DoD, all Navy sexual assault responders must receive the same baseline training. These minimum training standards form the baseline on which specialized communities can build. First responders are composed of personnel in the following disciplines or positions: SARCs; SAPR VAs; healthcare personnel; Navy law enforcement; NCIS special agents; judge advocates; chaplains; firefighters; and EMTs. Commanders and VWAP personnel can be first responders. Commanders receive their SAPR training separately. Specific training requirements are listed in reference (a).

(a) NCIS Special Agents and Investigators. NCIS must ensure:

1. Special agents and investigators are trained per references (a) and (f) to respond to and investigate allegations of sexual assault.

2. Selection of the special victim investigation and prosecution investigators is contingent on the completion of advanced specialized training.

(b) Judge Advocates and Prosecutors. Special victim investigation and prosecution prosecutors, assistant trial counsel, and other judge advocates conducting adult sexual assault cases must be trained at a minimum on the SAPR training criteria in reference (a). SAPR training, at a minimum, will incorporate adult learning theory, which includes interaction and group participation. Additionally, training for special victim investigation and prosecution prosecutors, at a minimum, will include:

1. The elements of proof for special victim investigation and prosecution offenses;

2. Effective interviewing techniques and the impact of trauma on memory; and

3. Legal issues and sensitivities associated with sexual assault victims, child abuse victims, and victims of domestic violence.

APPENDIX A
DEFINITIONS

1. Accessions Training. Training that a Service member receives upon initial entry into military service through basic military training.
2. Certification. Refers to the process by which the Department 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 is established by the Department in consultation with subject-matter experts.
3. Collateral Misconduct. Victim misconduct that might be in time, place, or circumstance associated with the victim's sexual assault incident. Collateral misconduct by the victim of a sexual assault is one of the most significant barriers to reporting assault because of the victim's fear of punishment. Some reported sexual assaults involve circumstances where the victim may have engaged in some form of misconduct (e.g., underage drinking or other related alcohol offenses, adultery, fraternization, or other violations of certain regulations or orders).
4. Consent. 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 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 must not constitute consent. A sleeping, unconscious, or incompetent person cannot consent.
5. Credible Information. Information that, considering the source and nature of the information and the totality of the circumstances, is sufficiently believable to presume that the fact or facts in question are true.

6. Credible Report. Either a written or verbal report made in support of an expedited transfer that is determined to have credible information.
7. Crisis Intervention. 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.
8. Culturally-Competent Care. Care that provides culturally and linguistically appropriate services.
9. Defense Sexual Assault Incident Database (DSAID). A DoD database that captures and serves as the reporting source for all sexual assault data collected by the Services.
10. DoD Safe Helpline. A crisis support service for victims of sexual assault in the DoD. The DoD Safe Helpline is available 24/7 worldwide with "click, call, or text" user options for anonymous and confidential support. It can be accessed by logging on to www.safehelpline.org or by calling 1-877-995-5247, but does not replace local base and installation SARC or SAPR VA contact information.
11. Emergency. 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 will be given priority as emergency cases regardless of evidence of physical injury.
12. Emergency Care. Emergency medical care includes physical and emergency psychological medical services and a SAFE consistent with reference (a).

13. Executive Agent (EA). A term used to indicate a delegation of authority by the Secretary of Defense or Deputy Secretary of Defense to a subordinate to act on behalf of the Secretary of Defense.

14. Final Disposition. Actions taken to resolve the reported incident, document case outcome, and address the misconduct by the alleged perpetrator, as appropriate. It includes, but is not limited to, military justice proceedings, NJP, or administrative actions, including separation actions taken in response to the offense, whichever is the most serious action taken.

15. Gender-Responsive Care. Care that acknowledges and is sensitive to gender differences and gender-specific issues.

16. Healthcare Personnel. Persons assisting or otherwise supporting healthcare personnel in providing healthcare services (e.g., administrative personnel assigned to a military MTF). This includes all healthcare providers.

17. Healthcare Provider. 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 MHS with clinical privileges in obstetrics and gynecology, emergency medicine, family practice, internal medicine, pediatrics, urology, general medical officer, undersea medical officer, flight surgeon, or those having clinical privileges to perform pelvic examinations.

b. Licensed advanced practice registered nurses practicing in the MHS with clinical privileges in adult health, family health, midwifery, women's 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 should 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.

18. Installation. A base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the 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 the DoD.

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

20. Law Enforcement. Includes all DoD law enforcement units, security forces, and MCIOs.

21. Medical Care. Includes physical and psychological medical services.

22. Medical Treatment Facility (MTF). A facility established for the purpose of furnishing medical and dental care to eligible individuals.

23. Military Criminal Investigative Organization (MCIO). The U.S. Army Criminal Investigation Command, NCIS, and Air Force Office of Special Investigations.

24. Military Services. The term, as used in the SAPR program, includes Army, Air Force, Navy, Marines, RCs, and their respective military academies.
25. Non-Participating Victim. Victim choosing not to participate in the military justice system.
26. Non-Personally Identifiable Information. Non-personally identifiable information 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, personally identifiable information 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.
27. Personally Identifiable Information. 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 unaccompanied housing when there is only one female assigned).
28. Qualifying Conviction. 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.
29. Recovery-Oriented Care. 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.
30. Reprisal. Taking or threatening to take an unfavorable personnel action, or withholding or threatening to withhold a favorable personnel action, or any other act of retaliation, against a Service member for making, preparing, or receiving a communication.

31. Reserve Component (RC). The Military Services RC consists of the Army National Guard of the United States, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard of the United States, the Air Force Reserve, and the Coast Guard Reserve.

32. Respond, Response, or Response Capability. All locations, including deployed areas, have a 24/7 sexual assault response capability. The SARC must 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 will 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.

33. Responders. Includes first responders, who are generally composed of personnel in the following disciplines or positions: SARCs, SAPR VAs, healthcare personnel, law enforcement, and MCIOs. Other responders are judge advocates, chaplains, and commanders, but they are usually not first responders.

34. Restricted Reporting. Reporting option that allows sexual assault victims to confidentially disclose the assault to specified individuals (i.e., SARC, SAPR VA, or healthcare personnel), per the U.S. Department of Justice, Office on Violence Against Women, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," and receive medical treatment, including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an official investigation. The victim's report provided to healthcare personnel (including the information acquired from a SAFE kit), SARCs, or SAPR VAs will not be reported to law enforcement or to the command to initiate the official investigative process unless the victim consents or an established exception applies per reference (a). The restricted reporting program 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 in reference (a). Only a SARC, SAPR VA, or healthcare personnel may receive a restricted report, previously referred to as confidential reporting.

35. Re-Victimization. A pattern in which 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.

36. Service member. An active duty member of a Military Service. In addition, NG and RC members who are sexually assaulted when performing active service, as defined in section 101(d)(3) of Title 10, U.S.C., and IDT.

37. Sexual Assault. Intentional sexual contact characterized by the use of force, threats, intimidation, or abuse of authority or when the victim does not or cannot consent. As used in this instruction, the term includes a broad category of sexual offenses consisting of the following specific UCMJ offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these offenses.

38. Sexual Assault Forensic Examination (SAFE) Kit. The medical and forensic examination kit used to ensure controlled procedures and safekeeping of any bodily specimens in a sexual assault case. The victim's SAFE kit is treated as a confidential communication when conducted as part of a restricted report.

39. Sexual Assault Prevention and Response Victim Advocate (SAPR VA). A person who, as a VA, provides 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.

40. Sexual Assault Response Coordinator (SARC). The single POC 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.

41. Special Victims' Counsel. Attorneys who are assigned to provide legal assistance per section 1716 of the National Defense Authorization Act for Fiscal Year 2014 and Service regulations. The Air Force, Army, NG, and Coast Guard refer to these attorneys as "special victims' counsel." The Navy and Marine Corps refer to these attorneys as "victims' legal counsel."

42. Unrestricted Reporting. 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.

43. Victim. 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 military medical treatment facilities; however, the restricted reporting program option applies to Service members and their military dependents 18 years of age and older.

44. Victims' Legal Counsel. Attorneys who are assigned to provide legal assistance per section 1716 of the National Defense Authorization Act for Fiscal Year 2014 and Service regulations. The Air Force, Army, NG, and Coast Guard refer to these attorneys as special victims' counsels. The Navy and Marine Corps refer to these attorneys as victims' legal counsels.

APPENDIX B
ABBREVIATIONS AND ACRONYMS

AC	Active Component
AOR	area of responsibility
BUMED	Bureau of Medicine and Surgery
CFT	cross-functional team
CHINFO	Navy Office of Information
CMG	case management group
CNIC	Commander, Navy Installations Command
CNO	Chief of Naval Operations
CO	commanding officer
COMNAVRESFORCOM	Commander, Navy Reserve Forces Command
COMPACFLT	Commander, U.S. Pacific Fleet Command
COMUSFLTFORCOM	Commander, U.S. Fleet Forces Command
COMUSNAVEUR COMUSNAVAF	Commander, U.S. Naval Forces Europe, U.S. Naval Forces Africa
CONUS	continental United States
DoD	Department of Defense
DON	Department of the Navy
D-SAACP	DoD Sexual Assault Advocate Certification Program
DSAID	Defense Sexual Assault Incident Database
EA	executive agent
EMT	emergency medical technician

FAP	Family Advocacy Program
FFSC	fleet and family support center
GMT	general military training
IDT	inactive duty training
IPT	integrated product team
ISIC	immediate superior in command
LEA	law enforcement agency
MCIO	military criminal investigative organization
MHS	Military Health System
MOA	memorandum of agreement
MOU	memorandum of understanding
MPTE	Manpower, Personnel, Training, and Education
MTF	medical treatment facility
NAC	national agency check
NAVPERSCOM	Navy Personnel Command
NCIS	Naval Criminal Investigative Service
NETC	Naval Education and Training Command
NG	National Guard
NJP	nonjudicial punishment
NOSC	Navy operational support center
OCONUS	outside of the continental United States

OJAG	Office of the Judge Advocate General
OIC	officer in charge
OPREP	operational report
PCS	permanent change of station
POC	point of contact
PM	program manager
PRP	personnel reliability program
RC	Reserve Component
ROTC	Reserve Officer Training Corps
RP	religious program specialist
SAFE	sexual assault forensic examination
SAPR	sexual assault prevention and response
SAPRO	sexual assault prevention and response office
SARC	sexual assault response coordinator
SITREP	situation report
SJA	staff judge advocate
UCMJ	Uniform Code of Military Justice
VA	victim advocate
VTC	video teleconference
VWAP	victim witness assistance program
XO	executive officer