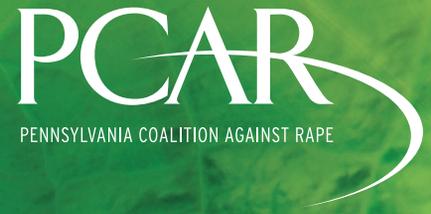


Strength



PARTICIPANT'S WORKBOOK

STRENGTHENING

Military-Civilian Community Partnerships

to *Respond to Sexual Assault*

Partnerships

Strength



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STRENGTHENING

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to *Respond to Sexual Assault*

Partnerships



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TRAINING GOALS

OBJECTIVES	SATISFIED
Establish partnerships with local military installations in order to effectively respond to the needs of sexual assault victims in the military.	
Be able to identify the steps toward successful collaborations including the importance of writing Memoranda of Understanding/Agreement (MOU/MOA) between community-based programs and military installations.	
Have knowledge about military systems, protocols, and culture to improve services to sexual assault victims in the military.	
Serve as a knowledgeable resource to military installations throughout the United States.	

MODULE 1: INTRODUCTION AND GETTING ACQUAINTED

OBJECTIVES	SATISFIED
Become acquainted with speakers and colleagues.	
Identify training agenda.	
Recognize the many differences between the civilian and military worlds.	

Expectations:



What do YOU need from this training?

1. _____
2. _____



What does your TABLE GROUP need from this training?

1. _____
2. _____
3. _____
4. _____
5. _____



TIPS FOR ADVOCATES: Pay close attention to the goals and expectations of others.

What you hear today may provide a foundation for building a shared vision of victim services in the future.

Can You Find the Errors? Building Credibility with the Military

When their car arrived at the port, the nuclear powered submarine was already docked, the stench of its diesel engines choking the air. The four conspirators flashed their fake credentials to the officer of the day with more bravado than any of them felt, but the officer merely nodded and led them to the front of the ship. Craning his neck to catch a glimpse of the fly-by of Navy F-15s that screamed overhead, the solitary Marine guard grinned at the officer and motioned with his M-1 rifle to let them pass. At the top of the gangplank, they were greeted by the officer of the deck, whom they'd been drilled to ask for permission to come aboard the ship. Their credentials were briefly inspected, accepted, and before their hearts began beating again, they found themselves ushered through the door to the captain's cabin and offered a stiff drink.



Working within your table groups, take 2 – 3 minutes to locate as many errors as you can:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

 **Notes**

MODULE 2: MILITARY 101

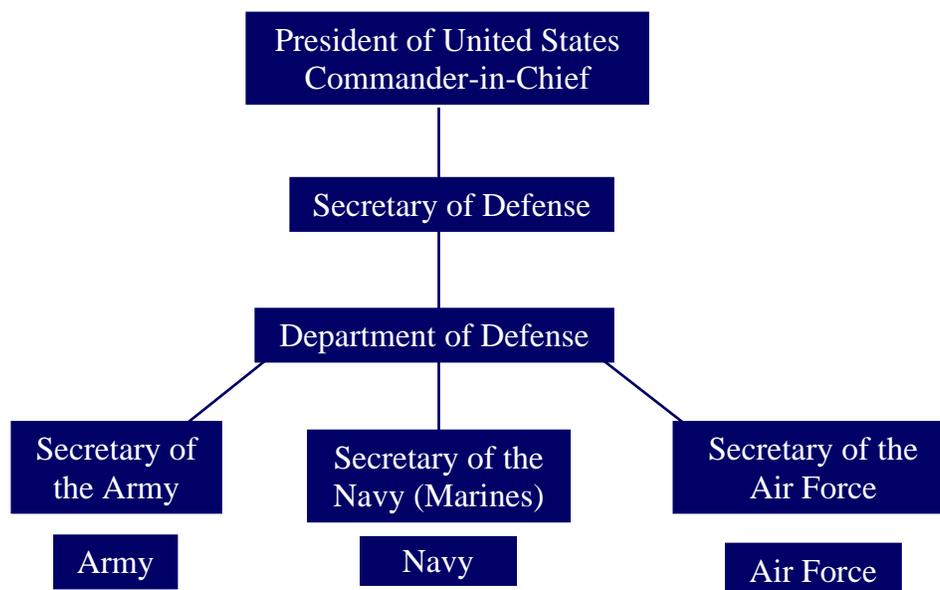
“You are not average citizens – and so you can never be content to be merely ‘good citizens.’ You must be great citizens. In everything you do, you must always make sure that you are living up to the highest personal and professional standards of duty, service, and honor – the values of the American Armed Forces, indeed the values of the United States.”¹

OBJECTIVES	SATISFIED
Identify and examine individual branches of military service.	
Demonstrate understanding of military history, values, beliefs, mission, and goals.	
Examine personal attitudes and beliefs about the military.	
Demonstrate an understanding of the role of the Commander, command structure, and line of communication.	
Examine gender roles in the military.	
Examine differences in military and civilian culture.	

 **TIPS FOR ADVOCATES:** Ask your local SARC for a list of the most common acronyms used at their military installation. Most likely he/she had to learn them as well.

The United States Military 101

To understand today's military one must be acquainted with its structure. Our modern military consists of men and women of all ranks, from four different departments of Service in Active Duty, Reserve, and Guard. All departments of the U.S. military are under civilian authority with the president serving as Commander-in-Chief. With the exception of the Coast Guard, all departments are part of the Department of Defense, which is under the authority of the Secretary of Defense. The Secretary of Defense is also a civilian. Under the Secretary of Defense, there are three military departments: the Department of the Army, the Department of the Navy and the Department of the Air Force. Each of these military departments is headed by a civilian Secretary; the Secretary of the Army, the Secretary of the Navy (Marines), and the Secretary of the Air Force. The President appoints these department heads.



There are four military departments:

1. The Army
2. Air Force
3. Navy
4. Marine Corps

The Coast Guard falls under the authority of the Department of Homeland Security. During wartime, the Coast Guard may fall under the Department of Defense through the Department of the Navy. Coast Guard units that are activated in war operate under the cognizance of the Navy.

The U.S. Armed Forces are the second largest military in the world, behind China. As of October 31, 2007, there were 1,377,474 men and women in active duty across the globe.² Members of the U.S. Armed forces hold rank, either officer or enlisted, and can be promoted. The chart below shows the breakdown by service as of October 31, 2007 (women as of September 2006)³.

Service	Total Active Duty Personnel (Percent of Total)	Percentage Female	Enlisted	Officers
Army	522,388 (37%)	14%	433,300	84,698
Marine Corps	186,209 (13%)	6.2%	166,674	19,535
Navy	336,214 (24%)	14.9%	280,565	51,265
Air Force	332,663 (23%)	20.1%	262,860	65,410
Coast Guard	41,738 (3%)	10.7%	31,286	7,835
Total	1,419,212 (100%)	14.9%	1,143,399	220,908

Military Rank

The structure of military rank can be confusing for civilians. This system for naming, numbering, and distinguishing the hierarchy is what drives nearly all interactions in the military. It distinguishes who reports to whom and what responsibilities personnel carry. All the branches follow the same general command structure with four military rank categories:



Enlisted personnel



Noncommissioned officers



Warrant officers (Air Force does not have Warrant officers)



Commissioned officers



TIPS FOR ADVOCATES: ‘Reading’ the uniforms of your local branch is a respectful and practical skill. Ask for a description or go online to learn the meaning of various ‘stars and bars’ on military uniforms. If nothing else be sure you can distinguish between officers and enlisted personnel. (See Military Rank in the Resource Section of this workbook.)



The Five Branches of the Military

Directions: Re-read the information that corresponds to your group's assigned branch of the military. Create five test questions – either true/false or multiple choice – from the material choice using the assigned information to test the knowledge of the other groups. Try to focus on information of key importance, as opposed to small details.

1.

2.

3.

4.

5.



Transfer your group's questions onto a piece of chart paper. Please print large enough for others to read from a distance.

United States Army

Overview and Mission

The United States Army is the oldest and the largest branch of the U.S. military and serves as the land-based fighting machine of the country. Its mission is to fight and win the nation's wars by providing prompt land dominance when and where needed. Officially, this mission is carried out primarily via deterrence, but in reality, the Army is the team in for the long haul. Army operations range from counter-drug operations to local or global warfare.⁴

History

The modern Army had its roots in the Continental Army, which was formed on June 14, 1775, before the establishment of the United States, to meet the demands of the American Revolutionary War. Congress created the United States Army on June 3, 1784, after the end of the war to replace the disbanded Continental Army.⁵

Army Structure

Currently, the Army consists of the Regular Army, the Army Reserve, and the U.S. National Guard. There are approximately 76,000 officers and 530,000 enlisted members in the active duty Army, making it the largest U.S. Military Service. Because the Army is made up of such a large number of soldiers, it must be organized into units, each with its own leaders and reporting structure.⁶

Two Reserve Forces, which can be tapped for trained personnel and equipment during times of need, support the Army: The Army Reserves and the Army National Guard. The primary difference between the two is that the Reserves are "owned" and managed by the federal government, while each state "owns" its own National Guard. However, the President of the United States or the Secretary of Defense can activate state National Guard members into Federal military service during times of need as they have current military operations.

Organization

The Army's size can make understanding its organization overwhelming. There is the Army administrative division, a business affairs division, major Army Commands, and the fighting units. For our purposes we will concentrate on the Army Commands and fighting units.

The Fighting Units of the U.S. Army, from smallest to largest, are:

- Fire teams (4 soldiers)
- Section/Squads (8 to 16 soldiers)
- Platoons (16 to 44 soldiers)
- Company/Troop/Battery (60-250 soldiers)
- Battalion (or Squadron) (300-1250 soldiers)
- Brigades (1,000 – 5,000 soldiers)
- Divisions (10,000 - 16,000 soldiers)
- Corps (20,000 – 40,000 soldiers)

Army Values

The Army Values guide the thinking behavior and professional ethos of every warrior.⁷ The seven core values of the U.S. Army are:

- **Loyalty** - Bear truth, faith and allegiance to the U.S. Constitution, the Army, your unit and other soldiers.
- **Duty** - Fulfill your obligations.
- **Respect** – Treat people as they should be treated.
- **Selfless Service** – Put the welfare of the Nation, the Army and your subordinates before your own.
- **Honor** – Live up to Army values.
- **Integrity** – Do what’s right, legally and morally.
- **Personal Courage** – Face fear, danger or adversity (physical or moral).⁸

Army Uniforms

The army has three types of uniforms: combat dress, service or garrison dress, and full dress. The *combat uniform*, also known as fatigues, battle dress uniform (BDU), or army combat uniform (ACU), is printed with a digital camouflage based on the Marines’ uniform.

The *service/garrison uniform* is worn in non-combat conditions, on base, and at informal occasions. It includes a dark green coat and plain, dark green trousers or skirt, with a light green shirt. The *full dress* uniform is worn for ceremonial duties in most stateside posts. The *Army blue uniform* has a dark blue, open-fronted coat with white shirt, black necktie, light blue trousers or skirt trimmed in gold, and a dark blue saucer cap.⁹

United States Navy

Overview and Mission

The U.S. Navy protects the nation's interests on the world's oceans and waterways and provides protection, transportation, and combat logistical support for the United States Marine Corp. The mission of the Navy is to maintain, train, and equip combat-ready naval forces capable of winning wars, deterring aggression, and maintaining freedom of the seas.¹⁰

History

Like the Army, the Continental Congress officially established the Navy in 1775 when it authorized two armed vessels to search for ships supplying the British Army. About 50 ships were operated during the Revolutionary War; soon after, Congress authorized the construction of six frigates, including the USS Constitution, the USS United States, and the USS Constellation. The overall history of the Navy is divided into two periods, the "Old Navy," a small fleet of ships used during the Civil War, and the "New Navy," the modern fleet that began in the 1880s and has become the most powerful Navy in the world.¹¹

Organization

The Department of the Navy has three principal components:

1. The Navy Department, consisting of executive offices mostly in Washington, D.C.
2. The Operating forces, including the Marine Corps, the reserve components, and in time of war, the U.S. Coast Guard (in peace, a component of the Department of Homeland Security).
3. The shore establishment, which covers all operations, installations, and activities that deal with onshore or Navy-wide duties and responsibilities.

The Navy Department consists primarily of executive offices located at the Pentagon and adjacent Navy Annex.

The Operating Forces of the Navy is comprised of two active duty components, the U.S. Navy and the U.S. Marine Corps, as well as the Navy Reserve. We will discuss the Navy here and the Marine Corps separately.

Like the Army, divisions in the Navy overlap and commands and functions are sometimes held jointly. While there are large fleets in the Atlantic and Pacific, there are a number of other fleets in oceans around the world.

The Navy Reserve is a full partner with the Navy's active duty component. They serve side-by-side with their active duty counterparts in direct support of the fleet.¹²

The Shore Establishment portion of the Navy covers all operations, installations and activities onshore, as well as Navy-wide responsibilities such as supplies and medical services.¹³

Navy Values

From the early days of naval service, certain bedrock principles or core values have carried on to today. They consist of three basic principles:

- **Honor:** "I will bear true faith and allegiance ..." Accordingly, we will: Conduct ourselves in the highest ethical manner in all relationships with peers, superiors and subordinates; Be honest and truthful in our dealings with each other, and with those outside the Navy; Be willing to make honest recommendations and accept those of junior personnel; Encourage new ideas and deliver the bad news, even when it is unpopular; Abide by an uncompromising code of integrity, taking responsibility for our actions and keeping our word; Fulfill or exceed our legal and ethical responsibilities in our public and personal lives twenty-four hours a day. Illegal or improper behavior or even the appearance of such behavior will not be tolerated. We are accountable for our professional and personal behavior. We will be mindful of the privilege to serve our fellow Americans.
- **Courage:** "I will support and defend ..." Accordingly, we will have: courage to meet the demands of our profession and the mission when it is hazardous, demanding, or otherwise difficult; Make decisions in the best interest of the Navy and the nation, without regard to personal consequences; Meet these challenges while adhering to a higher standard of personal conduct and decency; Be loyal to our nation, ensuring the resources entrusted to us are used in an honest, careful, and efficient way. Courage is the value that gives us the moral and mental strength to do what is right, even in the face of personal or professional adversity.
- **Commitment:** "I will obey the orders ..." Accordingly, we will: Demand respect up and down the chain of Command; Care for the safety, professional, personal and spiritual

well-being of our people; Show respect toward all people without regard to race, religion, or gender; Treat each individual with human dignity; Be committed to positive change and constant improvement; Exhibit the highest degree of moral character, technical excellence, quality and competence in what we have been trained to do. The day-to-day duty of every Navy man and woman is to work together as a team to improve the quality of our work, our people and ourselves. ²³ I am committed to excellence and the fair treatment of all.¹⁴

Navy Uniforms

The Navy has three types of uniforms: utility uniform, working uniforms and dress uniforms. The *utility uniform* includes blue coveralls worn in dirty or laborious environments on shore and as the primary uniform when at sea. The *working uniform* (a.k.a. “working whites” or “working blues”) is used by officers, chief petty officers and petty officers when interacting with the public or in office environments. The enlisted working white uniform includes the white “Dixie Cup” hat. The working khaki uniform, worn by chief petty officers and officers consists of a khaki blouse, trousers, and belt. There are several *dress uniforms*. The service white uniform has white trousers or skirt, white shoes, and a high collar white tunic with shoulder boards. The service dress blue uniform has black shoes, Navy blue (very dark blue) trousers or skirt, Navy blue coat, and a white shirt with a bowtie.

U.S. Marine Corps

“Those of us who have had the privilege of serving in the Marine Corps value our experience as among the most precious of our lives. The fellowship of shared hardships and dangers in a worthy cause creates a close bond of comradeship. It is the basic reason for the cohesiveness of Marines and for the pride we have in our corps and our loyalty to each other.” - Senator Paul H. Douglas¹⁵

Overview and Mission

The Marine Corps' preparedness has generally been characterized by the phrase, "The First to fight." Marines are trained, organized, and equipped for offensive amphibious employment and as a "force in readiness." Officially, the mission of the Marine Corps is set forth in the National Security Act of 1947 as amended in 1952. The key parts of the act are:

1. To seize and defend advanced naval bases and to conduct such land operations as may be essential to the prosecution of a naval campaign.
2. To provide detachments and organizations for service in armed vessels of the Navy or for protection of naval property on naval stations and bases.
3. To develop, with the other Armed Forces, the tactics, techniques, and equipment employed by landing forces in amphibious operations.
4. To train and equip, as required, Marine forces for airborne operations.
5. To develop, with the other Armed Forces, doctrine, procedures, and equipment of interest to the Marine Corps for airborne operations which are not provided for by the Army.
6. To be able to expand from peacetime components to meet the needs of war in accordance with mobilization plans.¹⁶

Regardless of rank, every Marine is first and foremost a rifleman and all are capable of serving as infantrymen. Because essential decision-making occurs in small maneuvers, each Marine is trained as a leader, a philosophy unique among the military branches. Marines are both famous and infamous for their “gung-ho” attitude and their enthusiasm and pride in the Corps. This reputation is used to their advantage whenever possible to instill fear in their adversaries.¹⁷

History

The Continental Congress created the Marine Corps on November 10, 1775, to act as a landing force for the U.S. Navy. In 1798, Congress established the Marine Corps as a separate Service.¹⁸ The Marines have been in every U.S. military campaign.¹⁹

Organization

The Marine Corps is smaller in size than other military branches. Where other branches have separate air, ground, and naval combat units, the Marines task-organize them so that any combination of missions can be carried out with maximum efficiency and minimal bureaucratic red tape. The operating organization of the Marines is based on functionally-oriented forces composed into a Marine air-ground task force (MAGTF). MAGTFs vary in size, but all have four elements:

1. Command element (CE) – directs other elements.
2. Ground combat elements (GCE) – includes infantry, with tanks and artillery, and sometimes scouts, snipers, and others.
3. Air combat elements (ACE) – supplies the air power and may include fixed-wing and helicopter aircraft and all personnel associated with them.
4. Combat logistics element (CLE) – contains communications, combat engineers, motor transport, medical, supply, and other specialized groups.²⁰

Marine Corps Loyalty

“A Marine’s loyalty is to unit, Corps, God, and country – in that order.”²¹

Marine Corps Uniforms and Tradition

Tradition is the bond that holds the Marines together and it is important in Marine Corps culture. The Marines’ *dress blue* uniform contains all three colors of our nation's flag. Blue represents bravery. Red represents sacrifice. White represents honor. The collar of their dress blues uniform is similar to the leather stock American Revolution-era Marines wore around their necks for protection against swinging swords. That is how Marines earned the nickname "leatherneck." The scarlet stripe on the trouser leg is the "blood stripe," which was earned in "the halls of Montezuma" during the Mexican War. Perhaps the most outstanding tradition of the Marine

Corps is simply “being a Marine” and all that it implies. It is pride and its unique *esprit de corps* that sets the Marine Corps apart from the other armed services. It is not taught in manuals, yet it is the most impressive lesson a recruit learns in boot camp. A Marine is proud of his Corps and believes it to be second to none. He is loyal to comrades and to the Marine Corps, adhering always to the motto *Semper Fidelis* (always faithful).²²

United States Air Force

Overview and Mission

The primary mission of the Air Force is to defend the United States (and its interests) through exploitation of air and space. To accomplish this mission, the Air Force operates fighter aircraft, tanker aircraft, light and heavy bomber aircraft, transport aircraft, and helicopters (which are used mainly for rescue of downed-aircrew, and special operations missions). The Air Force is also responsible for all military satellites, and controls all of our Nation's strategic nuclear ballistic missiles.²³

History

The Air Force is the youngest military service. The Air Force was created in 1947 under the National Security Act of 1947. Prior to 1947, the Air Force was a separate Corps of the Army. The primary mission of the Army Air Corps was to support Army ground forces. However World War II showed that air power had much more potential than simply supporting ground troops, so the Air Force was established as a separate service.²⁴

Organization

The three components of the Air Force are the U.S. Air Force, the Air Force Reserve, and the Air Force National Guard. The Air Force Reserve Command (AFRC) provides the U.S. Air Force about 20 percent of its capability. The Air Force Reserve performs two missions no one else does in the DoD: fixed-wing aerial spray missions to kill mosquitoes in the aftermath of natural disasters and the Hurricane Hunters who monitor hurricanes for the National Weather Service.

Air Force Core Values

"Our Core Values... set the common standard for conduct across the Air Force. These values inspire the trust, which provides the unbreakable bond that unifies the force. We must practice them ourselves and expect no less from those with whom we serve." -General Michael E. Ryan, Chief of Staff, United States Air Force²⁵

- Integrity First
- Service Before Self
- Excellence in All We Do

Air Force Uniform

The Air Force has four types of uniforms: service dress uniforms, utility uniforms, desert uniforms, and physical training (PT) uniforms. The *service dress uniform* has a three-button coat similar to a sports jacket, but with silver “U.D.” pins on the lapels, matching trouser/skirt and a service or garrison cap in Air Force blue, working together with a light blue shirt and Air Force blue necktie. The *utility uniform*, used in combat and work duties, is the battle dress uniform (BDU). The *desert uniforms* have desert camouflage print. The *physical training (PT) uniform* includes shorts, t-shirt, jacket and pants in Air Force Blue with silver reflective stripes along the leg. The t-shirt has Air Force logos on the front and back.

United States Coast Guard

Overview and Mission

The Coast Guard is the nation's oldest continuous seagoing service. It has responsibility for maritime activities within the United States. It plays a major role in homeland security, law enforcement, search and rescue, marine environmental pollution response, and maintenance of rivers, intercostals and offshore aids to navigation.²⁶ Its mission is to protect the public, the environment, and U.S. economic interests — in the nation's ports and waterways, along the coast, on international waters, or in any maritime region as required in support of national security.²⁷

History

In 1790 the United States Coast Guard was established (although not formalized by Congress) with ten ships as the Revenue Cutter Service. Between 1790 and 1798 (when the Navy was created) the Revenue Cutter Service served as the only armed American presence at sea. It was involved in the War of 1812 and the Mexican War. Interestingly, in the early years of this country, the Revenue Cutter Service acted as slave trade prevention with the capture of approximately 500 slave ships. In 1915 the Revenue Cutter Service became the United States Coast Guard, under the Treasury Department. In 1967, the Coast Guard was transferred to the Department of Transportation. Legislation passed in 2002 transferred the Coast Guard to the Department of Homeland Security. In peacetime, the Coast Guard is primarily concerned with law enforcement, boating safety, sea rescue, and illegal immigration control. However, the President of the United States can transfer part or all of the Coast Guard to the Department of the Navy in times of conflict.²⁸

Organization

The Coast Guard is the smallest military service, with about 7,000 officers and 29,000 enlisted on active duty. The Coast Guard Reserves and a volunteer “Coast Guard Auxiliary” also support the Coast Guard in times of need. The Coast Guard is organized into districts based on regions. “Groups” (large operational centers) within each district merge with Marine Safety Offices to become “Sectors.” “Stations” are the designation for smaller boat stations.

Mottos

The coast Guard's motto is "Semper Paratus," which means "Always Ready" in Latin.

The unofficial motto of the Coast Guard is, "You have to go out, but you don't have to come back."²⁹

Coast Guard Uniforms

The Coast Guard has two uniforms: the dress uniform and the utility uniform. The *dress uniform* is similar to the Navy officer uniform, consisting of a blue single-breasted jacket and trousers/skirt in a darker shade than the Air Force uniform. The *utility uniform* is called the ODU, similar to the battle dress uniform (BDU) worn by the other services. It is blue without camouflage patterns. Coast Guard members wear a baseball cap embroidered with "U.S. Coast Guard" or the name of their ship.

A Day in the Life...³⁰

REACTIONS

To describe a day in the life of a military member would be like saying, “Describe a day in the life of an American!” The military branches, and the many different jobs within each branch, are so diverse that it would be impossible to make any generalizations.

The young Navy sailor may live onboard ship and start his day early in the morning walking the short distance from the ship's berthing compartment to his place of duty. The young Army soldier may live in the barracks on an Army Fort and start her day riding her bicycle, or driving her car, to work on post. Or, perhaps, the young Marine may live in town, right outside the base, with his wife and young child, and starts his day by kissing his wife goodbye and driving to work on base.

All different, yet all the same, young men and women of the U.S. Military, doing their jobs each and every day. Prepared to go to work here, or abroad, ready to make sacrifices to keep this nation great. A day for an airman working on F-16s somewhere in the desert may be a lot different than a day for a soldier guarding a gate at an Army post, or a day for a sailor patrolling the ocean in a submarine, but in essence they all have the same job to do.

Not As Seen On TV

Military life is not always as depicted on TV - everyone marching to-and-fro, living together in tents, held captive on a military base, and always in uniform.

For the most part, military people are free to come and go as they please and wear their uniforms only when on duty. They live in comfortable dormitories or in their own apartment or houses off base. Some military people have to live in tents occasionally or may be restricted to bases at times (especially when deployed abroad), but military members are

also part of their community. They attend churches, belong to local clubs, and their children play soccer and football in the local leagues.

Typical Day

So what is a typical day in the military like? As you've seen, a typical day in the military can be just like a typical day for the average American. But then again, how many average Americans go to work with 5,000 other people aboard a floating airplane runway, or jump out of airplanes for a living, or work on the world's best fighter planes?³¹

A Day in the Life of Eagle Base, Bosnia³²

(Names have been changed)

REACTIONS

The Bosnia facility is home to 1,336 U.S. Soldiers

0655 hours

Tuzla, Bosnia

Gospel pop-rock plays from radios from one end of the base to the other. “You’re listening to the Armed Forces Network Bosnia, in Central Europe.” The only consistently transmitting signal in this part of Bosnia, AFN dominates the airwaves. It’s another morning at Task Force Eagle Base in Tuzla, the U.S. Army’s base of operations in Bosnia. A former Yugoslav air force base, Eagle Base shifted to American hands on Dec. 26, 1995, and now serves as home and workplace for 1,336 soldiers.

0710 hours

Pausing to double-check that their weapons are empty, soldiers point their M-16s into the dirt-filled barrel outside the door, pull the trigger, and then enter the dining facility. The temperature outside hovers around 40 degrees. On the far side of the building, counter space is shared by several franchise restaurants: Anthony’s Pizza, Robin Hood Sandwich Shoppe and Baskin Robbins’ Ice Cream. At this hour, the main dining room is about two-thirds full. The soldiers, gesturing with breakfast rolls or plastic spoons, are, in military parlance, “bright-eyed and bushy-tailed.”

0725 hours

Unit commanders and staff officers troop into the “White House,” the headquarters of the Second Dagger Brigade, First Infantry Division. This early in the morning, they aren’t yet mud-encrusted enough to need the three long-handled brushes chained to the three shallow wells of the boot washes. The officers’ destination is a large white tent behind the White

House. Known as “Battlestar,” it’s a canvas conference room where twice-daily battle update briefings, or BUBs, are held. There, the detail-oriented Maj. Gen. Montgomery Meigs, Commander of the American forces in Bosnia, holds court, checking the progress of units throughout his command.

0802 hours

Across the base, an old warehouse has been converted into the Eagle Base gym. As Guns N’ Roses blares from two man-sized speakers, a handful of men and women stretch out for an early morning run around the base. On their only day off for the week, they have gotten up bright and early for a 3.2-mile run with the Eagle Base Running Club. “It was established as a New Year’s way to get people to recommit and refocus on personal fitness,” says Staff Sgt. Greg Binford, dressed in a red T-shirt and blue sweatpants. “Give them something to do on Sundays that’s just a little bit different.” Sunday is typically a light work day. Roughly one-seventh of the soldiers have the day off, and others are allowed the chance to go to religious services and take things a bit easier. “For those who feel extremely frisky first thing in the morning, there’s a core group that runs a 10K. They get here at 7:30am, run the course, meet back with us and run again. My boss, Maj. Dupont, is one of them,” Binford said. Ten runners line up outside the gym, jogging slowly toward the Post Exchange, ready for the run to the East Gate and back.

“We all ready?” Binford jogs in place. “We set?”

And off they go.

1000 hours

Air Force Chaplain Capt. Pat Fletcher walks across the small room to the sound of a choir singing to organ music and turns off the boom box. A congregation of 32 soldiers and three civilians sits in the folding chairs for

the Catholic Mass. “Blessed are the Peacemakers, (Matthew 5:9)” reads the sign behind Fletcher’s head. Fletcher asks the soldiers attending their first and last Masses to stand up and introduce themselves. With troops constantly rotating in and out of the country, this is a necessary, and important, ritual. “Welcome and goodbye.” Fletcher is soft-spoken and smiling. “Can we have a round of applause for our first and last-timers?” He sits at an electronic keyboard. “Now, if I’m the organist, guess who’s the choir?” He looks up from the keyboard, still smiling. “That’s right: ‘We are, Father!’ Number 55 in the processional.” As the congregation stands and sings “Holy God, We Praise Thy Name,” Fletcher walks up and down the aisle, shaking holy water on the congregation from a plastic flask.

1023 hours

Outside Tent City 2, where roughly half the enlisted personnel on base are billeted, a pair of civilian buses sits idling, ready for the 10-hour trip to Taszar, Hungary, where the troops rotating out of Bosnia will process their paperwork before going home. Eager soldiers stow their rucksacks in the baggage compartment under the bus and climb aboard. One soldier, trying to balance carry-on luggage, a helmet and Kevlar vest, eyes his M-60 machine gun at his feet. Another soldier squats down and scoops it up.

“Thanks, Sarge,” the first soldier says as he climbs on the bus.

“Yep.” Sarge follows.

Nearby, two white buses sit empty, ready to take soldiers to Budapest on leave, their drivers standing smoking near the open doors.

1104 hours

Things have begun to slow down inside the circus-sized white tent that houses the Task Force Eagle Base mail center. The center, which receives and processes all the military mail for U.S. forces in Bosnia, receives 6,000 to 8,000 pieces of mail daily. Thirty soldiers, working three shifts, sort the mail, which is delivered to three other bases — McGovern, Dobil and

Guardian — by the Brown and Root civilian contractors, who are not bound by the military's "four-vehicle minimum" convoy rules. Rap music blasts from a distant boom box as a Sgt. Tom Brack, of the 30th Postal Company based in Wurzburg, Germany, slings packages aboard a conveyor belt. The work is hardly new to him. In Cincinnati, the Army Reservist is a 23-year U.S. Postal Service veteran. "It's a very worthwhile operation we're doing here," he explains during a break. "You're talking about having a direct effect on soldier morale." He pauses to catch his breath. "It's important."

1120 hours

Near the East Gate, soldiers inspect a line of Humvees, trunks and hoods open. The soldiers are the 2nd Battalion, 2nd Infantry, newly arrived from Vilseck, Germany. Later today they'll be shipping out to Colt Base. Rubbing their red eyes — the soldiers are still numb from the ten-hour bus ride from Taszar, Hungary — they crawl in and out of the Humvees, closely examining the vehicles they'll soon trust their lives to. Other members of their unit stand nearby, going through checklists on clipboards, item-by-item.

1135 hours

Stafford County native Cpl. Martin Kraft, his red hair bare, opens up one of the plywood-and-fencing pens. "We have bomb dogs and narcotic dogs. This is my dog here," he says as Reggie, a frisky black-haired Dutch shepherd, one of the drug-sniffing dogs of the MP's K-9 patrol, zips out. "Everybody gets a dog. Sit!" The dog sits momentarily; then seeing his master relaxed, hops up and puts his paws on Kraft's shoulders. Kraft grins and rubs the back of Reggie's neck. Kraft joined the Army two and a half years ago, following in the footsteps of his father, a retired Fairfax County sheriff's deputy. "Kill two birds with one stone: Get a police job and serve my country," Snyder says as he lowers Reggie's paws to the floor and rubs the dog's head. "My dad was in Vietnam and so was my uncle. I think everyone should serve two years out of high school."

Kraft has been in Bosnia for three weeks and will remain there until September. “The living conditions are better than I expected, but the kids are worse than I expected,” the father of two young boys says. “The littlest things make them happy: a wave or a piece of candy.” He looks pained. “My boys have everything they ever could wish for, and that’s what makes it hard for me.”

1230 hours

Back outside the gym, a group of soldiers in athletic wear stands in a circle around 1st Sgt. Tom Keen. Exercise time is the only occasion U.S. soldiers in Bosnia are allowed to be out of uniform. “Don’t touch the rim and go back in,” Keen says, looking around him. “Backboard? It goes out.” Everyone nods and steps to the sidelines. Six people take off their sweatshirts and sweatpants, stripping down to shorts and t-shirts in the cool air. They are the first participants in the day’s three-on-three basketball tournament. The temperature still hasn’t gotten above the high 40s. Spc. Greg Tibbs receives the first pass, streaks past Capt. Fred Mead, and slam-dunks the ball. “Damn!” yells a bystander, his foot on a basketball. The rest of the game is similarly one-sided. Inside the gym, about 18 soldiers stare intently at cards spread on the tables before them, the sounds of clanging weights echoes all around them. They’re playing the fantasy strategy card game Magic: The Gathering. Both tournaments are sponsored by Morale, Welfare and Recreation, the Department of Defense’s civilian morale officers. Gibbs Martin, rotated in from Mannheim, Germany, looks up from the basketball tournament chart he’s working on and stares at the Magic players. “It keeps the morale up a little bit. ’cause there’s nothing to do” on Eagle Base. “I don’t know how much we help. At least we keep a few people happy,” McMurtry says.

1315 hours

The dining facility is full, but the soldiers are more subdued than the breakfast crowd. Soldiers eat burritos, cheeseburgers, and strawberry shortcake.

1510 hours

Over at the Acute Care Clinic, Pfc. Craig Brendel has just gotten dressed. He worked a 12-hour night shift last night, and the Rappahannock County native is still a little sleepy. In Virginia he worked both as a volunteer and professional paramedic and here he is practicing emergency medicine. “I was looking for adventure, the Army said they could keep my skills up, so I said ‘why not,’” he said. He’s currently halfway through a six-year enlistment. The Army has kept its end of the bargain, training him in advanced cardiac life support, qualifying him to use the defibrillator paddles, and his education is still continuing. Of course, not all his work is television-style glamour. “Last night was pretty quiet. We had some abdominal pains, but it was pretty quiet,” he says. Just in case, the medics sleep in tents next to their offices. “A few weeks ago, we had a mass food poisoning from the chow hall,” Brendel says. “It was the macaroni and cheese. We had, like, 50 cases in, like, three or four hours.” His family is very close and he calls home once a week. “I have a worrisome grandmother,” he says. “She wants to know that they’re feeding us well.” Naturally, he never told her about the macaroni and cheese.

1545 hours

Following a half-hour break after lunch cleanup, preparations for dinner began at 1400 hours. A Bosnian fry cook grills onions and green peppers for tonight’s dinner. The dining facility prepares 2,000 meals a day, with a staff of four NCOs, 10 Brown and Root employees and 73 Bosnian nationals, who do everything from cleaning the floors to cooking the meals. “Food service has come a long way,” says Sgt. Abner “B. J.” Trapp, who oversees the dining facility operation. “Now we get our rations through

distributors that, say, Denny's gets their food from." The food at the dining hall is surprisingly good and private contractor Brown and Root is working hard to keep the contract it received in February. Previously, the dining hall had a 10-day dinner menu cycle, with leftovers for lunch. Now it has a 21-day dinner menu cycle, including such dishes as stuffed pork chops, shrimp curry, and Cantonese spare ribs.

1817 hours

Back at Battlestar, the evening battle update briefing is well underway. Three rows of unit commanders, nestled behind their laptop computers, pass a microphone from seat-to-seat, answering questions. Field units chime in via conference call, and the Battlestar staff displays pertinent information on large video monitors. "The Hodge flight," Meigs says. "How does the Hodge flight look?" A unit commander places the microphone close to his mouth. "Uh, it doesn't look good." "Yeah, what do we tell the Infantry? They don't teach you this stuff in school." The collected Commanders laugh. He is known for his low-key reprimands and dry humor.

1829 hours

The line is out the door at the dining facility: it's fajita night. But the tortillas never arrived, so the grilled meat and vegetables are served on plates. Dinner time is prime time at the dining facility: Nearly everyone is in from the field or off work for the day. About 200 people are eating at any one time and about 50 more are in line. The diners include about two dozen foreign troops tonight. Troops from Russia, Turkey, Sweden, Norway, Poland, Denmark, Hungary, the United Kingdom, and Italy come through Eagle Base on occasion, and a single Canadian is stationed full-time at Eagle Base.

2007 hours

An advertising banner — "A true connection: AT&T AAFES" — hangs on the side of the tent in Tent City 1. Outside, enlisted soldiers wander back

and forth in workout (“physical training”) clothes or in their bathrobes, getting in a shower before bedtime. Inside the tent is the Eagle Base phone bank, where soldiers can use AT&T phone cards to call back home to the States. They mutter quietly into their phones, their conversations inaudible, except for one soldier, who speaks in loud Italian. As they finish their calls, they put the phones down and exit quietly, heads down, boots heavy on the plywood floor. But they’re soon replaced by other soldiers, punching in their calling card numbers.

2307 hours

The base is quiet now, the soldiers bedded down for the night as a light drizzle falls on their green tents. Here and there, a few signs of life remain. The base taxi (a small maroon Peugeot van) drives down the newly muddy road. The last Bosnians working the dinner shift leave the dining facility, although a skeleton crew will remain to serve light snacks to soldiers working the night shift. A pair of MPs test fires their empty weapons into a dirt-filled barrel outside the door and go in. The only sound is the whirring of the generators powering the halogen security lights that bathe the perimeter. Another day at Eagle Base in Tuzla, Bosnia, has ended.³³



Understanding Military Culture

“(The military) exerts normative pressure on its members to conform to its unique institutional culture, a culture characterized by unconditional commitment to the mission, service before self, uncertainty and unpredictability in lifestyle, sometimes dangerous and frequent missions, frequent separations from family, and acceptance of a way of life without some of the constitutional protections commonly expected by American citizens.”³⁴



TIPS FOR ADVOCATES: Understanding military culture will prepare you for the sensitive nature of reporting sexual assault in the military. Learning as much as you can at your local installation and about the military way of life will increase your credibility, increase trust of victims and military personnel and in turn, make you a better advocate.

 **Notes**

MODULE 3: MILITARY RESPONSE TO SEXUAL ASSAULT

“It is the DoD policy to prevent and eliminate sexual assault within the Department by providing comprehensive procedures to better establish a culture of prevention, response, and accountability that enhances the safety and well-being of all DoD members.”³⁵

OBJECTIVES	SATISFIED
Examine the issues of sexual violence in the military and the Department of Defense’s response.	
Identify military resources and examine their roles and responsibilities.	
Compare and contrast roles of community-based advocates, military victim advocates (VA) and sexual assault response coordinators (SARC).	

The Department of Defense (DoD) goal is to establish a climate of confidence that encourages victims to report sexual assault and hold offenders accountable. DoD has attempted to increase sexual assault reporting by giving victims the additional option of making a Restricted Report. This option allows a Service Member who is sexually assaulted to disclose his/her assault to specifically identified personnel without triggering an investigative process. (Reporting options will be reviewed thoroughly in Module 6 Confidentiality and Reporting Options.)



TIPS FOR ADVOCATES: Be clear as to the translation of the crime from the Uniform Code of Military Justice (UCMJ) to state law. For instance, the UCMJ used the term rape, while state laws often use the term sexual battery for the same crime.

Fiscal Year 2007 Investigations of Unrestricted Reports of Sexual Assault:

Service/Non-Service Member Victims by Offense Type³⁶

ASSAULT INVOLVING SERVICE MEMBERS (by or against Service Members) IN THE FOLLOWING CATEGORIES FOR FY07 INVESTIGATIONS	Rape	Sodomy (Forcible)	Indecent Assault	Attempts to Commit these Offenses	Total UR FY07
TOTAL	1259	124	701	1	2085
# Service Member Victims	868	91	551	1	1511
# Non-Service Member Victims	391	33	150	0	574

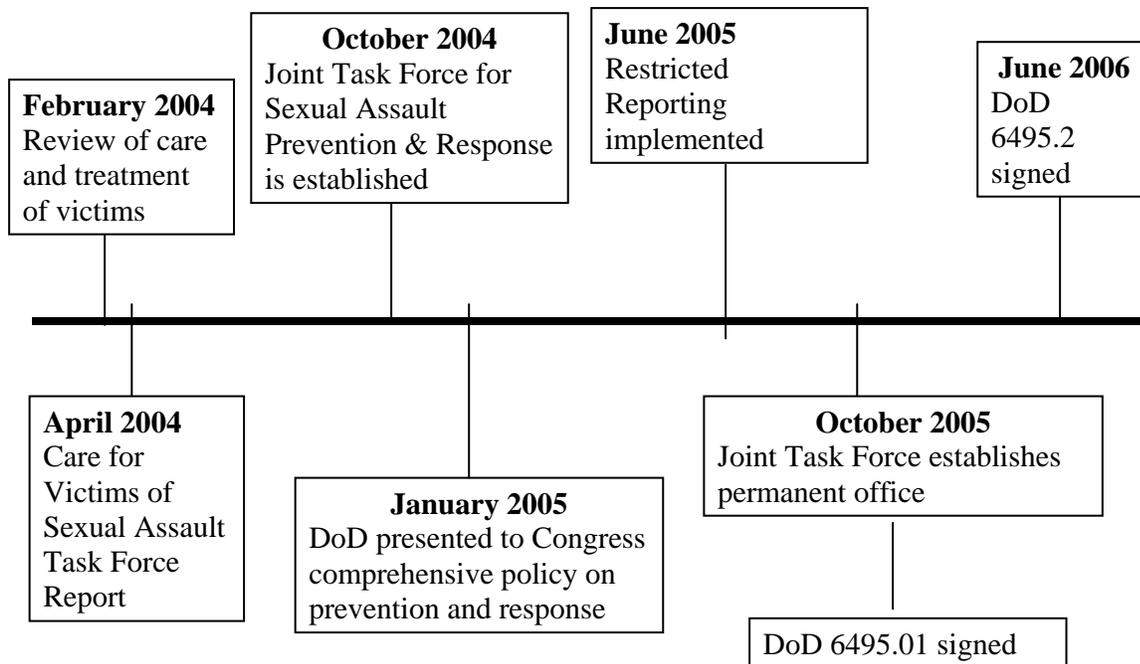
Calendar Year 2007 Unrestricted Reports of Sexual Assault by Gender³⁷

Male on Female	Male on Male	Female on Male	Female on Female	Unknown on Male	Unknown on Female	Total
1742	143	6	9	20	165	2085

Calendar Year 2007 Restricted Reports³⁸

# Restricted Reports	705
# Converted from Restricted Report to Unrestricted Report	102
# FY07 RESTRICTED REPORTS REMAINING RESTRICTED	603

Milestones



Timeline

- **February 2004** – Former Secretary Rumsfeld directs review of treatment and care of sexual assault victims.
- **April 2004** – Care for Victims of Sexual Assault Task Force report released.
- **October 2004** – Joint Task Force for Sexual Assault Prevention and Response established.
- **January 2005** – Comprehensive sexual assault policy released.
- **June 2005** – Restricted Reporting implemented.
- **October 2005** – Joint Task Force for Sexual Assault Prevention and Response transitions into a permanent office, the Sexual Assault Prevention and Response Office.
- **October 2005** - Department of Defense Directive 6495.01 signed.
- **June 2006** – Department of Defense Instruction 6495.2 signed.³⁹



TIPS FOR ADVOCATES: History and tradition are paramount to the military experience. In the same way that communities have a rich tradition of developing sexual assault response protocols and programs, the military has a similar history. For example, the Navy SAVI program has been in existence since 1994. Understanding their history can go a long way in developing a rapport with your local military installation.

Sexual Assault Prevention and Response Office (SAPRO)

“Sexual Assault is one of the most underreported violent crimes in America today. Since the military is not impervious to this trend, the Department of Defense (DoD) strives to ensure that Service Members are aware that sexual assault crimes are not tolerated. To combat sexual assault, DoD has implemented the Sexual Assault Prevention and Response Office (SAPRO), which incorporate a comprehensive policy that reinforces a culture of prevention, response, and accountability. The goal of the SAPR program is to ensure safety, dignity, and well-being of all members of the Armed Forces through training and education programs, treatment and support of victims.”⁴⁰



Why Does SAPRO Exist?

SAPRO’s Vision

SAPRO’s vision is to lead the Department’s effort to become the benchmark for the nation in creating an organizational environment that shows zero tolerance for sexual assault. It is the further belief that concerted prevention, response, and accountability efforts will reduce the number of sexual assaults while increasing victim reporting rates, quality of care, and successful offender prosecution.

Activity: Community Victim Advocate vs. Military Victim Advocate

Defining Victim Advocate



Class Definition:

Sexual Assault Response Coordinator (SARC)

(Note: the term Sexual Assault Response Coordinator is a standardized term utilized throughout the DoD and the Departments to facilitate communication and transparency regarding sexual assault response capability.)

The SARC is an essential component to the SAPR program. As the “center of gravity” for sexual assault prevention and response, the SARC is the key to local coordination and implementation of the individual and systemic response to sexual assault. These responses include prevention training and awareness programs, sensitive and comprehensive responses to victims of sexual assault; and offender reporting and accountability. The primary responsibility of the SARC is to serve as the single point-of-contact in coordinating victim care from initial report to resolution of the victim’s health and well-being. Working with the Command and first response groups to address systemic barriers to victims’ services and increase offender accountability is a secondary role. At many locations, the SARC is also the first responder and is responsible for notifying a military victim advocate. The SARC may also be on-call 24-hours a day.



TIPS FOR ADVOCATES: The term Sexual Assault Response Coordinator (SARC) is a standard term utilized throughout the DoD and the Services to facilitate communication and transparency regarding sexual assault response capability.

The primary responsibilities of the SARC include:

- a. Act as the senior military Commander's single point of contact in coordinating the local sexual assault response and prevention program.
- b. Work to support the Command in ensuring incidents of sexual assault are appropriately responded to and reported within the Chain of Command.
- c. Serve as chairperson for monthly case review meetings.
- d. Track services provided to the victim from initial report through disposition.
- e. Oversee the victim advocates (VAs) including making sure advocates are appropriately trained and meet the designated guidelines for providing services that are comprehensive.
- f. Maintain relationships with first response groups, including medical, legal, chaplains, and investigative, among others, to facilitate immediate response and accurate reporting of sexual assault incidents.
- g. Review existing Memoranda of Understanding (MOU/MOA) with non-military agencies that respond to incidents of sexual assault (i.e. rape crisis centers, civilian law enforcement, hospitals, etc.). If adjustments are needed, work with installation authorities to include the Staff Judge Advocate office and other appropriate agencies to make adjustments. If an MOU/MOA is needed, again, work with the appropriate agencies.⁴¹



TIPS FOR ADVOCATES: ADDITIONAL NOTES ABOUT SARCS

- Each installation has a SARC.
- Each installation has a SARC or VA with 24-hour response capability.
- Each state has a SARC for the National Guard.
- When you are unsure of something, CALL THE SARC, don't guess!
- Be proactive in approaching your SARC by asking, "What can I do for you?" or "I can help you by...." Offer to share aggregate data, for example, "Last quarter we saw 5 military sexual assault victims."

Military Victim Advocate (VA)

Victim advocates (VAs) are essential components of the military Sexual Assault Prevention and Response Program (SAPR). Advocates will often be the first to respond to a victim of sexual assault and may be the victim's greatest resource and source of support following an incident of sexual assault.⁴²

Primary responsibilities for a (Military) Victim Advocate include:

- a. Provide crisis intervention, victim service referrals, and on-going, non-clinical support to the victim.
- b. Inform a victim of their options and resources on and off the military installation or base.
- c. Help the victim navigate those processes required to obtain care and services needed. Serving as a liaison between agencies may include services such as medical, legal, pastoral, and mental health care, among others. Advocates must ensure that there is not an unreasonable delay in getting a victim medical care or any other necessary service. (Note: this can be key in a deployment situation.).
- d. Facilitating the victim's decision-making.
- e. Support the victim in advocating on his or her own behalf.

- f. Accompanying the victim to appointments and civilian and military court proceedings, as appropriate and when requested by the victim.⁴³



TIPS FOR ADVOCATES: Being a victim advocate in the military is often a collateral duty. Some volunteer to be a victim advocate and others are requested by their individual command. Either way, victim advocates feel compassionately toward victims and want to provide the best services they can. You can assist by inviting military victim advocates into your community activities and setting up cross-training opportunities with the community-based victim advocates.

Notes

MODULE 4: CONFIDENTIALITY & REPORTING OPTIONS

“Sexual assault is the most underreported crime in our society and in the military. While the Department of Defense prefers complete reporting of sexual assaults to activate both victims’ services and law enforcement actions, it recognizes that some victims desire only medical and support services and no Command or law enforcement involvement. The Department believes its first priority is for victims to be protected, treated with dignity and respect, and to receive the medical treatment, care, and counseling that they deserve. Under DoD’s Sexual Assault Prevention and Response Policy, military victims of sexual assault have two reporting options – Restricted and Unrestricted Reporting.”⁴⁴

OBJECTIVES	SATISFIED
Demonstrate understanding of Restricted and Unrestricted Reporting options for sexual assault.	
Summarize the rationale for maintaining a Restricted Reporting option for sexual assault.	
Identify military personnel who offer privilege, confidential reporting, and covered communications.	
Summarize the mandated reporting requirements.	
Summarize the VAWA reauthorization and future implications to service.	
Analyze how a forensic exam can impact Restricted Reporting.	

Explain how mandated reporting can impact receiving medical care.	
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Vocabulary

Confidential Reporting

Confidential Reporting is Restricted Reporting that allows a Service Member to report or disclose to specified officials that he/she has been the victim of a sexual assault. This reporting option gives the member access to medical care, counseling, and victim advocacy without requiring those specific officials to automatically report the matter to law enforcement or initiate an official investigation. This reporting option provides victims time and increased control over the release and management of their personal information. The hope is that this will empower victims to seek relevant information and support to make more informed decisions that will lead a victim to hold his/her offender accountable. Confidential Reporting is not the same thing as privileged communication.

Covered Communications

Covered communications are oral, written, or electronic communications of personally identifiable information concerning a sexual assault victim or alleged assailant provided by the victim to the SARC, VA, or healthcare provider related to his/her sexual assault. Covered communication is not the same thing as privileged communication.

Legal Assistance (LA) Attorney/Officer

A Legal Assistance (LA) Attorney/Officer is available to give non-criminal, free legal advice to active-duty Service Members. LA Attorneys may be a safe option for victims of sexual assault to air their concerns over getting themselves or others in trouble. Among other things, the LA Attorney can advise on the rules governing infractions, name changes for a victim’s long-term safety and privacy, discharge from the Service, and potential career impact of a PTSD diagnosis.

Privilege

Privilege, authorized by law or rules of evidence, allows the holder of privilege to refuse to disclose and to prevent another from disclosing private confidential communications.

Protection Order

In the civilian justice system a judge issues a “restraining order” or “protective order” when a party petitions the court for protection from another individual. The U.S. Military has its own version of “restraining orders,” commonly referred to as “military protective orders,” but which are officially “conditions on liberty or “no-contact orders.”⁴⁵ A military member may obtain either a civilian restraining order and/or a military protective order.

Restricted Reporting

Restricted Reporting is the reporting option that enables an active duty sexual assault victim to report or disclose that he or she is the victim of a sexual assault to specified officials and to receive medical treatment, advocacy, and counseling without triggering the official investigative process. A Restricted Report will automatically be changed to an Unrestricted Report if at any time base security, law enforcement, or the Command, learn the identity of a sexual assault victim who has elected a Restricted Report.

Sexual Assault Forensic Examination (SAFE)

A Sexual Assault Forensic Examination, commonly called a SAFE, is conducted to obtain evidence of sexual contact, use of force, and the identity of the perpetrator. Although a SAFE collects evidence that is valuable to investigators and prosecutors, it cannot be used to prove sexual assault.

Unrestricted Reporting

Unrestricted Reporting is the reporting option for a victim of sexual assault to disclose, without requesting confidentiality or Restricted Reporting, that he/she is the victim of a sexual assault. Under these circumstances, the victim’s report and any details provided to healthcare providers, the SARC, or VA, Command authorities or other persons are reportable to law enforcement. This option triggers the official investigative process.

Victim Witness Assistance Personnel (VWAP)

VWAP are similar to prosecutor-based victim advocates in the civilian world. They ensure that victims/witnesses understand their rights, they provide information and assistance related to the justice process, and they can file for crime victim compensation. VWAP services are available for Unrestricted Reports only.

Reporting Options



Unrestricted Reporting

Benefits of Unrestricted Reporting:

- Increased victim support.
- Victim advocate is assigned.
- Commanders can take action to protect the victim.
- Victim-witness assistance.
- Punishment for collateral misconduct may be delayed until after action against the offender is taken.
- Monthly case management review meetings.
- Ensuring victims are getting the services.
- Monthly case status reports to victims.
- Offender accountability.
- Investigation.
- Crime scene investigation, witness interviews, and suspect interrogation are conducted.
- Possible Prosecution, Non Judicial Punishment, or Administrative Actions may be taken against offenders by Commanders.

Limitations of Unrestricted Reporting:

- Cannot change to Restricted Reporting.
- Details/Identities may become known and discussed.
- Processes can be intrusive.
- Investigation and court proceedings could be lengthy.
- Victims may be punished for any misconduct they participated in surrounding the assault.
- Offender punishments may vary.



Restricted Reporting

Active duty victims of sexual assault who wish to file a Restricted Report may only disclose the sexual assault to one of the following personnel:

1. A SARC
2. A Healthcare Provider
3. A (Military) Victim Advocate

Additionally, a victim may disclose to a Chaplain. A report to a Chaplain is not a Restricted Report until, or unless, the victim or Chaplain reports to the SARC or healthcare provider.

However, a victim's disclosure to a Chaplain in the context of spiritual counseling is completely confidential.

Benefits of Restricted Reporting:

- Victim receives appropriate medical treatment, advocacy and counseling.
- Provides victim some personal space and time to consider options and to begin healing process.
- Empowers victim to seek relevant information and support to make more informed decisions about participating in the criminal investigation.
- Victim controls the release and management of his/her personal information.
- Victim decides whether and when to move forward with initiating an investigation.
- Non-identifying personal information gives Senior Commander a more accurate picture of number of sexual assaults occurring.⁴⁶

Limitations of Restricted Reporting:

- Offenders remain unpunished.
- Victims cannot be protected from the offender.
- Evidence from crime scenes and witness interviews may be lost.
- Victims will not be able to discuss the assault with friends in the military, without possibly imposing an obligation on them to report the crime.* The only exceptions would be chaplains (if the Chaplain is providing spiritual counseling), healthcare providers, the assigned victim advocate and the SARC.

Sexual Assault Forensic Exam and Restricted Reporting

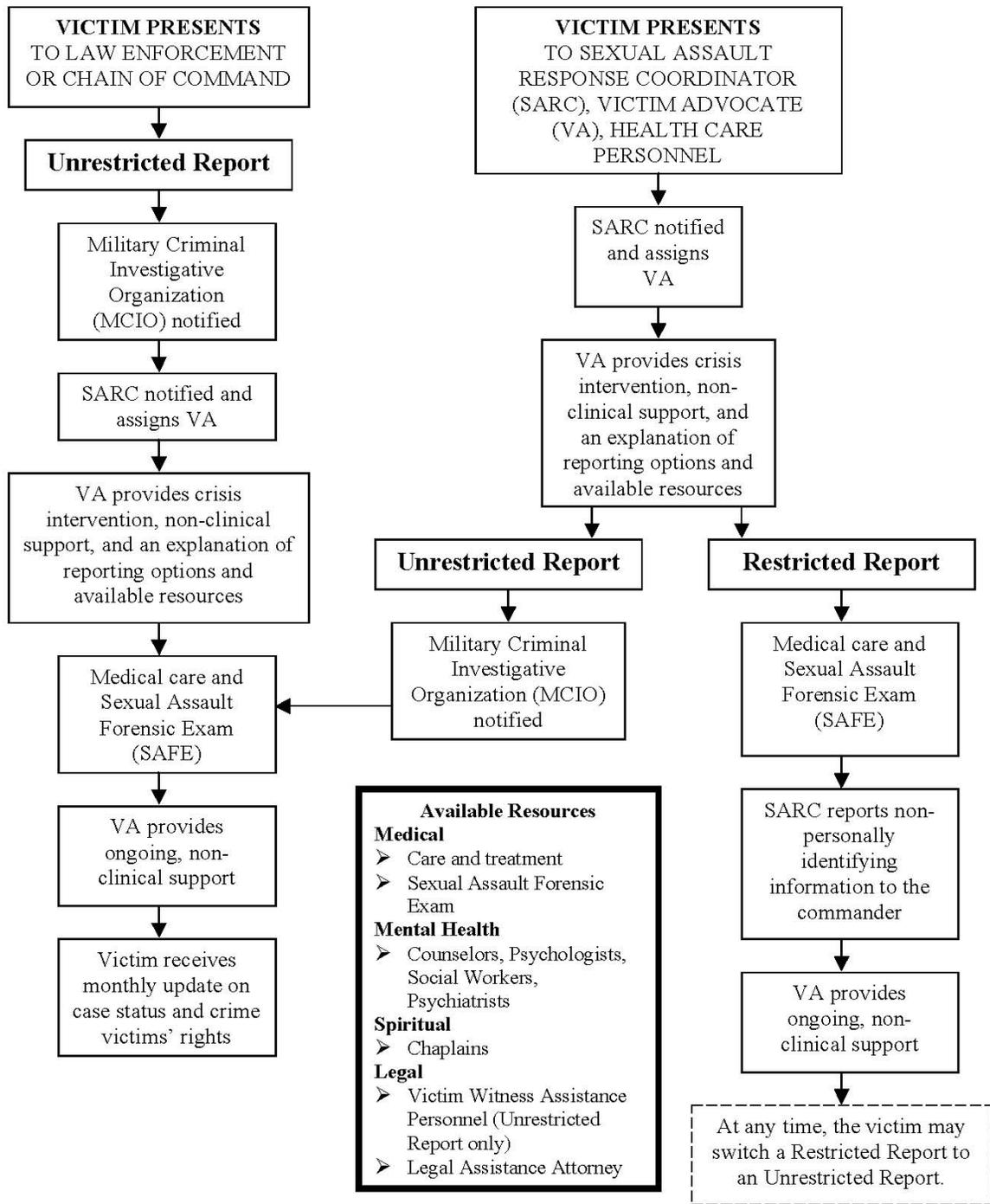
If victims choose to have a forensic exam under Restricted Reporting, the exam is conducted in the same manner as for an Unrestricted Report. The sexual assault forensic examination kit is anonymously stored for up to one year for a Restricted Report. Thirty days before the end of the storage year, SARCs must notify victims that their forensic evidence will be destroyed in one month and they will no longer be able to access it, even if they defied to file an Unrestricted Report at a later date.

The ability to perform anonymous forensic exams may be limited by state reporting requirements as some state laws mandate reporting of specific types of injuries and crimes to law enforcement.

These laws apply equally to military and civilian facilities (see appendix for details about state reporting requirements.)

Military Treatment Facilities (MTF) have been directed to establish Memoranda of Understanding (MOU) with civilian hospitals and train Sexual Assault Nurse Examiners (SANEs) at the MTF as needed.

Sample Sexual Assault Response Flow Chart



NOTE: These steps are based on DoD Directives 6495.01 and 1030.01 and DoD Instructions 6495.02 and 1030.2. The response procedures may vary by Service or installation but must still comply with the requirements in these policies.

Victim Reporting Preference Statement (VRPS)

After ensuring safety and establishing rapport, the SARC or military victim advocate will explain the two reporting options to victims and introduce them to the Victim Reporting Preference Statement (VRPS). The VRPS provides clear and concise explanations of the options and limitations of Restricted Reporting to victims. Victims are asked to initial key points throughout the VRPS assuring their understanding and documenting their decision. DoD requires this document for all Restricted Reports of sexual assault, and victims should be given a copy. By signing and dating the Reporting Preference Statement, victims acknowledge their understanding of the ramifications of their reporting choice. If victims refuse to sign the VRPS, military victim advocates are responsible for telling them that the standard Unrestricted Reporting procedures will be followed.

E13. ENCLOSURE 13

VICTIM REPORTING PREFERENCE STATEMENT⁸

VICTIM REPORTING PREFERENCE STATEMENT <i>(Please read Privacy Act Statement before completing this form)</i>	
1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VA OR SARC	
a. I, (Full name) _____, had the opportunity to talk with a Victim Advocate (VA) or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.	
b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.	
INITIALS	I understand that law enforcement and my command will be notified that I am a victim of sexual assault and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic examination to collect evidence if indicated. The full range of victim protection actions may be available to me, such as being separated from the offender(s) or receiving a military protective order against the offender. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge(s) is resolved.
S A M P L E	
c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.	
	(1) I understand that I can confidentially receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic exam to collect evidence if needed, but law enforcement and my command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender(s) as the result of my report.
	(2) I understand that there are exceptions to "Restricted Reporting" (see back). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
	(3) I understand that if I have not made an "Unrestricted Report" within 1 year of any evidence collected, it will be destroyed and no longer available for any future investigation or prosecution efforts.
	(4) I understand that all state laws, local laws or international agreements that may limit some or all of DoD's restricted reporting protections have been explained to me. In _____, medical authorities must report the sexual assault to _____.
	(5) I understand that the SARC will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander within 24 hours of my "Restricted Report" or within 48 hours if at a deployed location and extenuating circumstances apply. This information is required for the purposes of public safety and command responsibility.
	(6) I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from the offender(s) or receiving a military protective order against the offender(s).
	(7) I understand that if I talk about my sexual assault to anyone other than those under the "Restricted Reporting" option (SARC, sexual assault victim advocate, or healthcare providers), and chaplains, it may be reported to my command and law enforcement which could lead to an investigation.
	(8) I understand that I may change my mind and report this offense at a later time as an "Unrestricted Report," and law enforcement and my command will be notified. Delayed reporting may limit the ability to prosecute the offender(s). If the case goes to court, my victim advocate and others providing care may be called to testify about any information I shared with them.
	(9) I understand that if I do not choose a reporting option at this time, my commander and investigators will be notified.
PRIVACY ACT STATEMENT	
AUTHORITY: Section 301 of Title 5, United States Code, and Chapter 55 of Title 10, United States Code.	
PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.	
ROUTINE USE(S): None.	
DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.	
DD FORM 2910, JUN 2006	

⁸ Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>



TIPS FOR ADVOCATES: It is important to note that if the victim's copy of the VRPS finds its way to someone in the Command, a Restricted Report can become Unrestricted.

Activity: Confidentiality and Reporting Options

SCENARIO 1

You are a military victim advocate who has been called to assist a sexual assault victim brought into the Military Treatment Facility (MTF). When you arrive, you learn that the military police brought the victim to the MTF after she disclosed that she was sexually assaulted last week at a party.



Question 1: Can this be a Restricted Report? Why or why not?



Question 2: What are your next steps?

SCENARIO 2

You are a military victim advocate on a Navy ship and a fellow sailor approaches you. The sailor discloses to you that he was sexually assaulted while on leave a month ago.



Question 1: Can this be a Restricted Report? Why or why not?



Question 2: What are your next steps?

SCENARIO 3

A fellow soldier discloses that she was sexually assaulted about a year ago and thought she was handling it okay until the anniversary of the assault approached.



Question 1: What else do you need to know in order to determine if this can be a Restricted Report?

SCENARIO 4

You are an installation victim advocate who is called to assist at the Emergency Room at the MTF. When you arrive, you learn that a soldier has been brought to the MTF by base security after being raped and beaten in the barracks. Emergency medical treatment is provided.



Question 1: Can this be a Restricted Report? Why or why not?



Question 2: What are your next steps?

SCENARIO 5

You are the installation SARC. One of the clinical counselors at the Support Center refers to you a spouse (not in the military) who was raped in her home off base by a stranger.



Question 1: Can this be a Restricted Report? Why or why not?



Question 2: What are your next steps?

SCENARIO 6

You are a victim advocate onboard a ship who is approached by an E3 who discloses to you that he was sexually assaulted by two command members in town during the last port call. The victim indicates that he talked to his fellow shipmate and friend who suggested he come to you to ask for help because it would not be reported to the Command under the new policy.



Question 1: Can this be a Restricted Report? Why or why not?



Question 2: What are your next steps?

SCENARIO 7

You are a military victim advocate. An active duty Sailor discloses to you that she wants to seek counseling because she was raped over the weekend during a party by a shipmate.



Question 1: What do you need to know to determine if this can this be a Restricted Report and why?



Question 2: What are your next steps?

Restricted Reporting and Civilian Rape Reporting Laws

In a number of states, civilian sexual assault reporting laws have provided a barrier to the implementation of Restricted Reporting. Although most states do not require medical personnel to make a report to law enforcement when they have treated a sexual assault victim who is a competent adult, other state statutes may require that a report be made. Laws requiring medical personnel to make a report to law enforcement when they have treated a competent adult rape victim can be broken down into four primary categories:

1. Laws that mandate sexual assault reporting.
2. Laws that mandate the reporting of non-accidental or intentional injuries.
3. Laws that require the reporting of injuries caused by criminal conduct.
4. Laws relating to other crimes or injuries, which may impact victims of sexual assault.

VAWA Reauthorization

In addition to the laws described above, many states have enacted statutes or regulations that impose requirements for the cost of a sexual assault forensic examination (SAFE) to be covered. For example, a number of states have statutes that require sexual assault be reported to law enforcement before a victim may receive a forensic exam without cost to the victim. However, beginning January 5, 2009, the *VAWA Reauthorization* will no longer make it possible for states or tribal entities receiving STOP Grants to charge a victim for a SAFE exam due to lack of cooperation with law enforcement.



TIPS FOR ADVOCATES: These statutes should only impact victims when payment is an issue, therefore they should not impact active duty military members because their medical insurance, Tri-Care, will pay for a SAFE exam. However, a hospital primarily accustomed to dealing with civilian victims may have a protocol in place that automatically results in a report being made to law enforcement. Therefore, this issue could be addressed through the use of Memorandum of Understanding (MOU) and/or creating Sexual Assault Response Teams.



Covered Communications

Exceptions to Confidential Reporting and Limited Reporting and Limitations on Use

It is important for first responders to military sexual assault victims to be aware that there are several exceptions to the Restricted Reporting guidelines and the promise of confidential reporting and covered communications.

The exceptions include:

- Authorized in writing.
- Imminent threat.
- Fitness for duty.
- Required for the supervision of direct victim services.
- Required by federal and state statute.
- Court-ordered Determining if an Exception Applies.



TIPS FOR ADVOCATES: When navigating the waters of exceptions and limitations to confidential reporting, work closely with your local SARC or VA. They will be your biggest asset.

 **Notes**

MODULE 5: UNIQUE ISSUES FOR SEXUAL ASSAULT VICTIMS IN THE MILITARY

“Rape in the military is much like rape in the family. It’s where – It’s where you live. It’s not just – where you work.”⁴⁷

OBJECTIVES	SATISFIED
Brainstorm needs of victims of sexual assault.	
Examine issues unique to military victims of sexual assault.	
Consider military sexual trauma (MST).	
Identify and discuss possible risks and consequences for both the victim and the Command resulting from sexual assault trauma.	
Identify and consider possible barriers to reporting sexual assault within the military.	
Identify high-risk populations for sexual assault in the military.	
Identify issues of male sexual assault victims in the military.	

Military Sexual Trauma (MST)

Military sexual trauma (MST) has been defined by the Department of Veterans Affairs as:

“Sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of the victim, or the relationship to the perpetrator.”⁴⁸



TIPS FOR ADVOCATES: ‘Military Sexual Trauma (MST) is a term that was imposed by congress on the Veteran’s Administration (VA). Advocates should be mindful that it is not a term used by the military. Department of Defense policy only speaks about sexual assault, not MST.

MST Survey

The Veterans Administration (VA) reports that the prevalence of MST is much higher among women in the VA population than among active duty military.

In a national survey of 3,632 woman veterans:

23% reported a history of sexual assault while in the military

55% reported a history of sexual harassment

...while in the military.

These rates of sexual assault while in the military are higher than lifetime rates among women in the general population.⁴⁹



Reporting Barriers

- Loss of control over personal information
- Potential damage to career
- Fear of disciplinary action
- Fear of revictimization
- Impact on training or deployment



Working in a Deployed Environment

- A reduction in available resources
- Victim privacy
- Separating the victim and offender
- Victim Safety

- Emotional Reactions/Combat Stress
- SARC and VA are well-known



Collateral Misconduct



Command Need-to-Know

“It is sometimes frustrating to try and explain to someone – military or civilian – what this “Being a commander” thing is all about simply because they cannot possibly understand the depth, complexity, and hours involved. Nor could you. I am a teacher, counselor, rescuer, parent, mentor, confessor, judge, and jury, executioner, cheerleader, coach, nudger, butt-kicker, hugger, social worker, lawyer, shrink, doctor, analyst, budgeteer, allowance giver, career planner, assignment getter, inspector, critiquer, scheduler, planner, shopper, social eventer, party thrower, and absolutely as often as possible – sacrificial lamb. I am my squadron’s commander, and will only do this job one way while I’m in it ... whatever it takes to serve them.” - Lt Col Eileen Islola, Commander, 463d Operations Support Squadron



Male Victims

 **Notes**

MODULE 6: MILITARY JUSTICE SYSTEM

OBJECTIVES	SATISFIED
Identify the Commander's role in the military justice system.	
Compare and contrast military and civilian justice systems.	
Examine DoD Directive's Victim Bill of Rights.	

Vocabulary

MILITARY TERMS

Article 32

The U.S. Military's formal and impartial investigation to determine the accuracy of charges and to recommend a course of action regarding the case in the interest of justice and discipline. It is similar to a preliminary hearing.

Defendant/Suspect

The person identified as the alleged attacker (perpetrator).

Convening Authority

The Commanding Officer authorized by the UCMJ to convene (establish) courts-martial, to refer or bring cases to courts he/she has convened, and to take final action on the case.

Collateral Misconduct

Collateral misconduct refers to misconduct by the victim of a sexual assault.

Courts-Martial

Military trial courts.

JA

Judge Advocate are military legal counsel.

JAG

Judge Advocate General. Usually used to refer to the Judge Advocate General's Corps or the Chief Military Legal Advisor who is a two-star General.

Military Judges

Military Judges are independent from the base Command and are assigned to the Trial.

Nonjudicial Punishment – (NJP)

Any Commander who is a commissioned officer may impose NJP for minor offenses committed by Members under his/her command. The offenses must violate the Uniform Code of Military Justice (UCMJ). In deciding whether or not an offense is minor, Commanders consider the nature of the offense and circumstances surrounding its commission, the Member's age, rank, duty assignment, record, and experience, plus the maximum sentence a court-martial may impose. The civilian world does not have an equivalent to NJP.

Preferral

Official accusation where the accuser (the Commander, not the victim) swears to charges based on investigation or personal knowledge. First formal step in initiating a court-martial.

Pretrial Confinement

Limiting the accused's freedom when there is reasonable belief that the person restrained has committed an offense that can be tried by court-martial.

Referral

Within the military, the order of a Convening Authority that charges against an accused be tried by a specified level of courts-martial – similar to civilian indictment.

Trial Counsel

The prosecutor in a court-martial.

Uniform Code of Military Justice (UCMJ)

Act of Congress setting forth laws that govern the conduct of the Armed Forces of the United States.

CIVILIAN TERMS

Grand Jury

A group of 23 citizens chosen to hear the information regarding the alleged crime and to determine if there is enough evidence to bring the case to trial – used in some jurisdictions in the criminal justice system.

Indictment

A written statement presented to the grand jury that legally accuses a person of committing a crime – used in the criminal justice system.

Preliminary Hearing

A legal process at which the judge or magistrate decides if there is enough evidence to send the defendant's charges to a grand jury or trial in the civilian system. In the military system the Commander conducts a preliminary inquiry.



Why a Separate Justice System for Military Personnel?

The Uniform Code of Military Justice (UCMJ)

- A complete set of criminal laws.
- Unique military offenses.

Examples:

Desertion

Absence without leave

Failure to obey

Dereliction of duty

The DoD Directive 1030.1: Victim Witness Assistance Program Crime Victims' Bill of Rights

The *Victims' Rights and Restitution Act of 1990* legislated that victims, including victims of sexual assault, be given fair and sensitive handling by all personnel at all levels of victim assistance.

Victims have the right:

1. To be treated with fairness and with respect for the victim's dignity and privacy.
2. To be reasonably protected from the accused offender.
3. To be notified of court proceedings.

4. To be present at all public court proceedings related to the offense, unless the court determines that testimony by the victim would be materially affected if the victim heard other testimony at trial.
5. To confer with the prosecuting attorney in the case.
6. To receive available restitution.
7. To provide information about the conviction, sentencing, imprisonment, and release of the accused offender.⁵⁰

The Investigative Process



Stages of the civilian criminal justice system:



Comparison Chart: Civilian Criminal and Military Justice Systems

	SIMILARITIES	DIFFERENCES
INVESTIGATIVE PROCESS		
SUSPECT RIGHTS:		



Military Criminal Investigative Organization

The following outlines the initial steps taken by civilian law enforcement and/or MCIO during a sexual assault investigation:

1. Determine if the victim needs medical attention.
2. Transport victim to the hospital or arrange transportation if needed or requested.
3. Identify and interview the victim(s), alleged offender, and potential witnesses.
4. Ask for the location and identification/description of the alleged offender(s), if unknown.
5. Ask if a weapon was involved and if the victim knows where the weapon is now.
6. Determine what injuries were sustained, if any.
7. Process and take photographs of the crime scene. If a medical professional has not taken photographs of the injuries (if there are any), the investigator may photograph the injuries. Victims should know that subsequent photographs might be needed as bruises develop and change.



Role of VA During Investigation

Similar to the civilian victim advocate:

Different from the civilian victim advocate:

Military Protection Orders (MPO)

Military Protection Orders (MPOs) may direct a Service Member to refrain from contacting, harassing, or touching a certain named person or may direct a person to stay away from certain areas or refrain from doing certain acts or activities. MPOs are generally for a short period of time. They may be written or verbal. Because MPOs are issued by the offender's Commander, they are not available for Restricted Reports.⁵¹



TIPS FOR ADVOCATES: Because MPOs are limited in scope and are not enforceable by other jurisdictions, always suggest that the victim pursue a civilian protection order (also known as no-contact order and restraining order) if their safety is a concern.

Medical and Forensic Exams

Victims who make either Unrestricted or Restricted Reports will have access to medical and forensic examinations. In a Restricted Reporting situation the forensic evidence collection kit will be held for a period of one year in the event the victim changes his/her mind and wants to

make an Unrestricted Report. Military personnel, like civilians, will be offered STI and pregnancy testing, and oral contraceptives to prevent pregnancy as a result of the assault.⁵²



The Role and Authority of the Commanding Officer

Commander Options for Disciplinary Actions

1. No Action
2. Administrative Action
3. Non-judicial Punishment
4. Court-Martial

Civilian	Military
1. A crime is committed.	<i>1. A crime is committed.</i>
2. Police notification and response.	<i>2. Investigators are notified (CID, NCIS, AFOSI).</i>
3. An investigation is conducted.	<i>3. An investigation is conducted.</i>
4. A suspect is identified and located.	<i>4. A suspect is identified.</i>
5. The criminal justice process is implemented:	<i>5. The military justice process is implemented:</i>
a. Arraignment	<i>a. Preferral of Charges</i>

b. Preliminary hearing/Grand Jury	<i>b. Article 32 Hearing</i>
c. Pre-trial agreements	<i>c. Convening the court-martial</i>
d. Trial	<i>d. Pretrial agreements/pleas</i>
e. Verdict	<i>e. Trial procedures/Sentencing</i>
	<i>f. Court-martial verdict Proceedings</i>
	<i>g. Appellate review</i>

Preferral (5a)

Preferral requires the accuser (usually the Commander, not the victim) to take an oath that he/she is subject to the UCMJ, that he/she has personal knowledge of or has investigated the charge, and that he/she believes the charge is/are true to the best of his/her knowledge and belief. Accuser must only believe that there is a basis of fact for the charge, not that the accused is guilty.

Article 32 Hearing (5b)

In order for any charges to be referred to a General Court-Martial (GCM), a thorough and impartial investigation, known as an Article 32 hearing or Pretrial Investigation, must be conducted. The Article 32 hearing serves the same purpose as the preliminary hearing and the grand jury in the civilian judicial process.⁵³ The Article 32 hearing investigative officer will make a recommendation to the Commander on whether or not there is enough evidence to go forward to courts-martial. The Commander is not bound by the investigating officer’s recommendation. Unlike a preliminary hearing and grand jury, Article 32 hearings are ordinarily open to the public, the hearings afford the defense an opportunity to gather information about the government’s case and cross-examine the victim. (There are provisions to close the hearing see RCM 405(h)(3) DA PAM 27–17 3-3c). All evidence which is under the control of the government and which is relevant to the investigation and not cumulative shall be produced at the Article 32. As the IO is frequently not an attorney, depending on the service, they will not rule on the admissibility of certain evidence that might otherwise be Restricted. As a result,

defense attorneys have fewer restrictions on the questions they will ask the victim, such as questions that would otherwise be excluded under the rape shield law ⁵⁴(MRE 412).

Convening the Court-Martial (5c)

A court-martial is composed of a military judge, a trial counsel (prosecutor), the defense counsel, and panel (jury) or they can be tried by military judge alone. Courts-martial are open to the public; however, the military judge may limit the number of spectators, exclude specific persons from the courtroom, and close a session, though this is rarely done.

Pretrial Agreement/ Pleas (5d)

After charges have been referred and the court-martial is being formed, the defense can make a plea bargain. A plea bargain is the same in the military as in civilian law.⁵⁵

Note: The prosecution may ask the victim's opinion regarding a plea bargain – in some states this is required – but prosecutors will make the final decision.⁵⁶ Victims have the right to restitution, and the prosecution may negotiate restitution into the plea bargain. Unlike civilian courts, military judges cannot order restitution.

Trial Procedures / Sentencing (5e)

Trial procedures are very similar in the civilian and military systems. The victim will testify and be cross-examined. Personal questions about sexual history or social life can be asked under limited circumstances. After hearing the evidence the jury/military judge will make a determination about guilt.⁵⁷ Typically, the court will immediately move into a pre-sentencing phase following a guilty verdict. Unlike civilian courts, victims may testify about the impact of the crime and the prosecutor may offer evidence of aggravation. Victims may once again be cross-examined by the defense attorney; victims may not simply read an impact statement.

Court-Martial Verdict Proceedings (5f)

Once a court-martial is completed the convening authority reviews the findings and sentence, along with a recommendation from the staff judge advocate. The convening authority reviews the case to assure agreement with the sentence and that the court was properly conducted. The accused may ask that the sentence be shortened or reduced.

The convening authority has the power to approve or disapprove findings, and to reduce the sentence of the court, but may not impose a greater sentence than that determined by the court-martial. The victim can submit a verbal or written statement to the staff judge advocate for the convening authority to consider. This statement should reflect information already in evidence. Victims must consult with trial counsel at this point for further clarification. This is considered the clemency stage.

In military law, the only part of a sentence that becomes effective immediately is confinement (in other words, the convicted is not free to walk out of the courtroom); the remainder of the sentence imposed by a court-martial is typically not effective until the convening authority “takes action” on it.

 **Notes**

MODULE 7: SPECIAL CONSIDERATIONS

“At Concord's bridge, I fired the fateful shot heard 'round the world. I bled on Bunker Hill. My footprints marked the snows at Valley Forge. With Washington on the heights of Yorktown, I saw the sword surrendered...I am the Guard. These things I know - I was there! I saw both sides of the War Between the States - I was there! The hill at San Juan felt the fury of my charge; the far plains and mountains of the Philippines echoed to my shout. In France the dark forests of the Argonne blazed with my barrage; Chateau-Thierry crumbled to my cannonade.

I am the Guard. I bowed briefly on the grim road at Bataan. Through the jungles and on the beaches I fought the enemy...beat, battered, and broke him. I scrambled over Normandy's beaches - I was there! I flew MiG Alley to the Yalu - I am the Guard! I fought in the skies above Vietnam - I was there! In the skies and on the ground, I made the Arabian desert feel the fury of the storm. I am the Guard!

Civilian in peace, soldier in war...the stricken have known the comfort of my skill. I have faced forward to the tornado, the typhoon, and the horror of the hurricane and the flood. I saw the tall towers fall - I was there!

I am the Guard. For three centuries the custodian of security and honor, now and forever...I am the Guard.”⁵⁸

OBJECTIVES	SATISFIED
State the possible barriers to service and to full implementation of DoD policy experienced by National Guard and Reservists.	
Identify how and where military sexual assault victims can access medical assistance.	
Review services available through the Veteran's Administration and identify who can access services.	

The National Guard and Reserves



The National Guard

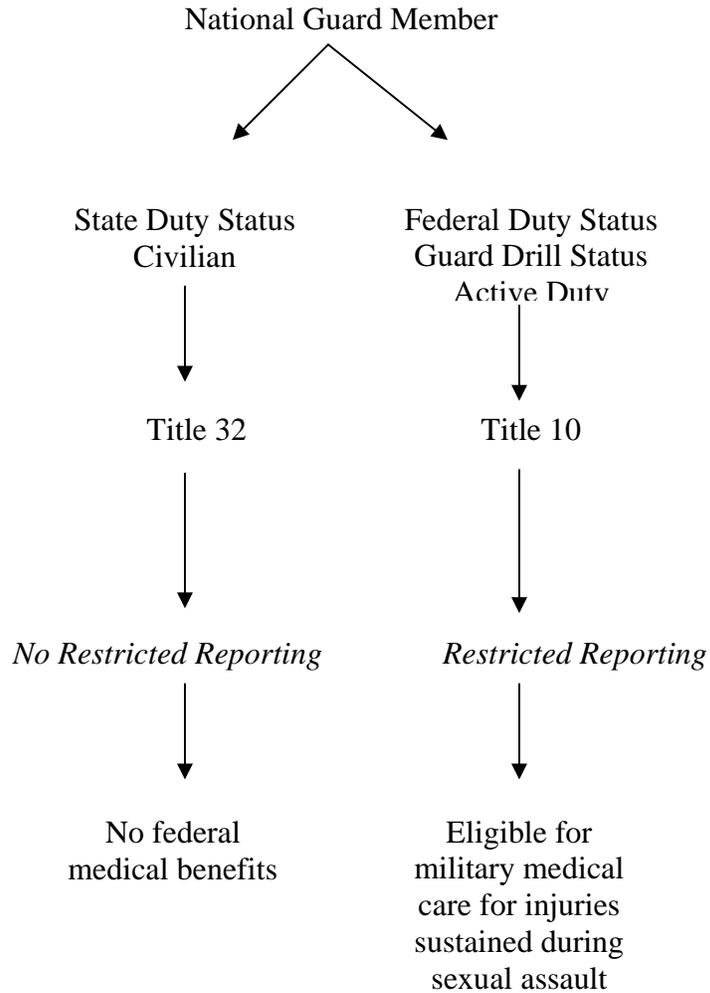
Title 32

A 'traditional guard member,' is a civilian in state duty status under **Title 32**. If he/she is sexually assaulted him/her:

1. Is *not* eligible for the Restricted Reporting option.
2. He/she is *not* eligible for the same benefits as an active duty Service Member. All medical costs related to the assault must be submitted to their employer's medical insurance plans *unless they are on drill status*.

Title 10

A Guard member who is on federal duty status is considered active duty and thus, *eligible for all the benefits available to an active duty Service Member including the Restricted Reporting option.*





The Reserves



Medical Services

 **Notes**

MODULE 8: STEPS TOWARD SUCCESSFUL COLLABORATION

OBJECTIVES	SATISFIED
Recognize the characteristics of successful collaboration in working relationships.	
Identify key collaboration partners and describe their role in effectively responding to military victims of sexual assault.	
Recognize barriers and identify solutions for successful collaborations with the military.	
Review lessons learned from domestic violence collaborations with the military.	
Identify the need for Memoranda of Agreement/Understanding (MOA/MOU) and review examples.	
Develop goals for collaboration and an action plan.	

Activity: Types of Working Relationships

Types of Relationships:⁵⁹

Cooperation

Cooperation does not require much depth of relationship from the parties involved. Typically, a couple of people identify how what they are doing in their organizations would benefit each other. They agree to share what they do, but are not required to do anything differently. The activities engaged in are very informal. No resources are transferred, and the life of those involved goes on much as it has. This may be the initial point of developing relationships between the involved organizations. A key element for initiating cooperation is personal trust.

Coordination

Like cooperation, the depth of involvement between organizations is not required to be extensive. The relationship tends to be more definitive with specific protocols or conventions commonly established. The business of the various organizations does not change significantly. The number of people involved in the process is increased, and the participants are more cognizant of how their independent activities can be integrated for common benefit, or can influence the work of another organization. This level of working together requires more discipline and more formal structure in following the established protocols. The importance of integrity of the various participants and their activities becomes more apparent.

Collaboration

Collaboration introduces the concept of organizations coming together to create something new, commonly a new process. Generally, the organizations bring a business they already know well and identify how, by joint actions, they can redesign a process to their mutual benefit. There must not only be trust and integrity as a foundation, but the parties now need to understand the perspectives of the other collaborators' self interest(s). This understanding suggests a greater depth of involvement between organizations. It is not merely exchanging information, but developing a sense of awareness of whom the other parties are, what motivates them, and what they need out of working together. Unlike cooperation or coordination, in collaboration, something new is being developed through a relationship among organizations. Even with the increased intensity of involvement, the various organizations retain their independent identities.

Partnership

Partnership is the bringing together of individuals or organizations to create a new entity. This may be the extreme extension of collaboration. The depth of involvement is reflected by a commitment referred to as ownership. No longer are there independent organizations agreeing to work together on some initiative as long as it is convenient. Nor is this a group of organizations buying into someone else's plan. With a partnership, there is an agreement to create something new, which, through joint ownership, requires that the partners make it succeed. One measure of success is whether the partnership makes all the partners successful.⁶⁰

 **Types of Relationships: Scenarios⁶¹****SCENARIO 1**

You are the director of your county's sexual assault program and have been meeting regularly with the director of victim/witness services in the district attorney's office. Past interactions have included:

- Sharing information.
- Providing cross-training to each other's staff about your programs and protocols.
- Discussing the creation of an inter-agency agreement and protocols for responding to sexual assault victims.

You think it's a good idea to draft an inter-agency agreement and policy on the types of cases that are most likely to result in offender treatment, community supervision of the offender, counseling services, and payment of the victim's medical bills.

The director of victim/witness services agrees, but asks that you involve representatives from the judiciary, probation, and offender treatment programs in this process.



Question 1: Which type of relationship is this?



Question 2: Why?

SCENARIO 2

You are the supervisor of direct services at a sexual assault program. The program director asks you to find out what programs and services are available from the local domestic violence shelter, and to brief the shelter's staff about your agency's policies and protocols for battered women.



Question 1: Which type of relationship is this?



Question 2: Why?

SCENARIO 3

You are the director of a sexual assault program and recently met with the director of the prosecutor-based victim/witness program in your county to discuss your mutual programs and services for victims. The meeting was highly educational and beneficial for both parties.

You call the director of the victim/witness program and ask if he/she can come back to your agency with the district attorney assigned to sexual assault cases and meet with your staff. You want to discuss the development of an inter-agency agreement and protocols in how your two agencies respond to sexual assault victims and defendants. Both of you agree that this would be mutually beneficial.



Question 1: Which type of relationship is this?



Question 2: Why?

Relationship Chart⁶²

	COOPERATION	COORDINATION	COLLABORATION
VISION AND RELATIONSHIPS	Based on individual relationships that may be mandated by a third party.	Individual relationships are supported by the organization they represent.	Commitment of organization and their leaders is fully behind their representatives.
	Organizational mission and goals are not taken into account.	Mission and goals of the individual organizations are reviewed for compatibility.	Common mission and goals are created.
	Interactions occur as needed and may last indefinitely.	Interaction is usually around one specific project or task of definable length.	One or more projects are undertaken for longer-term results.
STRUCTURE, RESPONSIBILITY, AND COMMUNICATION	Relationships are informal; each organization functions separately.	Organizations involved take on needed roles, but function relatively independently of each other.	New organizational structure and/or clearly defined and interrelated roles that constitute a formal division of labor are created.
	No joint planning is required.	Some project-specific planning is required.	Comprehensive planning is required that includes developing joint strategies and measuring success in terms of impact on the needs of those served.
	Information is conveyed as needed.	Communication roles are established and well-defined channels are created to facilitate interaction.	Many levels of communication are created beyond those needed to merely promote interaction, as clear information is a keystone of success.

RESOURCES AND REWARDS	Resources are separate, serving the individual organizations.	Resources are acknowledged and can be made available to others for a specific project.	Resources are pooled or jointly secured for a longer-term effect that is managed by the collaborative structure.
	Rewards are mutually acknowledged.	Rewards are mutually acknowledged.	Organizations share in the products; more is accomplished jointly than could have been individually.
AUTHORITY AND ACCOUNTABILITY	Authority rests solely with individual organizations.	Authority rests with the individual organizations, but there is coordination among participants.	Authority is determined by need to balance ownership by individual organizations with expediency to accomplish purpose.
	Leadership is unilateral and control is central.	Some sharing of leadership control.	Leadership is dispersed and control is shared and mutual.
	All authority and accountability rests the individual organizations, which act independently.	There is some shared risk, but most of the authority and accountability falls to the individual organizations.	Equal risk is shared by all organizations in the collaboration.

Activity: Goals/Barriers/Solutions Part 1

In the Steps/Goals column of the chart below, list three steps you will take toward establishing collaboration with your local military installation upon returning to your office.

GOALS/BARRIERS/SOLUTIONS		
STEPS/GOALS	POSSIBLE BARRIERS	SOLUTIONS
1.		
2.		

3.		
----	--	--



Challenges to Successful Working Relationships

Lack of shared vision or mission.

Lack of agreement about the problem or issue to be addressed.

Lack of incremental success on the pathway to an ultimate goal.

Egos

Lack of diversity among group members working toward a common goal.

Not having the “right players” at the table.

Lack of understanding and implementation of change management techniques.

Lack of resources.

Lack of measures to evaluate success.

Lack of understanding about victim trauma, rights and needs.

Activity: Goals/Barriers/Solutions Part 2

Turn back to your Goals/Barriers/Solutions chart from Part 1 and write one possible barrier for each of the goals you identified earlier and a solution for each.



Lessons Learned

Collaborative relationships can be strengthened through formalized Memoranda of Understanding (MOU).

Civilian-military liaison positions can facilitate collaboration.

Collaborations can benefit when viewed as a high priority by both high-level military Commands and civilian authorities.

Materials that explain available installations services and victims' rights within the military would be helpful.

Agreements are needed to address victim confidentiality.

Benefits can emerge from collaboration conferences and participation of both military and civilian advocates at regular meetings.

Training may be needed for both civilian and military personnel on sexual assault and the role of the collaboration.

Activity: Action Plan

List your 3 goals for collaboration (take these from your Goals/Barriers/Solutions chart):

1.

2.

3.

List 3 military and community resources you will reach out to in addressing your goals:

1.

2.

3.

List 2 action steps you will take for each of your goals when you get back to your program:

1.

a)

b)

2.

a)

b)

3.

a)

b)

List 3 challenges you might encounter in implementing the above actions:

1.

2.

3.

How will you overcome these challenges?

Collaboration: A Checklist for Success

- The problem(s) or issue(s) of concern is/are clearly defined.
- All potential stakeholders and key leaders/change agents have been invited to participate in the collaborative initiative:
 - People who live with the problem.
 - People who have power to change the problem.
 - People who have the technical expertise to address the problem.
- Diversity among stakeholders is sought and respected as a key tenet of collaboration.
- A mission or vision statement that identifies the critical problems or issues and possible collaborative solutions is developed and shared by all key stakeholders.
- The problem or issue is analyzed to develop theories about why it is occurring and what can be done to change the situation.
- Possible strategies or solutions are brainstormed among key stakeholders, with consensus built around sound approaches to problem-solving or intervention.
- The consensus strategy is divided into strategic goals and measurable objectives.
- Goals and objectives are assigned an order of priority, with a sense of urgency given to the highest-priority issues.
- Responsibilities for action are developed and assigned to the relevant stakeholders, with clear understanding of the relationships between and among goals and objectives.
- A time schedule for completion of goals and objectives is developed that includes tasks, persons responsible, deliverables, and deadlines. This should be flexible, depending upon ongoing evaluation results.
- If necessary, memoranda of understanding and/or interagency agreements are drafted to clarify roles, responsibilities, and inter-relationships needed to accomplish the goals and objectives.

- A list of resources needed for success is developed, which may include research, evaluation, training, technical assistance, marketing, funding, public policy development, direct outreach to core constituents, public education, media relations, and technology enhancements.
- Stakeholders involved in the collaborative effort assume responsibility (often jointly) for developing and/or providing resources that have been identified as critical to success.
- Significant attention is paid to evaluation measures that can delineate success or failure. Flexible approaches are in place to allow for revision of original goals and objectives, based upon evaluation results (this is an ongoing process).
- Methods of ongoing communications and regular meetings for status reviews are institutionalized.
- A commitment to managing the change that results from the collaborative initiative is institutionalized, with consensus on how stakeholders will each educate their professional peers and volunteers about the positive aspects of the change and help them adjust to new policies, procedures, and/or programs that result.
- Small successes and achievements are celebrated, and barriers to success are viewed as surmountable challenges.
- An assessment of the overall collaborative effort is conducted, with participation of all key stakeholders.
- Recommendations for revising or "fine-tuning" ongoing strategies for success, based upon the overall evaluation, are developed.
- Efforts are made to identify other initiatives that could benefit from the collaborative efforts of the key stakeholders involved in this initiative.

SAMPLE MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

**AIR BASE WING AND
YWCA OF _____ CITY**

1. **PURPOSE.** To establish a written agreement between ___ Air Base Wing, ___ Air Force Base and the YWCA of _____ City defining procedures for the coordination of victim services, support and referral services for victims of sexual assault.

2. **AUTHORITY.** DoD 6495.01 and other directives, as required.

3. **GENERAL.** This Memorandum of Understanding (MOU) does not create additional jurisdiction, limit, or modify existing jurisdictions vested in the parties. This MOU provides guidance and documents as an agreement for general support between _____ Air Base Wing and the YWCA of _____ City.

4. **RESPONSIBILITIES:**

a. _____ Air Base Wing agrees to the following provisions:

(1) When responding to or investigating sexual assault cases' or providing medical or other services for sexual assault victims, personnel from the Security Forces Squadron (SFS), Office of Special Investigation (OSI), Office of the Staff Judge Advocate (JA), Family Advocacy Program (F AP) and the medical treatment facility (MTF) may provide victims of sexual assault with basic referral information for the YWCA, including telephone/hotline number and a general description of services offered by the organization.

(2) Victims of sexual assault who report directly to the Sexual Assault Response Coordinator (SARC) or _____ AFB medical personnel and desire confidential reporting, will be provided with information regarding services available at the YWCA and the option of a confidential (Restricted Reporting) forensic exam.

(3) The _____ Air Base Wing, through the SARC, will publicize training and resources available through the YWCA and information on how victims can access those services.

(4) The Installation SARC will provide training to the YWCA as needed, on the resources available to victims of sexual assault through the SARC and through other programs and agencies located on _____ Air Force Base.

(5) In accordance with _____ AFB entry and escort procedures, access will be provided to _____ Air Force Base for YWCA staff providing services and support to military victims of sexual assault.

b. YWCA of _____ City agrees to the following provisions:

(1) When the YWCA receives a referral from one of the _____ Air Base Wing's organizations at the request of a victim, or when the YWCA identifies a victim of sexual assault as an active duty Service Member, the YWCA will provide the same services to that victim as it provides to all other clients, in accordance with the victim's wishes and needs.

(2) When the YWCA receives a referral from one of the _____ Air Base Wing's organizations or when the YWCA identifies a victim of sexual assault as an active duty Service Member, the YWCA staff shall provide that victim with information regarding the SARC and other resources available to victims of sexual assault on _____ Air Force Base.

(3) When the YWCA/Sexual Assault Nurse Examiner (SANE) performs a forensic exam on a victim who has requested Restricted Reporting, staff agrees to release custody of evidentiary material collected to the SARC or Deputy SARC from _____ AFB.

(4) The YWCA staff will work with the SARC to train base staff, including, but not limited to, personnel from the SFS, OSI, JA, F AP, MTF, and Victim Advocates (VA) on resources available through the YWCA and information on how victims can access those services.

5. PRIVACY INTERESTS:

a. The YWCA shall not disclose the victim's identity and/or specifics about the victim's circumstance to _____ Air Base Wing personnel, including, but not limited to, the SARC, FAP, or the SFS, without the written consent of the victim unless otherwise required to do so by state or federal law. A victim must sign a "Release of Information" form prior to the exchange of any information regarding that victim.

b. The victim's identity and/or specifics about the victim's circumstances shall not be disclosed by _____ Air Base Wing personnel, including, but not limited to, the SARC, FAP staff or SFS, to the YWCA without the written consent of the victim, unless otherwise required to do so by state or federal law. A victim must sign a "Release of Information" form prior to the exchange of information regarding that victim. Once the "Release of Information" form has been signed, information shall be exchanged for the purposes of referral, treatment and intervention planning and coordination efforts.

c. The signed original "Release of Information" form shall be kept on file with the initiating organization and a copy will be transmitted to the receiving party.

d. The YWCA shall provide non-identifying statistical information to the SARC regarding the military Air Force victims to whom it provides services on an annual basis.

e. HIPPA COMPLIANCE. The parties acknowledge and agree to comply with the Privacy Act (5 USC 552(a)), Health Insurance Portability and Accountability Act (PL 104-191), Standards for Privacy of Individually Identifiable Health Information (45 CFR part 160

and part 164), and the Business Associate Agreement. Failure to abide by these terms could result in termination in accordance with the terms of this agreement.

6. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

a. This MOU shall be reviewed every 2 years and shall remain in full force and effective until specifically abrogated by one of the parties to this agreement with sixty (60) days notice to the other party.

b. Effective execution of this agreement can be achieved only through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings or complaints that may arise that are not specifically addressed in this MOU.

c. Personnel from the _____ Air Base Wing and the YWCA shall meet, as necessary and appropriate, to share information regarding individual cases after having received signed, "Release of Information" forms from the victims and to generally discuss and review quality of services provided to victims.

**SAMPLE MEMORANDUM OF UNDERSTANDING
BETWEEN
_____ ARMY COMMUNITY HOSPITAL
AND
_____ HOSPITAL**

SUBJECT: Memorandum of Understanding (MOU) between _____ Army Community Hospital (ACH) and _____ Hospital (XH) for the Management of Reported Alleged Sexual Assault Cases

1. References.

- a. Army Regulation (AR) 40-3, Medical, Dental, and Veterinary Care, 12 Nov 02.
- b. Army Regulation (AR) 40-400, Patient Administration, 12 Mar 01.
- c. Army Regulation (AR) 600-20, Army Command Policy, September 2005.
- d. Army Regulation (AR) 608-18, The Army Family Advocacy Program, 20 Oct 03.
- e. DoDI 6495.01, Sexual Assault Prevention and Response Program.
- f. DoDI 6495.02, Sexual Assault Prevention and Response Program Procedures.
- g. MEDCOM Policy Memo 05-010, Military Treatment Facility (MTF) Management of Reported Alleged Sexual Assault Cases – Payment for Exams and Kits, 13 June 2005.
- h. MEDCOM Regulation 40-36, Medical Facility Management of Sexual Assault, 23 Dec 2004.

2. Purpose. The purpose of this MOU is to establish an agreement that all patients 18 or older reporting alleged sexual assault within 72 hours of incident and requiring forensic examinations will be transported to XH where specialized training and equipment exists for conducting forensic examinations related to sexual assaults.

3. Problem. (Name of base) has a small number of sexual assault cases every year. Due to this small number, ACH cannot maintain a Sexual Assault Response Team/Sexual Assault Nurse Examiner program (SART/SANE). ACH does not have the specialized equipment to collect forensic evidence on victims of alleged sexual assaults. XH has a SART/SANE program and the required equipment to accomplish a complete forensic examination.

3. Scope. ACH providers will initiate the transfer of victims of alleged sexual assault to XH and contact the Sexual Assault Nurse Examiner (SANE) or Emergency Department (ED) physician on duty at _____ Hospital prior to transport. The patient will be transported via ambulance or privately owned vehicle as determined by a Sexual Assault Clinical Provider (SARP).

4. Understandings and Responsibilities.

- a. _____ Army Community Hospital Responsibilities.

(1) ACH will evaluate all victims of alleged (1) sexual assaults for any medical conditions requiring immediate medical attention prior to transport to XH.

(2) ACH will contact the XH ER at (phone number) to activate the SANE on call. ACH will transport the victim to XH. All suspects will have their forensic examination and evidence collection completed at ACH. If a suspect requires digital forensic photography, the exam will be conducted by the XH SANE.

(3) ACH will supply XH with any medical records generated prior to transfer to XH.

(4) ACH will notify the (name of base) Sexual Assault Response Coordinator (SARC) at (phone number) for active duty only, if he/she has not been notified prior to the victim's presentation to the ACH ER. This notification will take place prior to any transport of the victim to XH.

(5) Any dependent or civilian assaulted on (name of base) will be transported to XH. ACH's Social Work Services will be notified of any nonactive duty assault victim entitled to care in the military system.

(6) ACH will provide follow-up care for all victims eligible for care in the military healthcare system.

(7) ACH will pay for all forensic exams performed by XH. This includes the Air Force from _____ AFB and any civilian assaulted on (name of base) that is not otherwise entitled to care in the military healthcare system.

b. _____ Hospital Responsibilities

(1) XH will perform all forensic exams referred from ACH or _____ AFB. See section c for Restricted Reporting procedures.

(2) XH will attempt to get each victim to sign a release of medical information to allow ACH access to the documentation collected.

(3) XH will bill ACH for the forensic examinations performed. If the _____ State Troopers or the _____ Police Department maintain jurisdiction of the case, those agencies will be responsible for payment for the forensic examination.

(4) When CID or OSI have jurisdiction of the case, the XH SANE will turn all forensic evidence over to these agencies for processing of the evidence.

(5) The XH SANE will appear in court if required.

c. Restricted Reporting

(1) The Department of Defense allows Active Duty Service Members to elect for Restricted Reporting. This allows the victim to have forensic evidence collected but not report the assault to military law enforcement. The evidence is assigned a case number and stored for a year by military law enforcement.

(2) Restricted Reporting applies to Active Duty Service Members only. Any other person entitled to care in the military health care system is not eligible for Restricted Reporting in the military.

(3) An Active Duty Service Member is only eligible for Restricted Reporting when military law enforcement, CID or OSI, maintains jurisdiction of the case. Civilian law enforcement agencies retain the right to choose not to honor the military's Restricted Reporting policy with respect to investigation and prosecution decisions.

(4) When an Active Duty Service Member elects Restricted Reporting, the (name of base) SARC will assign a case number. The (name of base) SARC will assign the case number for all Air Force Restricted cases. The SARC will give the XH SANE the case number.

(5) The XH SANE will do a complete forensic exam. Each piece of evidence collected will be labeled with only the case number provided by the SARC. No names or other forms of identification will be used on the evidence.

(6) After the evidence is collected, it will be processed and stored by military law enforcement. Proper chain of custody will be maintained, and the appropriate forms will be completed before the evidence is released to military law enforcement. The military law enforcement taking custody of the evidence will provide the required chain of custody forms and any other forms that may be required.

d. Release of Documentation

(1) XH will ask each victim to sign a release of medical information so ACH can access all of the documentation completed during the forensic examination.

(2) If the victim signs the release, the information will be forwarded to ACH's Patient Administration Division. The information will be marked sensitive and filed in a separate medical record.

(3) Release of any information from XH will be in accordance with HIPAA and (name of state) Statute.

5. Effective Date. This agreement shall be effective upon the date signed by both parties and remain so indefinitely. It may be reviewed by either or both parties at any time and may be amended or revised at any time in writing by mutual consent of both parties. Either party may terminate this agreement by giving 60 days advance written notice of the effect date of termination.

Signed by,

Civilian hospital representative

(Date)

Military hospital representative

(Date)

**SAMPLE MEMORANDUM OF UNDERSTANDING BETWEEN
(INSTALLATION) INSTALLATION LAW ENFORCEMENT OFFICE AND
(CITY, COUNTY, OR STATE) LAW ENFORCEMENT AGENCY**

DoDI 6495.02, June 23, 2006

(Consult with the local Staff Judge Advocate and Agreements Manager before completing)

1. **PURPOSE:** To establish written procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction, and coordination of efforts and assets between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency in sexual assault cases involving an active duty Service Member.

2. **GENERAL:** This MOU does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. (See DoD Directive 5400.11 (Reference (ah)). As used herein, the term "Service Member" refers to an active duty Service Member, Military Service Academy cadet or midshipmen, or National Guard or Reserve Service Member when performing active service and inactive duty training (as defined in section 101(d) (3) of Reference (a)) or a member of the Coast Guard or Coast Guard Reserve (when the Coast Guard is operating as a service in the Navy).
 - A. [INSERT PARAGRAPH HERE DEFINING RESPONSE AND INVESTIGATION JURISDICTION FOR THE (INSTALLATION) INSTALLATION LAW ENFORCEMENT OFFICE AND (CITY, COUNTY, OR STATE) LAW ENFORCEMENT AGENCY.]

3. **RESPONSIBILITIES:**
 - A. The (CITY, COUNTY, or STATE) Law Enforcement Agency agrees to perform the following actions:
 - (1) When responding to or investigating sexual assault cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency shall ascertain whether the alleged offender is a Service Member. If the alleged offender is a Service Member, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement" and the designated Records personnel shall ensure the copy is forwarded.
 - (2) When responding to or investigating sexual assault cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency shall ascertain whether the victim is a Service Member. If the victim is a Service Member, the responding officer(s) shall seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's Commander. If the victim so consents, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office

and shall not direct Records personnel to forward the report, but the report shall be provided to the Installation Sexual Assault Response Coordinator.

- (3) When responding to or investigating sexual assault cases, and the (CITY, COUNTY, or STATE) Law Enforcement Agency ascertains that the alleged offender and the victim are both Service Members, the responding officer(s) shall seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's Commander. If the victim so consents, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office and shall not direct Records personnel to forward the report, but the report shall be provided to the Installation Sexual Assault Response Coordinator.
- (4) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent civil protection order (CPO) issued by a court of competent jurisdiction, the responding officer(s) shall ascertain whether the alleged offender is an active duty Service Member. If the alleged offender is active duty, the responding officer(s) shall note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. [THIS PARAGRAPH MAY NOT BE NECESSARY IF THE INSTALLATION HAS AN MOU WITH THE LOCAL COURT SPECIFYING THAT THE COURT SHALL FORWARD COPIES OF SUCH CPOS TO THE INSTALLATION.]
- (5) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent CPO, the responding officer(s) shall ascertain whether the victim is a Service Member. If the victim is a Service Member, the responding officer(s) shall seek the victim's consent to forward a copy of the CPO to the (INSTALLATION) Installation Law Enforcement Office. If the victim so consents, the responding officer(s) shall note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall not request that a copy of the CPO be forwarded to the Installation Law Enforcement Office.
- (6) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall designate an employee from Records who shall be directly responsible for forwarding copies of incident/investigation reports and CPOs to the (INSTALLATION) Installation Law Enforcement Office when directed to do so by notations at the top of the reports or CPOs. The (CITY, COUNTY, or STATE) Law Enforcement Agency employee shall also be responsible for receiving and processing of MPOs forwarded from the (INSTALLATION) Installation Law Enforcement Office.
- (7) When the (CITY, COUNTY, or STATE) Law Enforcement Agency becomes aware of a violation of a term or provision of an MPO, the responding officer(s) shall notify the designated representative from the (INSTALLATION) Installation Law Enforcement Office of the violation.

- (8) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall provide the (INSTALLATION) Installation Law Enforcement Office with an area for Installation Law Enforcement investigators to conduct interviews of Service Members who are involved in sexual assault incidents.
 - (9) The (INSTALLATION) Installation Law Enforcement office shall, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of sexual assault involve Service Members.
(10) When the victim in a sexual assault incident has been identified as a Service Member, the (CITY, COUNTY, or STATE) Law Enforcement Agency responding officer(s) shall provide the victim with basic information, acquired from the Installation Law Enforcement Office (below) about installation resources available to sexual assault victims.
 - (10) When the victim in a sexual assault incident has been identified as a Service Member, the (CITY, COUNTY, or STATE) Law enforcement Agency responding officer(s) shall provide the victim with basic information, acquired from the Installation Law Enforcement Office (below) about installation resources available to sexual assault victims.
 - (11) As new law enforcement officers begin duty with the (CITY, COUNTY, or STATE) Law Enforcement Agency, their immediate supervisor shall provide them with copies of this MOU and basic instruction for effectuating the provisions of this MOU.
- B. The (INSTALLATION) Installation Law Enforcement Office agrees to perform the following actions:
- (1) The (INSTALLATION) Installation Law Enforcement Office shall designate an individual to act as liaison to the (CITY, COUNTY, or STATE) Law Enforcement Agency and to receive copies of incident/investigation reports stemming from an incident occurring off of the installation and CPOs involving Service Members.
 - (2) Upon receipt of a copy of an incident/investigation report stemming from incidents occurring off of the installation or a CPO involving a Service Member, the (INSTALLATION) Installation Law Enforcement Office shall immediately notify the Service Member's Command.
 - (3) When the (INSTALLATION) Installation Law Enforcement Office receives a copy of an MPO from a Service Member's Command, and if that Service Member is living off of the installation, the (INSTALLATION) Installation Law Enforcement office shall forward a copy of the MPO to the (CITY, COUNTY, or STATE) Law Enforcement Agency with jurisdiction over the area in which the Service Member resides.
 - (4) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, STATE, OR COUNTY) Police Department with an area for Police Department officers or investigators to conduct interviews of Service Members who are involved in sexual assault incidents.
 - (5) The (INSTALLATION) Installation Law Enforcement office shall, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of sexual assault involve Service Members.

- (6) The (INSTALLATION) Installation Law Enforcement Office shall assist the (CITY, COUNTY, or STATE) Law Enforcement Agency when investigating cases that occurred off base by providing information such as medical records, Military Service records, and incident/investigation reports from incidents occurring under the jurisdiction of the Installation Law Enforcement Office in accordance with the provisions of Section 552a of Reference (ab) and Reference (ac).
- (7) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Law Enforcement Agency with basic information, in the form of quick reference cards or brochures, about installation resources available to sexual assault victims.
- (8) [INSERT A PARAGRAPH HERE STATING PROPER INSTALLATION PROCEDURE FOR RESPONDING TO SEXUAL ASSAULT INCIDENTS OCCURRING ON THE INSTALLATION INVOLVING CIVILIAN ALLEGED OFFENDERS.]
- (9) As new personnel begin duty with the (INSTALLATION) Installation Law Enforcement office, their immediate supervisor shall provide them with copies of this MOU and basic instructions on effectuating the provisions of this MOU.

4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

- A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with 60 days written notice to the other party.
- B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication shall be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.
- C. Personnel from the (INSTALLATION) Installation Law Enforcement Office and from the (CITY, COUNTY, or STATE) Law Enforcement Agency shall meet, as necessary and appropriate, to discuss open cases involving Service Members and to share information regarding reciprocal investigations.
- D. The primary POC for this agreement is (INSTALLATION POC NAME; OFFICE OR ACTIVITY NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, ORGANIZATIONAL EMAIL).

ENDNOTES

Ve¹ Remarks as Delivered by Secretary of Defense Robert M. Gates, Colorado Springs, Colorado, Wednesday, May 30, 2007.

² Active Duty Military Strength for October 31, 2007,” DoD Personnel and Procurement Statistics, <http://siadapp.dmdc.osd.mil/personnel/MILITARY/Miltop.htm>, December 3, 2007

³ Ibid.

⁴ Ibid.

⁵ Wright, Robin, “June 14th: The Birthday of the U.S. Army,” U.S. Army Center for Military History, <http://www.army.mil/cmh-pg/faq/birth.htm>, December 4, 2007.

⁶ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

⁷ “Army Values,” Army Business Transformation Knowledge Center, <http://www.army.mil/armybtkc/gov/values.htm>, accessed February 6, 2008.

⁸ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

⁹ Ibid.

¹⁰ Navy Organization Overview,” U.S. Navy, <http://www.navy.mil/navydata/organization/org-over.asp>, December 5, 2007.

¹¹ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

¹² SAPRO need info

¹³ Ibid.

²³ “The United States Navy,” http://www.navy.mil/navydata/navy_legacy_hr.asp?id=193, August 28, 2008.

¹⁴ “The Sailor’s Creed.” Navy Library, <http://www.history.navy.mil/library/online/creed.htm>, Accessed January 23, 2008.

¹⁵ “Douglas, Paul, “Customs and Traditions, <http://www.usmchangout.com/usmc/history/customstraditions.htm>, Accessed February 6, 2008.

¹⁶ Department of Defense, SAPRO, Washington, D.C.

¹⁷ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

¹⁸ Powers, Rod, “U.S. Military 101,” About.com, <http://usmilitary.about.com/cs/generalinfo/a/military101.htm?p=1>, August 4, 2007.

¹⁹ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

²⁰ Ibid.

²¹ Ibid.

²² Anne Arundel County Detachment 1049 Newsletter, “Dress Blue Uniform,” http://mclaacdet1049.org/PIO/Newsletter_080128.pdf, Accessed February 6, 2008.

²³ Ibid, 19.

²⁴ Ibid.

²⁵ “Air Force Core Values,” United States Air Force, <http://www.usafa.af.mil/core-value/>, Accessed February 6, 2008.

²⁶ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

²⁷ “Our Mission,” U.S. Coast Guard, http://www.uscg.mil/civilian/wa_mission.asp, Accessed February 6, 2008.

²⁸ “Coast Guard History,” U.S. Coast Guard Historian’s Office, <http://www.uscg.mil/history/>, Accessed February 6, 2008.

²⁹ Schading, Barbara, PH.D. 2007. *A Civilian’s Guide to the U.S. Military*. Cincinnati, Ohio. Writer’s Digest Books.

³⁰ “A Day in the Life,” US Military.com, <http://www.usmilitary.com/dayinthelife.html>, Accessed February 7, 2008.

³¹ “A Day in the Life,” US Military.com, <http://www.usmilitary.com/dayinthelife.html>, Accessed February 7, 2008.

³² Yarbrough, Beau, “A Day in the Life of Eagle Base Bosnia,” LBY3 The Continuing Adventures of Beau Yarbrough, <http://www.lby3.com/archives/44>, Accessed February 7, 2008.

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³⁴ Hunter, Mic, Dr., 2007. *Honor Betrayed Sexual Abuse in America’s Military*. Fort Lee, New Jersey. Barricade Books.

³⁵ Whitely, Kay, Dr. “Sexual Assault Policy.” Presentation to Strengthening Military-Civilian Community Partnerships to Respond to Sexual Assault Advisory Committee Meeting, Harrisburg, PA 2007.

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- ³⁶ Department of Defense, *Department of Defense Annual Report on Military Services Sexual Assault for FY 2007 and CY 2006*, Washington, DC, 2.
- ³⁷ Ibid.
- ³⁸ Ibid.
- ³⁹ Whitely, Kay, Dr. "Sexual Assault Policy." Presentation to Strengthening Military-Civilian Community Partnerships to Respond to Sexual Assault Advisory Committee Meeting, Harrisburg, PA 2007.
- ⁴⁰ Sexual Assault Prevention and Response Office. 2007. *Sexual Assault Awareness Month Resource Guide*, Washington, DC, U.S. Department of Defense, p. 6.
- ⁴¹ Ibid., 8-10.
- ⁴² Sexual Assault Prevention and Response Office, *Sexual Assault Response Coordinator (SARC) Training*, Honolulu, HI, July 19 – 22, 2005, 8.
- ⁴³ Ibid.
- ⁴⁴ "Reporting Options," United States Department of Defense Sexual Assault Prevention and Response, www.sapr.mil, February 5, 2008.
- ⁴⁵ Powers, Rod. "Military Protective (Restraining) Orders." About.Com: US Military, <http://usmilitary.about.com/od/justicelawlegislation/a/milprotecorder.htm>. January 18, 2008.
- ⁴⁶ Ibid., 46.
- ⁴⁷ Resick, Patricia, Dr., Interview by Maria Hinojosa, "Military Sexual Trauma," NOW, Public Broadcasting System, September 7, 2007
- ⁴⁸ Veterans Health Initiative, 2004, *Military Sexual Trauma An Independent Study Course*, Washington, DC: *Department of Veterans Affairs*
- ⁴⁹ Ibid., 2.
- ⁵⁰ Sexual Assault Prevention and Response Office, *Sexual Assault Response Coordinator (SARC) Training*, Honolulu, HI, July 19 – 22, 2005, 90.
- ⁵¹ Fleet & Family Support Program. 2006. *SAVI Victim Advocate Trainer's Manual*. Washington, DC. 8-7.
- ⁵² Fleet & Family Support Program. 2006. *SAVI Victim Advocate Trainer's Manual*. Washington, DC. 9-10.
- ⁵³ Ibid, 10-9.
- ⁵⁴ Rape shield laws are statutes or court rules that limit the introduction of evidence about a victim's sexual history, reputation or past conduct. Every state and the District of Columbia has a rape shield law that applies in criminal cases; only a few extend such laws to civil cases. Many of these laws were adopted in the 1970s to combat the practice of discrediting victims by introducing irrelevant information about their chastity.
- ⁵⁵ Sexual Assault Prevention and Response Office, *Sexual Assault Response Coordinator (SARC) Training*, Honolulu, HI, July 19 – 22, 2005, 87.
- ⁵⁶ Fleet & Family Support Program. 2006. *SAVI Victim Advocate Trainer's Manual*. Washington, DC. 10-11.
- ⁵⁷ Sexual Assault Prevention and Response Office, *Sexual Assault Response Coordinator (SARC) Training*, Honolulu, HI, July 19 – 22, 2005, 87.
- ⁵⁸ The National Guard, "I am the Guard," Official Website of the National Guard, <http://www.ngb.army.mil/default.aspx>, accessed April 8, 2008.
- ⁵⁹ Kaiser, George, 1998. *Types of Working Relationships*. Washington DC, National Institute of Corrections.
- ⁶⁰ Ibid.
- ⁶¹ Office of Victims of Crime. n.d. *NVAA Leadership in Victim Services*, Washington, DC: U.S. Department of Justice, D.I.
- ⁶² Blank, Martin. et al. 1992. *Collaboration: What Makes It Work? A Review of Research Literature on Factors Influencing Successful Collaborations*. Minneapolis, MN: Amherst H. Wilder Foundation.

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Installation Contact Sheet

Military Installation: _____ Tel: _____ Email: _____

Address _____

Main Command: _____

Tenant Commands: _____

Installation Website: _____

Service Website(s): _____

Contacts:

SARC: Name: _____ Tel: _____ E-mail: _____

Victim Advocate: Name: _____ Tel: _____ E-mail: _____

Commanding Officer: Name: _____ Tel: _____ Email: _____

Benefits: Contact: _____ Tel: _____ E-mail: _____

Chaplain: Contact: _____ Tel: _____ E-mail: _____

Criminal Investigator Division: Contact: _____ Tel: _____ Email: _____

Legal Assistance Atty: Contact: _____ Tel: _____ ; Email: _____

Medical Treatment Facility: Contact: _____ Tel: _____ Email: _____

Military Law Enforcement: Contact: _____ Tel: _____ Email: _____

Psychotherapist: Contact: _____ Tel: _____ E-mail: _____

Trial Counsel Name: _____ Tel: _____ E-mail: _____

Installation Resources/Programs:

1. _____ Contact: _____ Tel: _____ E-mail: _____

2. _____ Contact: _____ Tel: _____ E-mail: _____

3. _____ Contact: _____ Tel: _____ E-mail: _____

4. _____ Contact: _____ Tel: _____ E-mail: _____

5. . _____ Contact: _____ Tel: _____ E-mail: _____

Other resources:

1. _____

2. _____

3. _____

(Adapted from "Understanding the Military Response to Victims of Domestic Violence Tools for Civilian Advocates, "The Battered Women's Justice Project)

Acronym List – Military/Miscellaneous

Acronym	Description
ACT	Accreditation, Certification and Training
ACU	Army Combat Uniform
AD	Associate Director / Assistant Director
AG	Attorney General
AIDS	Acquired Immune Deficiency Syndrome
AIT	Advanced Individual Training
AETC	Air Education Training Center
AFPC	Air Force Personnel Center
ANG	Air National Guard
AOR	Area of Responsibility
APS	Adult Protective Services
ASAP	As Soon As Possible
AWOL	Absent Without Official Leave
BCT	Basic Combat Training
BCD	Bad Conduct Discharge
BDU	Battle Dress Uniform
BEQ	Bachelor Enlisted Quarters
BN	Battalion
BOQ	Bachelor Officers Quarters
BVA	Bureau for Veterans Affairs
CBO	Community Based Organization
CCR	Coordinated Community Response
CHES	Certified Health Education Specialist
CMEO	Command Managed Equal Opportunity (NAVY)
CID	Criminal Investigation Division – US Army
CODIS	Combined DNA Index System
COG	Council On Governments
CO	Commanding Officer
COB	Close of Business
CONUS	Continental United States
CPG	Community Planning Group
CPO	Civilian Personnel Center
CPS	Child Protective Services
CQ	Charge of Quarters
CSA	Child Sexual Assault or Child Sexual Abuse

DA	Department of the Army
DAPA	Drug and Alcohol Prevention and Awareness (NAVY)
DCC	Data Collection Coordinator
DID	Dissociative Identity Disorder
DoD	Department of Defense
DNA	Deoxyribonucleic Acid
DTM	Directive – Type Memorandum
DS	Direct Service
DSS	Direct Services Supervisor
DV	Domestic Violence
EC	Emergency Contraception
ED	Executive Director
EO	Equal Opportunity
EEO	Equal Employment Opportunity
EOR	Equal Opportunity Representative
ETS	Expiration of Term of Service
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FAR	Family Advocacy Representative- US Navy
FESN	Forensic Evidence Storage Number
FFSC	Fleet and Family Support Center
FFSP	Fleet and Family Support Program
FOIA	Freedom of Information Act
FOUO	For Official Use Only
GBV	Gender Based Violence
GHB	Gamma Hydroxy Butyrate (drug used to facilitate sexual assault)
GC	General Counsel
GI	Government Issue- often used by soldiers to refer to themselves
GIS	Geographic Information System
GLI	Group Level Intervention
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPV	Human Papillomavirus
HQ	Headquarters
IAW	In Accordance With
IC	Installation Commanders
IG	Inspector General

IPV	Intimate Partner Violence
IVA	Installation Victim Advocate
JAG	Judge Advocate General (legal office)
JTF-SAPR	Joint Task Force-Sexual Assault Prevention and Response
LEA	Local Education Agency - school district
LOD	Line of Duty
MCIO	Military Criminal Investigative Organization
MCM	Manual for Court Martial
MEDCOM	Army Medical Command
MIA	Missing in Action
MEPS	Military Entrance Processing Station
MOA	Memorandum of Agreement
MOS	Military Occupational Specialty
MOU	Memorandum of Understanding
MP	Military Police
MPO	Military Protective Order
MST	Military Sexual Trauma
MTF	Medical Treatment Facility
MWR	Morale, Welfare, and Recreation
NAVPERS	Navy Personnel Command
Navy SAVI	Sexual Assault Victim Intervention
NCVS	National Crime Victim Survey
NCIS	Naval Criminal Investigative Services
NCO	Non-Commissioned Officer. An enlisted person
NCO	Naval Commanding officer
NGB	National Guard Bureau
NJP	Nonjudicial Punishment
OCONUS	Outside continental United States, includes Alaska and Hawaii
OCS	Officer Candidate School
OIC	Officer in Charge
OSI	Office of Special Investigation
OVC	Office for Victims of Crime
OVW	Office on Violence Against Women
PAO	Public Affairs Officer
P/E	Prevention/Education
PLAD	Plain Language Address
PERSCOM	Personnel Command – Human Resources Command

POC	Point of Contact
PO	Protective Order
PSA	Public Service Announcement
PTSD	Post-Traumatic Stress Disorder
PX	Post Exchange – multi purpose store
RASAS	Rape and Sexual Assault System
RCC	Rape Crisis Center
RFI	Request for Information
ROTC	Reserve Officer Training Corps
RLSO	Regional Legal Service Office –US Navy
RRCN	Restricted Reporting Case Number
RTS	Rape Trauma Syndrome
SA	Sexual Assault
SAE	Sexual Assault Evidence
SAAM	Sexual Assault Awareness Month
SME	Subject Matter Expert
SAC	Sexual Assault Counselor
SACC	Sexual Assault Care Coordinator
SACP	Sexual Assault Clinical Provider
SACMG	Sexual Assault Case Management Group
SAFE	Sexual Assault Forensic Examiner
SANE	Sexual Assault Nurse Examiner
SJA	Staff Judge Advocate
SARC	Sexual Assault Response Coordinator
SASA	Sexual Assault Services Act
SAPRO	Sexual Assault Prevention & Response Office
SAP	Substance Abuse Program
SARB	Sexual Assault Review Board –US Army
SAPR	Sexual Assault Prevention & Response Program
SART	Sexual Assault Response Team
SATI	Sexual Assault Training and Investigation
SAVI	Sexual Assault Victim Intervention Program -NAVY
SEA	State Education Agency
SF	Security Forces (law enforcement)
SG	Surgeon General
SO	Significant Other
SOP	Standard Operating Procedures

SRA	Satanic Ritual Abuse
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SV	Sexual Violence
TA	Technical Assistance
TC	Trial Counsel
TDD	Telecommunication Device for the Deaf
TDS	Trial Defense Service
TDY	Temporary Duty
TSO	Trial Service Office
TTY	Text Telephone / Teletype Terminal/ Teletypewriter
UCR	Uniform Crime Report
UCMJ	Uniform Code of Military Justice
USA	United States Army
USAF	United States Air Force
USAFA	U.S. Air Force Academy
USAR	United States Army Reserves
USMC	United States Marine Corps
UVA	Unit Victim Advocate & Uniformed Victim Advocate
VAs	Victim Advocates
VAWA	Violence Against Women Act
V/R	Very Respectfully
VRPS	Victim Reporting Preference Statement
VWAP	Victim Witness Assistance Program /Personnel
V/W	Victim/Witness
XO	Executive Officer

Response Protocol For Sexual Assault Examinations Under Restricted Reporting

- Unless medical conditions require immediate attention for the health of the patient, the Healthcare Provider (HCP) should wait for the Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA) to arrive and explain the sexual assault “restricted reporting” and “unrestricted reporting” options available to the patient.
- The HCP, when not already at the medical facility, will respond rapidly to the medical facility where the sexual assault patient was brought or presented.
- The SARC will be notified.
- The service-designated military agency will assign an alpha-numeric Restricted Report Case Number (RRCN) to the patient’s case.
- The SARC will assign the patient a VA.
- Military Criminal Investigative Organizations (MCIOs) will **NOT** be informed of the sexual assault case.
- The patient’s name will NOT be reported, except when required under the “restricted reporting” program.
- The patient will be evaluated for any emergent injuries or illness.
- Standard Military Treatment Facility (MTF) labs will be collected to include testing for: sexually transmitted infections (STI), pregnancy and other clinically indicated labs. STI testing will be serially repeated following current Center for Disease Control (CDC) guidelines.
- The patient has the option to request a SAFE.
- The HCP will fully explain the SAFE process to the patient and obtain the patient’s written consent on the consent form provided prior to interviewing the patient or commencing with the examination, if a SAFE is indicated by the facts of the case.
- The patient will be strongly encouraged to not shower, have anything by mouth, or void, or defecate until after the evidentiary examination is completed or the victim has declined a SAFE after explanation by the HCP.
- The patient has the option to request the SARC or VA to be present during the HCP interview or SAFE.

- Depending on the patient’s history and clinical findings, the SAFE should include the following components if they are available:
 - Sexual Assault Evidence Collection Kit (SAE kit).
 - Photography of any non-genital trauma.
 - Woods Lamp and Alternate Light Source examination.
 - Wet Prep for motile or non-motile spermatazoa, or the presence of Trichomonas.
 - Photography of any genital or anal/rectal trauma utilizing magnification via coloscope or other acceptable magnifying lens.

- Consult appropriate medical specialty if there is suspicion of genital or rectal injuries or other physical injuries.

- Appropriate written after-care instructions will be provided upon completion of the SAFE, including:
 - Sexually transmitted diseases (STDs) testing , prophylaxis, and the need for follow-up testing per current CDC guidelines.
 - Human Immunodeficiency Virus (HIV) testing , prophylaxis, and need for follow-up testing per current CDC guidelines.
 - Emergency Contraception (EC) information, pregnancy testing and follow-up pregnancy testing, if needed, in 2-4 weeks if no menses.

- Appropriate documentation will be sealed inside the SAE kit.

- The HCP will label and package all evidence as per SAE kit instructions to ensure it is properly preserved.

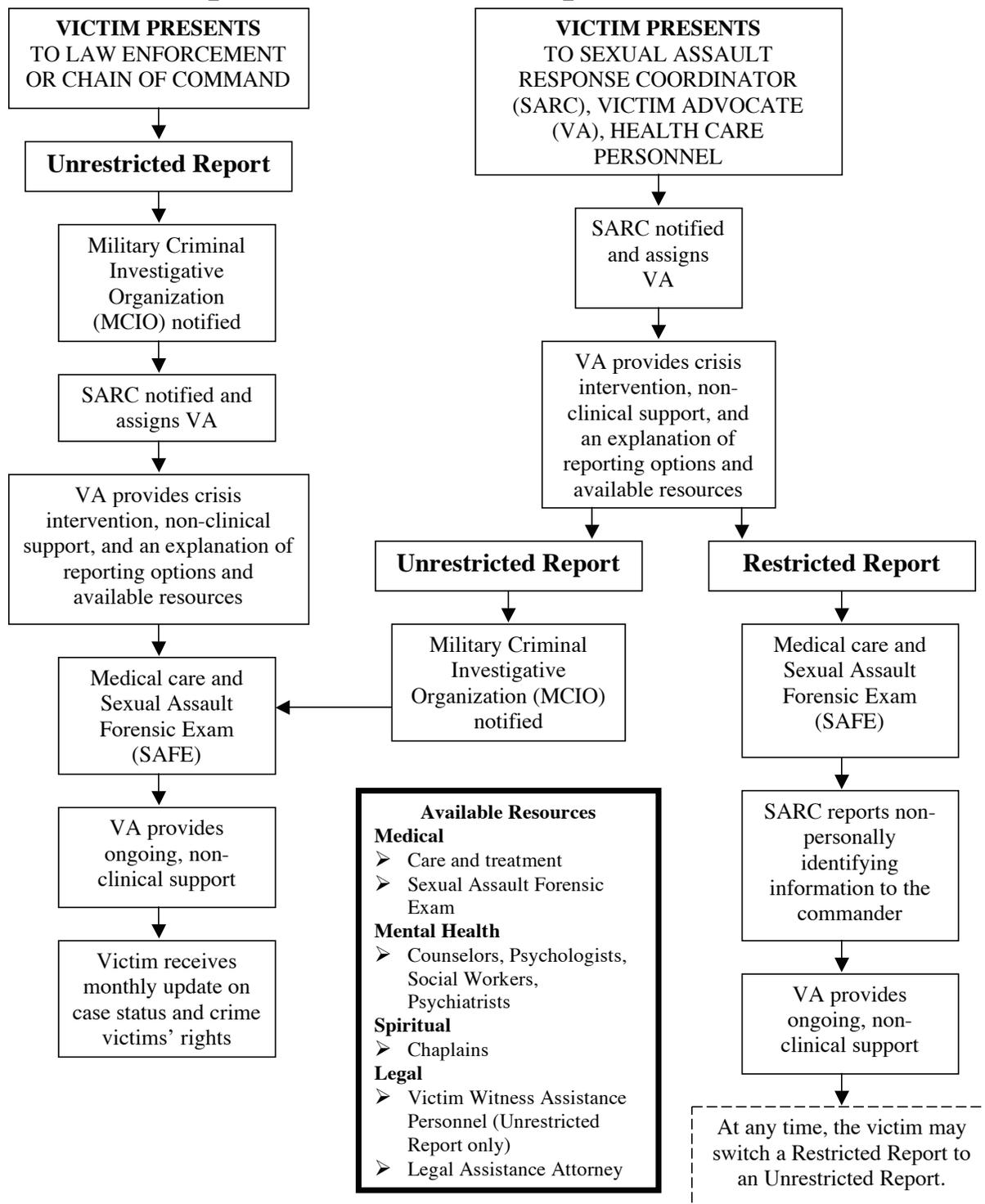
- The HCP, and the SARC or VA, will verify that the correct Restricted Report Case Number was designated on the documentation forms, the SAE kit, and any other containers holding evidence.

- All information of the case will remain with the HCP, the SARC, and the VA, with the exception of the following:
 - Information concerning the sexual assault that does not identify the victim or alleged perpetrator.
 - Medical record documentation that will remain with the patient’s medical record.

- VA or SARC will ensure that replacement clothing is provided for the patient if their clothing is taken as part of the evidence collection.

- The HCP will confirm that a VA is available to escort the patient to their place of residence, or a place of safety.
- The HCP will notify the service-designated military agency trained and capable of collecting and preserving evidence, to assume custody of the SAE kit, documents and evidence related to the SAFE for storage, under established “chain of custody” procedures.

Sample Sexual Assault Response Flow Chart



NOTE: These steps are based on DoD Directives 6495.01 and 1030.01 and DoD Instructions 6495.02 and 1030.2. The response procedures may vary by Service or installation but must still comply with the requirements in these policies.

E10.A.1 Attachment 1 to Enclosure 10 VA Sexual Assault Response Protocols Checklist

INITIAL RESPONSE

- () Ensure that the victim understands that speaking with the VA is voluntary.
- () Assess for imminent danger of life-threatening or physical harm to the victim by himself or herself (suicidal), by another (homicidal), or to another (homicidal).
 - () Seek immediate consultation from appropriate HCP for professional assessment when there is an imminent danger of life-threatening or physical harm to the victim or another person.
 - () If the victim has requested restricted reporting and the HCP determines there is an imminent danger, advise the victim of the exception to the Confidential Reporting Policy and notify the SARC.
 - () The SARC shall validate the exception and notify command and/or law enforcement as appropriate, disclosing only the details necessary to satisfy the exception.
- () Ascertain the victim's immediate needs.
- () Encourage the victim to seek medical consultation/examination.
- () Ensure the victim is aware of the actions available to promote his or her safety.
- () As appropriate, thoroughly explain to the victim each of the reporting options available to him or her, including the exceptions and/or limitations on use applicable to each.
- () Review the DD Form 2910 if the victim is eligible to elect the restricted reporting option and it has been determined that none of the exceptions are applicable:
 - () Ensure the victim acknowledges his or her understanding of the explanation of each item by initialing on the space provided by each item.
 - () Ensure the victim indicates the reporting option that he or she elects by initialing in the space which corresponds to his or her selection. Remind the victim that failing to elect a reporting option and initial and sign the VRPS shall automatically result in an unrestricted report and notifications to the command and appropriate military criminal investigative organization.

- () If the victim elects the “restricted reporting option,” reiterate the availability of the option to change to “unrestricted reporting” at any time, which will result in the notification of command and law enforcement for possible initiation of an investigation.
- () Ensure signature and date by the VA and the victim in the designated spaces.
- () Provide a copy to the victim for his or her personal safekeeping, and give the original to the SARC as soon as practicable.
- () Offer the information, as appropriate, regarding local resources for immediate safety and long-term protection and support, workplace safety, housing, childcare, legal services, clinical resources, medical services, chaplain resources, transitional compensation, and other military and civilian support services.
- () Facilitate victim’s contact with military and civilian resources, as requested by the victim.
- () Advise victim of availability to provide ongoing advocacy services for as long as desired.
- () Consult with the SARC on immediate assistance provided.

ONGOING ASSISTANCE RELATED TO RECOVERY FROM SEXUAL ASSAULT

- () Serve as a member of the case management group and attend all Sexual Assault Case Management Group meetings involving the victim’s case in order to represent the victim and to ensure the victim’s needs are met.
- () Maintain follow-up contact with the victim as requested by the victim.
- () Support the victim in decision-making by providing relevant information and discussing available options.
- () Assist the victim with prioritizing actions and establishing short- and long-term goals related to recovery from sexual assault.
- () Support the victim in advocating on his or her own behalf.
- () Provide the victim comprehensive information and referral on relevant local military and civilian resources and Military One Source.
- () Assist the victim in gaining access to service providers and victim support resources that can help the victim explore future options and prioritize actions.
- () Assist the victim in contacting appropriate military and civilian legal offices for personal legal advice and assistance specific to the victim’s circumstances or case, including the filing for

civilian or military protective orders. The VA shall not provide legal advice, but may provide general information on the civil or criminal legal process.

() Consult and work with the assigned Victim/Witness Liaison as applicable, consistent with References (v) and (w).

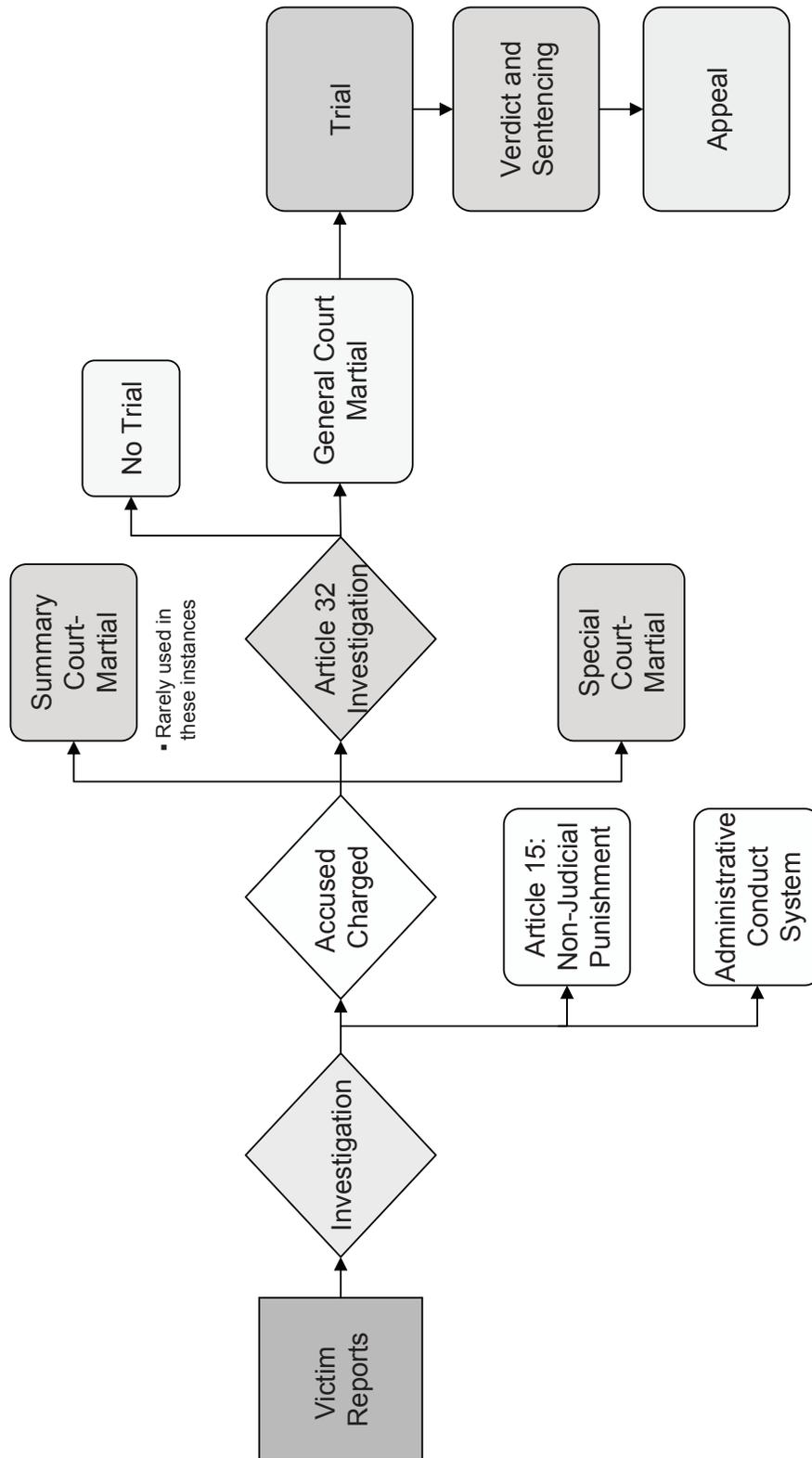
() Advise the victim of sexual assault clinical resources.

() Advise the victim of the impact of sexual assault on family members and offer referral information for family members.

() Accompany the victim to appointments and civilian and military court proceedings, as appropriate and when requested by the victim.

() Consult regularly with the SARC on ongoing assistance provided.

Abbreviated Adjudication Process – Flowchart



*At any point along the process starting with investigation, a determination of insufficient evidence to proceed could be made or the accused could be found not guilty.

Title 10. Armed Forces Subtitle A. General Military Law

Part II. Personnel

Chapter 47. Uniform Code of Military Justice

Subchapter X. Punitive Articles

10 USC § 920. Art. 120. Rape, sexual assault, and other sexual misconduct

(a) Rape. Any person subject to this chapter [*10 USCS §§ 801 et seq.*] who causes another person of any age to engage in a sexual act by--

- (1) using force against that other person;
- (2) causing grievous bodily harm to any person;
- (3) threatening or placing that other person in fear that any person will be subjected to death, grievous bodily harm, or kidnaping;
- (4) rendering another person unconscious; or
- (5) administering to another person by force or threat of force, or without the knowledge or permission of that person, a drug, intoxicant, or other similar substance and thereby substantially impairs the ability of that other person to appraise or control conduct;

is guilty of rape and shall be punished as a court-martial may direct.

(b) Rape of a child. Any person subject to this chapter [*10 USCS §§ 801 et seq.*] who--

- (1) engages in a sexual act with a child who has not attained the age of 12 years; or
- (2) engages in a sexual act under the circumstances described in subsection (a) with a child who has attained the age of 12 years;

is guilty of rape of a child and shall be punished as a court-martial may direct.

(c) Aggravated sexual assault. Any person subject to this chapter [*10 USCS §§ 801 et seq.*] who--

- (1) causes another person of any age to engage in a sexual act by--
 - (A) threatening or placing that other person in fear (other than by threatening or placing that other person in fear that any person will be subjected to death, grievous bodily harm, or kidnaping); or
 - (B) causing bodily harm; or
- (2) engages in a sexual act with another person of any age if that other person is substantially incapacitated or substantially incapable of--
 - (A) appraising the nature of the sexual act;
 - (B) declining participation in the sexual act; or
 - (C) communicating unwillingness to engage in the sexual act;

is guilty of aggravated sexual assault and shall be punished as a court-martial may direct.

(d) Aggravated sexual assault of a child. Any person subject to this chapter [*10 USCS §§ 801 et seq.*] who engages in a sexual act with a child who has attained the age of 12 years is guilty of aggravated sexual assault of a child and shall be punished as a court-martial may direct.

(e) Aggravated sexual contact. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in or causes sexual contact with or by another person, if to do so would violate subsection (a) (rape) had the sexual contact been a sexual act, is guilty of aggravated sexual contact and shall be punished as a court-martial may direct.

(f) Aggravated sexual abuse of a child. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in a lewd act with a child is guilty of aggravated sexual abuse of a child and shall be punished as a court-martial may direct.

(g) Aggravated sexual contact with a child. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in or causes sexual contact with or by another person, if to do so would violate subsection (b) (rape of a child) had the sexual contact been a sexual act, is guilty of aggravated sexual contact with a child and shall be punished as a court-martial may direct.

(h) Abusive sexual contact. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in or causes sexual contact with or by another person, if to do so would violate subsection (c) (aggravated sexual assault) had the sexual contact been a sexual act, is guilty of abusive sexual contact and shall be punished as a court-martial may direct.

(i) Abusive sexual contact with a child. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in or causes sexual contact with or by another person, if to do so would violate subsection (d) (aggravated sexual assault of a child) had the sexual contact been a sexual act, is guilty of abusive sexual contact with a child and shall be punished as a court-martial may direct.

(j) Indecent liberty with a child. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in indecent liberty in the physical presence of a child--

- (1) with the intent to arouse, appeal to, or gratify the sexual desire of any person; or
- (2) with the intent to abuse, humiliate, or degrade any person;

is guilty of indecent liberty with a child and shall be punished as a court-martial may direct.

(k) Indecent act. Any person subject to this chapter [10 USCS §§ 801 et seq.] who engages in indecent conduct is guilty of an indecent act and shall be punished as a court-martial may direct.

(l) Forcible pandering. Any person subject to this chapter [10 USCS §§ 801 et seq.] who compels another person to engage in an act of prostitution with another person to be directed to said person is guilty of forcible pandering and shall be punished as a court-martial may direct.

(m) Wrongful sexual contact. Any person subject to this chapter [10 USCS §§ 801 et seq.] who, without legal justification or lawful authorization, engages in sexual contact with another person without that other person's permission is guilty of wrongful sexual contact and shall be punished as a court-martial may direct.

(n) Indecent exposure. Any person subject to this chapter [10 USCS §§ 801 et seq.] who intentionally exposes, in an indecent manner, in any place where the conduct involved may reasonably

be expected to be viewed by people other than members of the actor's family or household, the genitalia, anus, buttocks, or female areola or nipple is guilty of indecent exposure and shall be punished as a court-martial may direct.

(o) Age of child.

(1) Twelve years. In a prosecution under subsection (b) (rape of a child), subsection (g) (aggravated sexual contact with a child), or subsection (j) (indecent liberty with a child), it need not be proven that the accused knew that the other person engaging in the sexual act, contact, or liberty had not attained the age of 12 years. It is not an affirmative defense that the accused reasonably believed that the child had attained the age of 12 years.

(2) Sixteen years. In a prosecution under subsection (d) (aggravated sexual assault of a child), subsection (f) (aggravated sexual abuse of a child), subsection (i) (abusive sexual contact with a child), or subsection (j) (indecent liberty with a child), it need not be proven that the accused knew that the other person engaging in the sexual act, contact, or liberty had not attained the age of 16 years. Unlike in paragraph (1), however, it is an affirmative defense that the accused reasonably believed that the child had attained the age of 16 years.

(p) Proof of threat. In a prosecution under this section, in proving that the accused made a threat, it need not be proven that the accused actually intended to carry out the threat.

(q) Marriage.

(1) In general. In a prosecution under paragraph (2) of subsection (c) (aggravated sexual assault), or under subsection (d) (aggravated sexual assault of a child), subsection (f) (aggravated sexual abuse of a child), subsection (i) (abusive sexual contact with a child), subsection (j) (indecent liberty with a child), subsection (m) (wrongful sexual contact), or subsection (n) (indecent exposure), it is an affirmative defense that the accused and the other person when they engaged in the sexual act, sexual contact, or sexual conduct are married to each other.

(2) Definition. For purposes of this subsection, a marriage is a relationship, recognized by the laws of a competent State or foreign jurisdiction, between the accused and the other person as spouses. A marriage exists until it is dissolved in accordance with the laws of a competent State or foreign jurisdiction.

(3) Exception. Paragraph (1) shall not apply if the accused's intent at the time of the sexual conduct is to abuse, humiliate, or degrade any person.

(r) Consent and mistake of fact as to consent. Lack of permission is an element of the offense in subsection (m) (wrongful sexual contact). Consent and mistake of fact as to consent are not an issue, or an affirmative defense, in a prosecution under any other subsection, except they are an affirmative defense for the sexual conduct in issue in a prosecution under subsection (a) (rape), subsection (c) (aggravated sexual assault), subsection (e) (aggravated sexual contact), and subsection (h) (abusive sexual contact).

(s) Other affirmative defenses not precluded. The enumeration in this section of some affirmative defenses shall not be construed as excluding the existence of others.

(t) Definitions. In this section:

(1) Sexual act. The term "sexual act" means--

(A) contact between the penis and the vulva, and for purposes of this subparagraph contact involving the penis occurs upon penetration, however slight; or

(B) the penetration, however slight, of the genital opening of another by a hand or finger or by any object, with an intent to abuse, humiliate, harass, or degrade any person or to arouse or gratify the sexual desire of any person.

(2) Sexual contact. The term "sexual contact" means the intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, or intentionally causing another person to touch, either directly or through the clothing, the genitalia, anus, groin, breast, inner thigh, or buttocks of any person, with an intent to abuse, humiliate, or degrade any person or to arouse or gratify the sexual desire of any person.

(3) Grievous bodily harm. The term "grievous bodily harm" means serious bodily injury. It includes fractured or dislocated bones, deep cuts, torn members of the body, serious damage to internal organs, and other severe bodily injuries. It does not include minor injuries such as a black eye or a bloody nose. It is the same level of injury as in section 928 (article 128) of this chapter [*10 USCS § 928*], and a lesser degree of injury than in section 2246(4) of title 18 [*18 USCS § 2246(4)*].

(4) Dangerous weapon or object. The term "dangerous weapon or object" means--

(A) any firearm, loaded or not, and whether operable or not;

(B) any other weapon, device, instrument, material, or substance, whether animate or inanimate, that in the manner it is used, or is intended to be used, is known to be capable of producing death or grievous bodily harm; or

(C) any object fashioned or utilized in such a manner as to lead the victim under the circumstances to reasonably believe it to be capable of producing death or grievous bodily harm.

(5) Force. The term "force" means action to compel submission of another or to overcome or prevent another's resistance by--

(A) the use or display of a dangerous weapon or object;

(B) the suggestion of possession of a dangerous weapon or object that is used in a manner to cause another to believe it is a dangerous weapon or object; or

(C) physical violence, strength, power, or restraint applied to another person, sufficient that the other person could not avoid or escape the sexual conduct.

(6) Threatening or placing that other person in fear. The term "threatening or placing that other person in fear" under paragraph (3) of subsection (a) (rape), or under subsection (e) (aggravated sexual contact), means a communication or action that is of sufficient consequence to cause a reasonable fear that non-compliance will result in the victim or another person being subjected to death, grievous bodily harm, or kidnapping.

(7) Threatening or placing that other person in fear.

(A) In general. The term "threatening or placing that other person in fear" under paragraph (1)(A) of subsection (c) (aggravated sexual assault), or under subsection (h) (abusive sexual contact), means a communication or action that is of sufficient consequence to cause a reasonable fear that non-compliance will result in the victim or another being subjected to a lesser degree of harm than death, grievous bodily harm, or kidnapping.

(B) Inclusions. Such lesser degree of harm includes--

(i) physical injury to another person or to another person's property; or

(ii) a threat--

(I) to accuse any person of a crime;

(II) to expose a secret or publicize an asserted fact, whether true or false, tending to subject some person to hatred, contempt or ridicule; or

(III) through the use or abuse of military position, rank, or authority, to affect or threaten to affect, either positively or negatively, the military career of some person.

(8) Bodily harm. The term "bodily harm" means any offensive touching of another, however slight.

(9) Child. The term "child" means any person who has not attained the age of 16 years.

(10) Lewd act. The term "lewd act" means--

(A) the intentional touching, not through the clothing, of the genitalia of another person, with an intent to abuse, humiliate, or degrade any person, or to arouse or gratify the sexual desire of any person; or

(B) intentionally causing another person to touch, not through the clothing, the genitalia of any person with an intent to abuse, humiliate or degrade any person, or to arouse or gratify the sexual desire of any person.

(11) Indecent liberty. The term "indecent liberty" means indecent conduct, but physical contact is not required. It includes one who with the requisite intent exposes one's genitalia, anus, buttocks, or female areola or nipple to a child. An indecent liberty may consist of communication of indecent language as long as the communication is made in the physical presence of the child. If words designed to excite sexual desire are spoken to a child, or a child is exposed to or involved in sexual conduct, it is an indecent liberty; the child's consent is not relevant.

(12) Indecent conduct. The term "indecent conduct" means that form of immorality relating to sexual impurity which is grossly vulgar, obscene, and repugnant to common propriety, and tends to excite sexual desire or deprave morals with respect to sexual relations. Indecent conduct includes observing, or making a videotape, photograph, motion picture, print, negative, slide, or other mechanically, electronically, or chemically reproduced visual material, without another person's consent, and contrary to that other person's reasonable expectation of privacy, of--

(A) that other person's genitalia, anus, or buttocks, or (if that other person is female) that person's areola or nipple; or

(B) that other person while that other person is engaged in a sexual act, sodomy (under section 925 (article 125) [10 USCS § 925]), or sexual contact.

(13) Act of prostitution. The term "act of prostitution" means a sexual act, sexual contact, or lewd act for the purpose of receiving money or other compensation.

(14) Consent. The term "consent" means words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the accused's use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating relationship by itself or the manner of dress of the person involved with the accused in the sexual conduct at issue shall not constitute consent. A person cannot consent to sexual activity if--

(A) under 16 years of age; or

(B) substantially incapable of--

(i) appraising the nature of the sexual conduct at issue due to--

(I) mental impairment or unconsciousness resulting from consumption of alcohol, drugs, a similar substance, or otherwise; or

(II) mental disease or defect which renders the person unable to understand the nature of the sexual conduct at issue;

(ii) physically declining participation in the sexual conduct at issue; or

(iii) physically communicating unwillingness to engage in the sexual conduct at issue.

(15) Mistake of fact as to consent. The term "mistake of fact as to consent" means the accused held, as a result of ignorance or mistake, an incorrect belief that the other person engaging in the sexual conduct consented. The ignorance or mistake must have existed in the mind of the accused and must have been reasonable under all the circumstances. To be reasonable the ignorance or mistake must have been based on information, or lack of it, which would indicate to a reasonable person that the other person consented. Additionally, the ignorance or mistake cannot be based on the negligent failure to discover the true facts. Negligence is the absence of due care. Due care is what a reasonably careful person would do under the same or similar circumstances. The accused's state of intoxication, if any, at the time of the offense is not relevant to mistake of fact. A mistaken belief that the other person consented must be that which a reasonably careful, ordinary, prudent, sober adult would have had under the circumstances at the time of the offense.

(16) Affirmative defense. The term "affirmative defense" means any special defense which, although not denying that the accused committed the objective acts constituting the offense charged, denies, wholly, or partially, criminal responsibility for those acts. The accused has the burden of proving the affirmative defense by a preponderance of evidence. After the defense meets this burden, the prosecution shall have the burden of proving beyond a reasonable doubt that the affirmative defense did not exist.

Restricted Reporting And Civilian Rape Reporting Laws

In a number of states, civilian rape reporting laws have provided a barrier to the implementation of Restricted Reporting. Although most states do not per se require medical personnel to make a report to law enforcement when they have treated a rape of sexual assault victim who is a competent adult, other state statutes may have impact of requiring that a report be made. Laws requiring medical personnel to make a report to law enforcement when they have treated a competent adult rape victim can be broken down into four primary categories:

1. **Laws that mandate rape reporting** – California is the only state that explicitly requires medical personnel to report their treatment of an adult rape victim. A report must be made with the local law enforcement agency. In Kentucky, spousal rape must be reported to the Kentucky Cabinet for Health and Family Services. Massachusetts requires medical personnel to report to the Criminal History Systems Board and to the police that they have treated a rape victim; however, the report cannot include the victim's name, address or any other identifying information
2. **Laws that mandate the reporting of non-accidental or intentional injuries** – In certain states, medical personnel are required to report non-accidental or intentional injuries. If a patient has suffered a non-accidental or intentional injury in addition to the rape, the injury will generally have to be reported. The question which arises in these states is whether rape must be reported when the patient has suffered no injury other than the rape itself

3. **Laws that require the reporting of injuries caused by criminal**

conduct – In certain states, medical personnel are required to report injuries caused by criminal conduct. If a patient has suffered an injury in addition to the rape as a result of the criminal conduct, the injury will generally have to be reported. Again, the question which arises in these states is whether rape must be reported when the patient has suffered no injury other than the rape itself

4. **Laws relating to other crimes or injuries, which may impact rape**

victims – Some states require certain types of injuries to be reported by medical personnel to law enforcement. If rape victim presents with any of these injuries, medical personnel will be required to report the injury to law enforcement. These injuries may include injuries caused by firearms, stab wounds, or non-accidental wounds caused by a knife or sharp pointed instrument, injuries caused with a deadly weapon and burns, among others.

Summary of Laws Relevant TO Rape and Sexual Assault Reporting for the Victimization of Competent Adults

Although most states do not per se require medical personnel to make a report when they have treated a rape or sexual assault victim¹ who is a competent adult,² other state statutes may have the impact of requiring that a report be made. Laws requiring medical personnel to report that they have treated a competent, adult rape victim can be broken down into the following categories: (1) laws that specifically require medical professionals to report treatment of a rape victim to law enforcement; (2) laws that require the reporting of injuries that may include rape; (3) laws relating to other crimes or injuries which may impact rape and sexual assault victims; and (4) laws regarding sexual assault forensic examinations which may impact rape and sexual assault reporting. This document discusses each of the four categories of rape reporting statutes and provides the specific language of the statutes.³

Many states require medical personnel to make a report to law enforcement and / or social services following their treatment of a child, elderly person or vulnerable

¹ The terms *rape* and *sexual assault* are used interchangeably in this document. For specific definitions of *rape* and *sexual assault*, please refer to state law.

² *Competent adult* is used to represent those adults who are viewed by the legal system as competent. Please refer to state law for definitions or interpretations of what constitutes a *competent adult* in a given state.

³ Note that some medical personnel may interpret statutes differently than this article. For example, some providers in Oklahoma interpret 10 Okl. St. § 7104 as requiring a report to be made when the victim is a competent adult. However, the statute appears in Chapter 71 of Title 10, which is Oklahoma's Child Abuse Reporting and Prevention Act; therefore, it does not clearly mandate that a report be made when the victim is a competent adult.

adult who was the victim of a crime. These statutes, however, are not included in this summary. Rather, this summary focuses on the reporting requirements related to the medical treatment of competent adults who are the victims of rape or sexual assault. The purpose of this document is to provide an overview of the issues that may arise with respect to mandatory requirements. Please note that this document is intended for informational purposes only and does not constitute legal advice. Communities should work with local attorneys to insure that their interpretation of relevant law is correct.

LAWS WHICH MANDATE RAPE REPORTING

The law requires medical personnel to report rape when the victim is a competent adult in the following states:

- Sex Crimes
 - Massachusetts ALM GL ch. 112, § 12A1/2
 - Rape or sexual assault (but may not identify the victim)
 - Cal Pen Code § 11160
 - Must report injury if it is the result of assaultive or abusive conduct (defined to include sexual battery, assault with intent to commit rape, sodomy or oral copulation, rape, spousal rape, sodomy, oral copulation, sexual penetration)
 - Kentucky, KRS § 209.030
 - Must report incidents of spousal rape to Kentucky Cabinet for Family and Children.

LAWS WHICH MANDATE THE REPORTING OF INJURIES THAT MAY INCLUDE RAPE

In certain states, medical personnel are required to report non-accidental or intentional injuries. If a patient has suffered a non-accidental or intentional injury in addition to the rape, the injury will generally have to be reported. The question which arises in these states is whether a rape must be reported when the patient has suffered no injury other than the rape itself.

- Statutes that require the reporting of non-accidental or intentional injuries
 - Alaska, Alaska Stat. 08.64.369 (If the injury is likely to cause death)
 - California, Cal Pen Code § 11160
 - Colorado, C.R.S. 12-36-135
 - Florida, Fla. Stat. § 790.24
 - Georgia, O.C.G.A. § 31-7-9
 - Michigan, MCLS § 750.411
 - New Hampshire, RSA § 631:6
 - Ohio, ORC Ann. 2921.22
 - Pennsylvania, 18 Pa.C.S. § 5106 (Exception for domestic violence cases unless the injury constitutes serious bodily injury or was caused by a deadly weapon)

In certain states, medical personnel are required to report injuries caused by criminal conduct. If a patient has suffered an injury in addition to the rape, the injury will generally have to be reported. Again, the question which arises in these states is

whether a rape must be reported when the patient has suffered no injury other than the rape itself.

- Statutes that require the reporting of injuries caused by criminal conduct
 - Arizona, A.R.S. § 13-3806 (Material injuries resulting from illegal or unlawful acts)
 - California, Cal Pen Code § 11160 (Injuries that are the result of assaultive or abusive conduct)
 - Colorado, C.R.S. 12-36-135
 - Hawaii, HRS § 453-14 (Any injury that would seriously maim, produce death, or has rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual manner)
 - Idaho, Idaho Code § 39-1390
 - Illinois - 20 ILCS 2630/3.2
 - Iowa, Iowa Code § 147.111
 - Massachusetts ALM GL ch. 112, § 12A1/2 (Rape or sexual assault must be reported but may not identify the victim)
 - Nebraska, Neb. Rev. ST. 28-902 (Wounds or injuries of violence)
 - New Hampshire, RSA § 631:6
 - North Carolina, N.C. Gen. Stat. § 90-21.20
 - North Dakota, N.D. Cent. Code, § 43-17-41
 - Ohio, ORC Ann. 2921.22; ORC Ann. 2921.22 (Domestic violence is an exception; normally felonies and any serious physical harm resulting from an offense of violence must be reported.)
 - Pennsylvania - 18 Pa.C.S. § 5106 (Exception for domestic violence cases)
 - Tennessee, Tenn. Code Ann. § 38-1-101 (Injuries caused by violence)
 - Utah, Utah Code Ann. 26-23a-1
 - West Virginia, W. Va. Code § 61-2-27
 - Wisconsin, Wis. Stat. 146.995

LAWS RELATING TO OTHER CRIMES OR INJURIES WHICH MAY IMPACT RAPE VICTIMS

Some states require certain types of injuries to be reported by medical personnel to law enforcement. If a rape victim presents with any of these injuries, medical

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personnel will be required to report the injury to law enforcement. These injuries include injuries caused by firearms, stab wounds or non-accidental wounds caused by a knife or sharp pointed instrument, injuries caused with a deadly weapon and burns, among others.

- Injuries caused by firearms
 - Alaska, Alaska Stat. § 08.64.369
 - Arizona, A.R.S. § 13-3806
 - Arkansas, A.C.A. § 12-12-602
 - California, Cal Pen Code § 11160
 - Colorado, C.R.S. 12-36-135
 - Connecticut, Conn. Gen. Stat. § 19a-490f
 - Delaware, 24 Del. C. § 1762
 - District of Columbia, D.C. Code § 7-2601
 - Florida, Fla. Stat. § 790.24
 - Hawaii, HRS § 453-14
 - Idaho, Idaho Code § 39-1390
 - Iowa, Iowa Code § 147.111
 - Illinois, 20 ILCS 2630/3.2
 - Indiana, Ind. Code Ann. § 35-47-7-1
 - Kansas, KS § 21-4213
 - Louisiana, La. R.S. § 14:403.5
 - Maine, 17 AMRS § 512
 - Maryland, Md. Code Ann. § 20-703
 - Massachusetts, ALM GL ch. 112, § 12A.
 - Michigan, MCLS § 750.411
 - Minnesota, Minn. Stat. § 626.52
 - Mississippi, MS § 45-9-31
 - Missouri, § 578.350 R.S. Mo.
 - Montana, MCA § 37-2-30
 - Nevada, NRS § 629.041
 - New Hampshire, RSA § 631:6
 - New Jersey, N.J. Stat. § 2C:58-8
 - New York, NY CLS Penal § 265.25

- North Carolina, N.C. Gen. Stat. § 90-21.20
 - North Dakota, N.D. Cent. Code, § 43-17-41
 - New Hampshire, RSA § 631:6
 - Ohio, ORC Ann. 2921.22 (Exception for domestic violence cases)
 - Oregon, ORS § 146.750
 - Pennsylvania, 18 Pa.C.S. § 5106 (Exception for domestic violence cases)
 - Rhode Island, R.I. Gen. Laws § 11-47-48
 - South Carolina, S.C. Code Ann. § 16-3-1072
 - South Dakota, S.D. Codified Law § 21-13-10
 - Tennessee, Tenn. Code Ann. § 38-1-101
 - Texas, Tex. Health & Safety Code § 161.041
 - Utah, Utah Code § 26-23a-2
 - Vermont, 13 V.S.A. § 4012
 - Virginia, Va. Code Ann. § 54.1-2967.
 - West Virginia, W. Va. Code § 61-2-27
 - Wisconsin, Wis. Stat. §146.995
- Stab wounds or non-accidental wounds caused by a knife or sharp pointed instrument
 - Alaska, Alaska Stat. § 08.64.369
 - Arizona, A.R.S. § 13-3806
 - Arkansas, A.C.A. § 12-12-602
 - Colorado, C.R.S. 12-36-135
 - Delaware, 24 Del. C. § 1762
 - Hawaii, HRS § 453-14
 - Indiana, Ind. Code Ann. § 35-47-7-1
 - Iowa, Iowa Code § 147.111
 - Kansas, KS § 21-4213
 - Massachusetts, ALM GL ch. 112, § 12A.
 - Michigan, MCLS § 750.411
 - Mississippi, MS § 45-9-31
 - Montana, MCA § 37-2-302
 - Nevada, NRS § 629.041
 - New Jersey, N.J. Stat. § 2C:58-8
 - New York, NY CLS Penal § 265.25
 - North Carolina, N.C. Gen. Stat. § 90-21.20

- North Dakota, N.D. Cent. Code, § 43-17-41
 - Ohio, ORC Ann. 2921.22 (Exception for domestic violence cases)
 - Oregon, ORS § 146.750
 - South Dakota, S.D. Codified Laws § 23-13-10
 - Tennessee, Tenn. Code Ann. § 38-1-101
 - Utah Code Ann. 26-23a-1
 - Virginia, Va. Code Ann. § 54.1-2967.
 - West Virginia, W. Va. Code § 61-2-27
- Injuries caused by a weapon
 - District of Columbia, D.C. Code § 7-2601 (dangerous weapon)
 - Michigan, MCLS § 750.411 (deadly weapon)
 - Minnesota, Minn. Stat. § 626.52 (dangerous weapon)
 - New Jersey, N.J. Stat. § 2C:58-8
 - Utah Code Ann. 26-23a-1 (deadly weapon)
- Burn injuries
 - Alaska, Alaska Stat. § 08.64.369
 - Delaware, 24 Del. C. § 1762
 - Indiana, Ind. Code Ann. § 35-47-3
 - Louisiana, La. R.S. § 14:403.4
 - Massachusetts, ALM GL ch. 112, § 12A
 - Minnesota, Minn. Stat. 626.52
 - Nevada, NRS § 629.045
 - New Jersey, N.J. Stat. § 2C:58-8
 - New York, NY CLS Penal § 265.26
 - Ohio, ORC Ann. 2921.22
 - Wisconsin, Wis. Stat. §146.995
- Suspicious wounds
 - Minnesota, Minn. Stat. 626.52

STATUTES ADDRESSING PAYMENT FOR FORENSIC SEXUAL ASSAULT EXAMINATIONS

The laws listed below relate to payment for forensic sexual assault examinations. Significantly, this summary only applies to forensic evidence collection; victims cannot be denied medical treatment. The Violence Against Women Act precludes states from receiving STOP funding⁴ unless the state or unit of local government incurs the full out-of-pocket costs of forensic medical examinations for victims of sexual assault. (28 C.F.R. § 90.14.) However, many states have enacted statutes that impose requirements in order for the cost of the examination to be covered. For example, a number of states have statutes that require that sexual assault be reported to law enforcement before a victim may receive a forensic sexual assault examination without cost to the victim. Some have additional requirements such as time limits for the performance of the examination or cooperation with law enforcement. VAWA III⁵ calls the practice of requiring victims to report to law enforcement into question. It states: “Nothing in this section shall be construed to permit a State, Indian tribal government, or territorial government to require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with

⁴ The Stop (Services - Training - Officers - Prosecutors) Violence Against Women Formula Grant Program.

⁵ H.R. 3402.

a forensic medical exam, reimbursement for charges incurred on account of such an exam, or both.”⁶ These statutes will generally only affect rape reporting requirements when payment for the examination is at issue.

- Alabama, Ala. Admin. Code 262-X-11-.01
 - Payment for the forensic examination shall be made regardless of whether the victim pursues prosecution.
- Alaska, Alaska Stat. § 18.68.040
 - Victims may not be required to pay for examinations.
- Arkansas, A.C.A. § 12-12-403
 - Victims do not have to pay for forensic examination if the rape is reported to law enforcement and the examination is done within 72 hours.
- Arizona, A.R.S. § 13-1414
 - Examination is paid for by the county where it is necessary to secure evidence that a person has been sexually assaulted.
- Colorado, CRS § 18-3-407.5
 - Examination is paid for by referring law enforcement agency.
- Connecticut, Conn. Gen. Stat. § 19a-112a
 - Examination is paid for when the purpose is evidence collection.
- Delaware, 11 Del. C. 9019
 - Examination is paid for when the purpose is evidence collection.
- District of Columbia, D.C. Code § 4-506
 - Victim may receive compensation for a sexual assault examination.
- Florida, F.S.A. S 960.28
 - Examination is paid for when reported to law enforcement.
- Georgia, O.C.G.A. § 16-6-1
 - Examination is paid for when the purpose is evidence collection.
- Hawaii, HRS 351-15
 - Fees are paid for from funds appropriated for the examination.
- Idaho, Idaho Code § 19-5303 and § 72-1019
 - Examination is paid for when the purpose is evidence collection.

⁶ H.R. 3402, sec. 101(f). This language will be added to 42 U.S.C. 3796gg-4.

- Indiana, Burns Ind. Code Ann. § 5-2-6.1-39 and § 16-21-8-5
 - Victim must report within 96 hours and must cooperate to the fullest extent possible to solve the crime.
- Iowa, 915.41
 - Examination is paid for when the purpose is evidence collection.
- Kansas, KS § 65-448
 - Examination is paid for when done at the request of a law enforcement officer.
- Kentucky, KRS § 216B.400
 - Examination is paid for when the purpose is evidence collection.
- Maine, Code Me. R. 26-550 Ch. 8, § 1
 - Victims' Compensation fund will pay for examinations.
- Maryland, MD ADC 07.06.07.05
 - Examinations will be paid for when they conform to standards adopted by the state or meet the evidentiary requirements of the local prosecutor.
- Minnesota, Minn. Stat. § 609.35
 - Costs of a sexual assault forensic examination shall be paid by the county when the purpose is to gather evidence.
- Mississippi, MS Code § 99-37-25
 - The Division of Victim Compensation will only pay for the examination when the victim cooperates with law enforcement.
- Missouri, MS § 191.225
 - The department of health and senior services shall pay for the examination when a report is made with the prosecuting attorney.
- Montana, Mont. Code § 46-15-411
 - Examination is paid for when directed by law enforcement or for the purpose of investigation, prosecution or resolution of an offense. Office of restorative justice shall pay for medical examinations that are not the responsibility of local law enforcement.
- Nebraska, RRS Neb. 13-607
 - Examination is paid for by referring law enforcement agency.
- Nevada, NRS § 217.310 and NRS § 449.244
 - Filing of report is a prerequisite to having county pay for medical or psychological treatment.
- New Hampshire, RSA § 21-M:8-c
 - Examination must be done to gather evidence of a crime.

- New Jersey, N.J. Stat. § 52:4B-59
 - There is a Statewide Sexual Assault Nurse Examiner Program Fund.
- New Mexico, N.M. Stat. Ann. § 29-11-7
 - Victims are entitled to free examinations.
- New York, NY CLS Exec § 631
 - Examinations will be paid for when the sexual assault is reported within a reasonable time.
- North Carolina, N.C. Gen. Stat. § 143B-480.2
 - Victims must report to law enforcement within 5 days and examination must be performed within 5 days.
- North Dakota, N.D. Cent. Code, § 54-23.4-06
 - Victims may only receive crime victim's compensation if they report the sexual assault within 72 hours, unless there is good cause shown.
- Ohio, ORC Ann. § 2907.28
 - Examination is paid for when the purpose is a possible prosecution.
- Oklahoma, 21 OK St. § 142.20
 - Victim can be reimbursed for the costs of the examination with approval by the district attorney or an assistant district attorney.
- Oregon, OR Admin. R. 137-084-0010
 - Examination must be completed within 168 hours and use of the Oregon State Police SAFE kit must have been authorized by law enforcement.
- Pennsylvania, 18 P.S. § 11.707.
 - Hospital or medical provider may submit a claim to Office of Victim Services if insurance does not pay for examination or victim requests that insurance not be billed.
- Rhode Island, R.I. Gen. Laws § 23-17-26
 - Medical provider must provide examination without discrimination as to source of payment.
- South Carolina, S.C. Code Ann. § 16-3-1350
 - Examination is paid for when reported to law enforcement.
- South Dakota, S.D. Codified Laws § 22-22-26
 - The forensic examination will be provided without cost if the sexual assault is reported to the state.
- Texas, Tex. Code Crim. Proc. art. 56.08
 - Examination is paid for by referring law enforcement agency but must be reported within 96 hours.

- Utah, Utah Code § 63-25a-411
 - Examinations must document criminally injurious conduct.
- Vermont, 32 V.S.A. § 1407
 - The state shall pay for the examination.
- Virginia, Va. Code Ann. § 19.2-165.1
 - All medical fees involved in the gathering of evidence where medical evidence is necessary to establish a crime has occurred shall be paid by the Commonwealth.
- West Virginia, W. Va. C.S.R. § 168-1-3 and W. Va. Code § 61-8B-16
 - Investigating officer and prosecuting attorney must approve the examination, which must be conducted within a reasonable time period.
- Wisconsin, Wis. Stat. § 949.08
 - Crime victim's compensation will only pay if victim reports within five days and cooperates with law enforcement.
- Wyoming, Wyo. Stat. § 6-2-309
 - Examination is paid for when reported to law enforcement.

NOTE:

The state statutes which follow are grouped as follows:

- Statutes that mandate rape reporting
- Statutes addressing payment for examinations
- Reporting statutes that may impact rape victims
 - Includes laws which mandate the reporting of injuries that may include rape (Category 2, supra)
 - Includes additional reporting statutes (Category 3, supra)

ISSUES THAT MAY BE ENCOUNTERED WHEN INTERPRETING RAPE REPORTING LAWS

1. What are the state's reporting laws?
 - With respect to rape and other sex crimes?
 - With respect to other non-sex crimes?
 - Does the law change if the crime also constitutes domestic violence?
2. Who is the medical treatment provider? The statutes listed generally described the duty of various medical personnel to report. In certain states, if a victim goes to a community based sexual assault nurse examiner program as opposed to a hospital, the provider may not be required to report the rape or other injury.
3. Has the patient suffered an injury in addition to the rape itself? Does this change the reporting requirements?
4. Who is required to report and to whom are they required to report?
5. What information does the report have to contain? What is the procedure for reporting? What is the format of the report?
6. Who is paying for the examination? What happens in states where the examination will only be paid for if the victim reports the examination to law enforcement? What are the state's laws with respect to the denial of medical treatment to a patient if the patient chooses only to receive medical treatment and not a forensic examination?
7. What is the penalty for failure to report? States have different penalties for the failure of medical personnel to comply with reporting laws. In some states, the consequences may be criminal, while in other states, the consequences are civil.
8. If an examination is done and no report is made to law enforcement, what happens to the evidence collected?

Awards and Decorations

Army Awards and Decorations

As do the other U.S. Military Services, the Army uses military awards and decorations (medals and ribbons) to foster mission accomplishment by recognizing excellence of military members of the force and motivating them to high levels of performance and service.

A medal will not be awarded or presented to any individual whose entire service subsequent to the time of the distinguished act, achievement, or service has not been honorable. The determination of "honorable" will be based on such honest and faithful service according the standards of conduct, courage, and duty required by law and customs of the service of a member of the grade to whom the standard is applied.

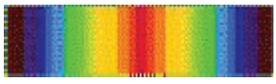
Army awards and decorations are approved accordance to the guidance contained in [Army Regulation 600-8-22](#), *Military Awards*.

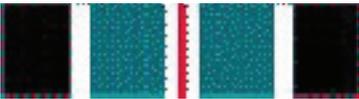
Rules for the proper wear of Army awards and decorations can be found in [Army Regulation 670-1](#), *Wear and Appearance of Army Uniforms*.

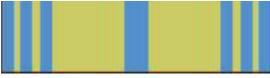
The below decorations are shown in order of precedence.

Click on the below decorations for a detailed description and basic award criteria:

	
MEDAL OF HONOR	DISTINGUISHED SERVICE CROSS
	
DISTINGUISHED SERVICE MEDAL	SILVER STAR
	
LEGION OF MERIT	DISTINGUISHED FLYING CROSS
	
SOLDIER'S MEDAL	BRONZE STAR MEDAL
	
PURPLE HEART	MERITORIOUS SERVICE MEDAL

	
<u>AIR MEDAL</u>	<u>ARMY COMMENDATION MEDAL</u>
	
<u>ARMY ACHIEVEMENT MEDAL</u>	<u>PRISONER OF WAR MEDAL</u>
	
<u>GOOD CONDUCT MEDAL</u>	<u>RESERVE COMPONENTS ACHIEVEMENT MEDAL</u>
	
<u>CIVIL WAR CAMPAIGN MEDAL</u>	<u>INDIAN CAMPAIGN MEDAL</u>
	
<u>SPANISH CAMPAIGN MEDAL</u>	<u>SPANISH WAR SERVICE MEDAL</u>
	
<u>CUBAN OCCUPATION MEDAL</u>	<u>PUERTO RICAN OCCUPATION MEDAL</u>
	
<u>PHILIPPINE CAMPAIGN MEDAL</u>	<u>PHILIPPINE CONGRESSIONAL MEDAL</u>
	
<u>CHINA CAMPAIGN MEDAL</u>	<u>CUBAN PACIFICATION MEDAL</u>
	
<u>MEXICAN SERVICE MEDAL</u>	<u>MEXICAN BORDER SERVICE MEDAL</u>
	
<u>WORLD WAR I VICTORY MEDAL</u>	<u>OCCUPATION OF GERMANY WWI</u>

	
<u>AMERICAN DEFENSE MEDAL</u>	<u>WOMEN'S ARMY CORPS MEDAL</u>
	
<u>AMERICAN CAMPAIGN MEDAL</u>	<u>ASIATIC-PACIFIC CAMPAIGN MEDAL</u>
	
<u>EUROPEAN-AFRICAN-MIDDLE EASTERN MEDAL</u>	<u>WORLD WAR II VICTORY MEDAL</u>
	
<u>ARMY OF OCCUPATION MEDAL</u>	<u>MEDAL FOR HUMANE ACTION</u>
	
<u>NATIONAL DEFENSE SERVICE MEDAL</u>	<u>KOREAN SERVICE MEDAL</u>
	
<u>ANTARCTICA SERVICE MEDAL</u>	<u>ARMED FORCES EXPEDITIONARY MEDAL</u>
	
<u>VIETNAM SERVICE MEDAL</u>	<u>SOUTHWEST ASIA SERVICE MEDAL</u>
	
<u>KOSOVO CAMPAIGN MEDAL</u>	<u>AFGHANISTAN CAMPAIGN MEDAL</u>
	
<u>IRAQ CAMPAIGN MEDAL</u>	<u>GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL</u>
	
<u>GLOBAL WAR ON TERRORISM SERVICE MEDAL</u>	<u>KOREA DEFENSE SERVICE MEDAL</u>
	
<u>ARMED FORCES SERVICE MEDAL</u>	<u>HUMANITARIAN SERVICE MEDAL</u>

	
<u>MILITARY OUTSTANDING VOLUNTEER SERVICE MEDAL</u>	<u>ARMED FORCES RESERVE MEDAL</u>
	
<u>NCO PROFESSIONAL DEVELOPMENT RIBBON</u>	<u>ARMY SERVICE RIBBON</u>
	
<u>OVERSEAS SERVICE RIBBON</u>	<u>RESERVE COMPONENTS OVERSEAS TRAINING RIBBON</u>
	
<u>CROIX DE GUERRE FRANCE</u>	<u>CROIX DE GUERRE BELGIUM</u>
(VARIOUS DESIGNS) UN PEACEKEEPING MEDALS	
	<u>NATO MEDAL:</u>
	
<u>VIETNAM GALLANTRY CROSS</u>	<u>REPUBLIC OF VIETNAM CAMPAIGN MEDAL</u>
	
<u>KUWAIT LIBERATION MEDAL (PRESENTED BY SAUDI ARABIA)</u>	<u>KUWAIT LIBERATION MEDAL (PRESENTED BY KUWAIT)</u>
UNIT AWARDS	
	
<u>ARMY PRESIDENTIAL UNIT CITATION</u>	<u>JOINT MERITORIOUS UNIT AWARD</u>
	
<u>ARMY VALORIOUS UNIT AWARD</u>	<u>ARMY MERITORIOUS UNIT AWARD</u>
	

<p><u>ARMY SUPERIOR UNIT AWARD</u></p>	<p><u>PHILIPPINE PRESIDENTIAL UNIT CITATION</u></p>
 <p><u>REPUBLIC OF KOREA PRESIDENTIAL UNIT CITATION</u></p>	 <p><u>REPUBLIC OF VIETNAM PRESIDENTIAL UNIT CITATION</u></p>
 <p><u>VIETNAM GALLANTRY CROSS UNIT CITATION</u></p>	 <p><u>VIETNAM CIVIL ACTIONS UNIT CITATION</u></p>

Air Force Ribbons & Medals

The medals and ribbons shown below are in correct order of precedence and only include the ribbons most likely to be worn by members of today's Air Force. For information regarding awards and decorations not listed, refer to [Air Force Instruction 36-2903](#), [Air Force Instruction 36-2803](#), and [Department of Defense Manual 1348.33-M](#).

Click on Picture for Detailed Information



Medal of Honor



Air Force Cross



Defense Distinguished Service Medal



Distinguished Service Medal



Silver Star



Defense Superior Service Medal



Legion of Merit



Distinguished Flying Cross



Airman's Medal



Bronze Star



Purple Heart



Defense Meritorious Service Medal



Meritorious Service Medal



Air Medal



Aerial Achievement Medal



Joint Service Commendation Medal



Air Force Commendation Medal



Joint Service Achievement Medal



Air Force Achievement Medal



Presidential Unit Citation



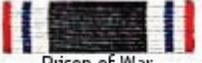
Joint Meritorious Service Award



Air Force Outstanding Unit Award



Air Force Organizational Excellence Award



Prison of War Medal



Combat Readiness Medal



Air Force Good Conduct Medal



Good Conduct Medal



Air Reserve Forces Meritorious Service Medal



Outstanding Airman of the Year



Air Force Recognition Ribbon



American Defense Service Medal



American Campaign Medal



Asian-Pacific Campaign Medal



Euro-African-Middle Eastern Campaign



World War II Victory Medal



Army of Occupation Medal



Medal for Humane Action



National Defense Service Medal



Korea Service Medal



Antarctica Service Medal



Armed Forces Expeditionary Medal



Vietnam Service Medal



Southwest Asia Service Medal



Kosovo Campaign Medal



Armed Forces Service Medal



Humanitarian Service Medal



Military Outstanding Volunteer Service Medal



Air Force Overseas Ribbon Short



Air Force Overseas Ribbon Long



Air Force Longevity Service Award Ribbon



USAF Basic Military Training Instructor Ribbon



Air Force Recruiter Ribbon



Armed Forces Reserve Medal



NCO PME Graduate Ribbon



Basic Military Training Honor Graduate Ribbon



Small Arms Expert Marksmanship Ribbon



Air Force Training Ribbon



Philippine Defense Ribbon



Philippine Liberation Ribbon



Philippine Independence Ribbon



Philippine Presidential Unit Citation



Republic of Korea Presidential Unit Citation



RVN Gallantry Cross with Palm



United Nations Service Medal



United Nations Medal



NATO Medal for Yugoslavia



NATO Medal for Kosovo



Republic of Vietnam Campaign Medal



Kuwait Liberation Medal Kingdom of Saudi Arabia



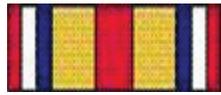
Kuwait Liberation Medal Government of Kuwait

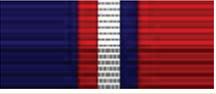


Republic of Korea War Service Medal

Navy & Marine Corps Awards and Decorations

		
Medal of Honor	Navy Cross	Defense Distinguished Service Medal
		
Distinguished Service Medal	Silver Star	Defense Superior Service Medal
		
Legion of Merit	Distinguished Flying Cross	Navy and Marine Corps Medal
		
Bronze Star	Purple Heart	Defense Meritorious Service Medal
		
Meritorious Service Medal	Air Medal	Joint Services Commendation Medal
		
Navy and Marine Corps Commendation Medal	Joint Services Achievement Medal	Navy and Marine Corps Achievement Medal
		
Combat Action Ribbon	Presidential Unit Citation	Joint Meritorious Unit Award
		
Navy Unit Commendation	Meritorious Unit Commendation	Navy "E" Ribbon

Award	Award	
		
Prisoner of War Medal	Navy and Marine Corps Good Conduct Medal	Naval Reserve Meritorious Service Medal
		
Selected Marine Corps Reserve Medal	Fleet Marine Force Ribbon	Navy and Marine Corps Expeditionary Medal
		
American Defense Service Medal	American Campaign Service Medal	European - African - Middle Eastern Campaign Medal
		
Asian - Pacific Campaign Medal	World War II Victory Medal	Navy Occupation Service Medal
		
Medal for Humane Action	National Defense Service Medal	Korean Service Medal
		
Antarctica Service Medal	Armed Forces Expeditionary Medal	Vietnam Service Medal
		
Southwest Asia Service Medal	Armed Forces Service Medal	Humanitarian Service Medal
		
Military Outstanding Volunteer Service	Sea Service Deployment Ribbon	Navy Arctic Service Ribbon

Medal		
		
Naval Reserve Sea Service Ribbon	Navy and Marine Corps Overseas Service Ribbon	Navy/Marine Corps Recruiting Service Ribbon
		
Marine Corps Drill Instructor Ribbon	Marine Security Guard Ribbon	Navy Recruit Service Training Ribbon
		
Kosovo Campaign Medal	Armed Forces Reserve Medal	Naval Reserve Medal
		
Philippine Presidential Unit Citation	Republic of Korea Presidential Unit Citation	Republic of Vietnam Gallantry Cross Unit Citation
		
Philippine Defense Medal	Philippine Liberation Medal	Philippine Independence Medal
		
United Nations Service Medal	United Nations Medal	Republic of Vietnam Campaign Medal
		
Kuwait Liberation Medal (Kingdom of Saudi Arabia)	Kuwait Liberation Medal (Kuwait)	Expert Rifleman Medal
		
Expert Pistol Medal		

Rank

Note: In the Army, there are two types of E-4s: corporals and specialists. While both receive the same pay, a corporal is a noncommissioned officer and a specialist is not. An E-4 is normally designated an NCO (corporal) if they are a team or section leader. Corporals are more common amongst the Combat Arms, but many Combat Support MOS's (jobs) may have them. In the Army, promotion to E-4 comes automatically (with commander's recommendation) at 26 months Time-in-Service. That means that most people that enlist for 3-5 years would spend an awful long time as a PFC. That's not much to look forward to, besides, most people are not ready for NCO responsibility with just a couple of years in service. Hence, the Specialist rank. It's actually a throw back from the not so distant past. Up until the mid 80's the ranks were divided into 2 separate structures. E1-3's were the Private ranks. There were the Specialist ranks (Specialist 4 through Specialist 7). These were soldiers that were specialists in their field (hence the name). They were not NCO's and didn't have NCO authority. There were the NCO ranks (Corporal through Sergeant First Class). These are the leaders.

In the Army and Marine Corps, First Sergeant is a rank (E-8), and special duty position held by the top E-8 enlisted person in the unit. In the Air Force, first sergeant is a special duty position which can be held by those in the rank of E-7, E-8, or E-9 (The authorized rank of an Air Force First Sergeant is dependent upon the size of the unit. The more enlisted personnel assigned, the higher the rank of a first sergeant that unit is authorized)

Enlisted

	Army	Navy/Coast Guard	Air Force	Marine Corps
E-1	No insignia		No insignia	No insignia
	Private (PV1)	Seaman Recruit (SR)	Airman Basic (AB)	Private (PVT)
E-2				
	Private (PV2)	Seaman Apprentice (SA)	Airman (Amn)	Private First Class (PFC)
E-3				
	Private First Class	Seaman (SN)	Airman First Class (A1C)	Lance Corporal (LCpl)

	(PFC)			
E-4				
	Corporal (CPL)	Petty Officer Third Class (PO3)	Senior Airman (SrA)	Corporal (Cpl)
	Specialist (SPC)			
E-5				
	Sergeant (SGT)	Petty Officer Second Class (PO2)	Staff Sergeant (SSgt)	Sergeant (Sgt)

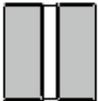
E-6				
	Staff Sergeant (SSG)	Petty Officer First Class (PO1)	Technical Sergeant (TSgt)	Staff Sergeant (SSgt)
E-7				
	Sergeant First Class (SFC)	Chief Petty Officer (CPO)	Master Sergeant	Gunnery Sergeant (GySgt)
				
	(Collar & Cap)	First Sergeant (Master Sergeant)		

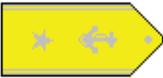
E-8				
	Master Sergeant (MSG)	Senior Chief Petty Officer (SCPO)	Senior Master Sergeant (SMSgt)	Master Sergeant (MSgt)
E-8				
	First Sergeant (1SG)	(Collar & Cap)	First Sergeant (Senior Master Sergeant)	First Sergeant (1stSgt)
E-9				
	Sergeant Major (SGM)	Master Chief Petty Officer (MCPO)	Chief Master Sergeant	Master Gunnery Sergeant (MGySgt)

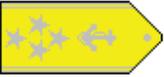
		(CMSgt)	
			
	Command Sergeant Major (CSM)	(Collar & Cap)	First Sergeant (Chief Master Sergeant)
			Sergeant Major (SgtMaj)
		Command Chief Master Sergeant	
Sp Pay Gd			
	Sgt. Major of the Army (SMA)	Master Chief Petty Officer of the Navy (MCPON)	Chief Master Sergeant of the Air Force
			Sgt. Major of the Marine Corps (SgtMajMC)

			(CMAF)	
		(Collar & Cap)		

Commissioned Officer Rank

	Army/Air Force/Marines	Navy/ Coast Guard
O-1		
	Second Lieutenant (Army - 2LT) (Air Force - 2d Lt) (USMC - 2dLt)	Ensign (ENS)
O-2		
	First Lieutenant (Army - 1LT) (Air Force - 1st Lt) (USMC - 1Lt)	Lieutenant Junior Grade (LTJG)
O-3		
	Captain (Army - CPT) (Air Force - Capt) (USMC - Capt)	Lieutenant (LT)

<p>O-4</p>		
	<p>Major (Army - MAJ) (Air Force - Maj) (USMC - Maj)</p>	<p>Lieutenant Commander (LCDR)</p>
<p>O-5</p>		
	<p>Lieutenant Colonel (Army - LTC) (Air Force - Lt Col) (USMJ - LtCol)</p>	<p>Commander (CDR)</p>
<p>O-6</p>		
	<p>Colonel (Army - COL) (Air Force - Col) (USMC - Col)</p>	<p>Captain (CAPT)</p>
<p>O-7</p>		

	<p>Brigadier General (Army - BG) (Air Force - Brig Ben) (USMC - BGen)</p>	<p>Rear Admiral (lower half) (RDML)</p>
O-8		
	<p>Major General (Army - MG) (Air Force Maj Gen) (USMC - MGen)</p>	<p>Rear Admiral (upper half) (RADM)</p>
O-9		
	<p>Lieutenant General (Army LTG) (Air Force - Lt Gen) (USMC - LtGen)</p>	<p>Vice Admiral (VADM)</p>
O-10		
	<p>General (Army - GEN) (Air Force - Gen) (USMC - Gen)</p>	<p>Admiral (ADM)</p>
<p>Note: The Navy also uses Air Force/Army/Marine style rank on the collar.</p>		

Veterans Affairs (VA) Fact sheet on MST (Military Sexual Trauma)



VETERANS:

- DID YOU EXPERIENCE ANY UNWANTED SEXUAL ATTENTION, UNINVITED SEXUAL ADVANCES, OR FORCED SEX WHILE IN THE MILITARY?
- DOES THIS EXPERIENCE CONTINUE TO AFFECT YOUR LIFE TODAY?

Both women and men can experience sexual harassment or sexual assault during their military service. **VA refers to these experiences as military sexual trauma, or MST.** Like other types of trauma, MST can negatively impact a person's mental and physical health, even many years later. Some problems associated with MST include:

Disturbing memories or nightmares
Difficulty feeling safe
Feelings of depression or numbness
Problems with alcohol or other drugs
Feeling isolated from other people
Problems with anger or irritability
Problems with sleep
Physical health problems

THE DEPARTMENT OF VETERANS AFFAIRS (VA) HAS SPECIAL SERVICES AVAILABLE TO HELP MEN AND WOMEN WHO HAVE EXPERIENCED MILITARY SEXUAL TRAUMA (MST).

People can recover from trauma. To help veterans do this, VA provides **free, confidential counseling and treatment** for mental and physical health conditions related to experiences of MST. You do not need to be service connected and may be able to receive this benefit even if you are not eligible for other VA care. You do not need to have reported the incident(s) when they happened or have other documentation that they occurred.



This sheet produced by the VA Office of Mental Health Services MST Support Team



WHAT KIND OF SERVICES ARE AVAILABLE?

- Every VA facility has a designated MST Coordinator who serves as a contact person for MST-related issues. This person is your advocate and can help you find and access VA services and programs, state and federal benefits, and community resources.
- Every VA facility has providers knowledgeable about treatment for the aftereffects of MST. Many have specialized outpatient mental health services focusing on sexual trauma. Vet Centers also have specially trained sexual trauma counselors.
- Nationwide, there are programs that offer specialized sexual trauma treatment in residential or inpatient settings. These are programs for veterans who need more intense treatment and support.
- To accommodate veterans who do not feel comfortable in mixed-gender treatment settings, some facilities throughout VA have separate programs for men and women. All residential and inpatient MST programs have separate sleeping areas for men and women.
- Veterans should feel free to ask to meet with a provider of the same or opposite sex if it would make them feel more comfortable.

Service connection or disability compensation is not required to receive free treatment for conditions resulting from MST.

HOW CAN I GET HELP?

- Speak with your existing VA healthcare provider
- Contact the MST Coordinator at your local VA Medical Center
- Contact your local Vet Center
- Call 1-800-827-1000, VA's general information hotline

A list of VA and Vet Center facilities can be found online at www.va.gov and www.vetcenters.va.gov.



This sheet produced by the VA Office of Mental Health Services MST Support Team



SAAM 2008 Additional Resources – Sexual Assault Awareness Month 2008 Resource Guide – pages 11 and 13 only

The resources below provide additional information that can help you in planning your SAAM activities.

DoD

Sexual Assault Prevention and Response Office (SAPRO)

www.sapro.mil

The DoD SAPRO serves as the single point of accountability for sexual assault policy matters. Use the SAPRO website to find information on: reporting a sexual assault (Unrestricted/Restricted reporting options); DoD Sexual Assault Prevention and Response policy; resources; and links to related sites.

Department of Defense Victim Witness Assistance Program

www.defenselink.mil/vwac/dodprograms.html

This is the home page for victim and witness assistance information in the Department of Defense. Victims of crime and those assisting them may find the information about the military justice process useful.

Federal Agencies

National Crime Victims' Rights Week Resource Guide

<http://ovc.ncjrs.gov/ncvrw2008/welcome.html>

(Available through National Criminal Justice Reference Service) Crime Victims' Rights Week takes place from April 13-19, 2008.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

<http://www.cdc.gov/ncipc/factsheets/svprevention.htm>

This website provides links to resources and organizations that address risk and protective factors for sexual violence through prevention and education activities.

Office on Violence Against Women (OVW)

<http://www.usdoj.gov/ovw>

This office is responsible for the U.S. Department of Justice's legal and policy issues regarding violence against women. It also provides valuable information on grants that may be applicable to your education and training initiatives.

Office for Victims of Crime (OVC)

<http://www.ojp.usdoj.gov/ovc/>

This office in the U.S. Department of Justice administers programs to assist victims of crime, and provides grant funding to state victim assistance and compensation programs. Information on the following topics is available: financial support for conferences; scholarships; continuing education; and, national training calendars.

Disclaimer

Organizations found in this publication are provided solely as a service. Inclusion does not constitute an endorsement of these organizations or their programs by the Department of Defense or the Federal government, and none should be inferred. The Department of Defense is not responsible for the content of the individual organizations' web pages found at these links.

Military Service Sexual Assault Prevention and Response

The following military sites may contain some information that may help in your SAAM planning. In addition to basic contact information, some of the Services have added additional resources - including Service-specific policies, training information and prevention tips.

Army Sexual Assault Prevention and Response Program

<http://www.sexualassault.army.mil/>

Navy Sexual Assault Victim Intervention

<http://www.nffsp.org/skins/nffsp/home.aspx>

Click on the "Sexual Assault" link in the left column.

USMC Sexual Assault Prevention and Response Office (SAPRO)

<http://www.usmc-mccs.org/sapro/>

National Guard Bureau, SAPR

<http://www.ngb.army.mil/jointstaff/j1/sapr/default.aspx>

US Coast Guard, Health and Safety Directorate, Office of Work-Life, Rape and Sexual Assault

http://152.121.2.2/hq/g-w/g-wk/wkw/EAP/rape_sexual_assault.htm

Women Veteran's Health Program – Counseling and Treatment for Military Sexual Trauma

<http://www1.va.gov/wvhp/page.cfm?pg=20>

The Department of Veteran's website informs victims of available counseling and treatment programs for men and women who experienced sexual assault or harassment during their military service.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

<http://www.cdc.gov/ncipc/dvp/SV/default.htm>

This website provides links to resources and organizations that address risk and protective factors for sexual violence through prevention and education activities.

College Drinking: Changing the Culture, by the National Institute on Alcohol Abuse and Alcoholism (NIAAA)

<http://www.collegedrinkingprevention.gov/SupportingResearch/Journal/abbey.aspx>

This web page on the College Drinking: Changing the Culture website posts the article "Alcohol-Related Sexual Assault: A Common Problem among College Students" from Dr. Antonia Abbey, who specializes in college drinking behaviors and sexual assault research.

Federal Bureau of Investigation

<http://www.fbi.gov/hq/lab/fsc/backissu/april1999/lebeau.htm>

“Toxicological Investigations of Drug-Facilitated Sexual Assaults” is an article written by Marc LeBeau, a forensic toxicologist for the FBI. This is a detailed article on investigative challenges, including some great tips for criminal investigators working the crime.

National Criminal Justice Reference Service

<http://www.ncjrs.gov>

This site contains a section on rape and sexual assault with links to related publications.

National Institute on Alcohol Abuse and Alcoholism

<http://www.niaaa.nih.gov/>

This site contains many resources on alcohol, including the impact of alcohol on sexual assault. Browse the publications, or use the search feature to quickly pull up items on sexual assault.

<http://pubs.niaaa.nih.gov/publications/arh283/111-120.pdf>

The article “The Scope of the Problem” focuses on underage drinking and related risks. This article summarizes research on the epidemiology of youth drinking, including the consequences of youthful drinking, risk/protective factors/drinking trajectories, and information on special populations at particular risk for drinking-related problems.

Non-Profit Organizations

National Sexual Violence Resource Center (NSVRC)

www.nsvrc.org

The website contains National SAAM campaign packets and resources. Under the SAAM header, you can find out what activities other sexual assault coalitions are implementing and use the tools provided to help you emulate their events. Additionally, the website provides a listing of local state and territory sexual assault coalitions as well as a nationwide training calendar.

Pennsylvania Coalition Against Rape

www.pcar.org

The website contains a comprehensive collection of materials for use in sexual assault prevention and response.

Violence Against Women Network (VAWNET)

www.vawnet.org/SexualViolence

VAWNET is the National Online Resource Center on Violence Against Women. The website provides an accessible, comprehensive collection of articles, calendars, research documents, fact sheets and other resources on sexual violence, domestic violence and related issues.

California Coalition Against Sexual Assault: MyStrength Campaign

<http://www.mystrength.org>

The MyStrength Campaign in California was developed with Men Can Stop Rape to promote awareness to youth through positive messaging to men.

Men Can Stop Rape

<http://www.mencanstoprape.org>

Men Can Stop Rape is an organization that seeks to end violence against women through mobilizing male youth to play a positive role in prevention. Their website contains excellent resources for positive messaging to men about what they can do to stop rape. A related distributable flyer can be found at: http://www.mencanstoprape.org/usr_doc/Alcohol_Masculinity_and_Rape.pdf.

National District Attorney’s Association

http://www.ndaa.org/publications/apri/violence_against_women.html

This website contains a list of downloadable publications – including a monograph on prosecuting alcohol facilitated sexual assault, written by SAPRO’s Senior Policy Advisor, Teresa Scalzo, J.D.

Rape, Abuse and Incest National Network (RAINN)

<http://www.rainn.org/types-of-assault/sexual-assault/drug-facilitated-assault.html>

This web page by RAINN explains drug facilitated sexual assault, including alcohol’s effects on the victim and the perpetrator.

Sexual Assault Forensic Examiner Technical Assistance (SAFE TA)

<http://www.safeta.org/>

This site offers recommendations for first responders and medical personnel in the investigation of sexual assaults.

Academic Institutions

California State University at Berkeley University Health Services

<http://www.uhs.berkeley.edu/home/healthtopics/sexual%20assault/saalcohol.shtml>

This university website has information on alcohol and sexual assault. It also includes information on GHB, Ketamine and Rohypnol.

Yale University Rape and Sexual Violence Prevention (Student Organization)

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Department of Defense Instruction

Subject: Transitional Compensation for Abused Dependents

NUMBER 1342.24 May 23, 1995

Administrative Reissuance Incorporating Change 1, January 16,
1997

USD
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SUBJECT: Transitional Compensation for Abused Dependents

References: (a) Assistant Secretary of Defense (Force Management Policy)
Memorandum, "Implementation of Transitional
Compensation for Abused Dependents," January 24, 1995
(hereby canceled)

(b) Sections 801-940, 860(c), 1059, 1077, and 1408(h) of title 10, United States
Code

(c) Sections 1311(a)(1), 1311(b), and 1313 of title 38, United States Code

1. PURPOSE

This Instruction:

1.1. Supersedes reference (a).

1. 1.2. Implements policy, assigns responsibilities, and prescribes procedures
under 10 U.S.C. Sec. 1059 (reference (b)) for the payment of monthly transitional
compensation to dependents of members separated for dependent abuse.

2. 2. APPLICABILITY AND SCOPE

This Instruction applies to:

1. 2.1. The Office of the Secretary of Defense and the Military Departments
(including Coast Guard when it is operating as a Service in the Navy).

2. 2.2. Dependents of members of the Armed Forces who have been on active
duty for more than 30 days and who, *after November 29, 1993, are:*

1. 2.2.1. Separated from active duty under a court-martial sentence resulting
from a dependent-abuse *offense;*

2. 2.2.2. Administratively separated from active duty if the basis for separation includes a dependent-abuse *offense; or*
3. 2.2.3. *Sentenced to forfeiture of all pay and allowances by a court-martial which has convicted the member of a dependent-abuse offense.*
4. 3. DEFINITIONS

1. 3.1. Dependent-Abuse Offenses. A dependent-abuse offense is conduct by an individual while a member of the Armed Forces on active duty for a period of more than 30 days that involves abuse of the then-current spouse or a dependent child of the member and that is a criminal offense defined by 10 U.S.C. Secs. 801-940 (reference (b)) or other criminal code applicable to the jurisdiction where the act of abuse is committed. The term "involves abuse of the then-current spouse or a dependent child" means that the criminal offense is against the person of that spouse or a dependent child. Crimes that may qualify as "dependent-abuse offenses" are ones such as sexual assault, rape, sodomy, assault, battery, murder, and manslaughter. (This is not an exhaustive or exclusive listing of dependent-abuse offenses, but is provided for illustrative purposes only.)

□.3.2. Dependent Child. An unmarried child, including an adopted child or a stepchild, who was residing with the member at the time of the dependent-abuse offense, and who is:

□.3.2.1. Under 18 years of age;

2. 3.2.2. Eighteen years of age or older and is incapable of self-support because of a mental or physical incapacity that existed before the age of 18 and who is (or, when a punitive or other adverse action was carried out on the member, was) dependent on the member for over one-half of the child's support; or

□.3.2.3. Eighteen years of age or older, but less than 23 years of age, is enrolled in a full-time course of study in an institution of higher learning approved by the Secretary of Defense and who is (or, when a punitive or other adverse action was carried out on the member, was) dependent on the member for over one-half of the child's support.

□.3.3. Member. The term "member" includes "former member," where appropriate.

3. 3.4. Spouse. The term "spouse" means a dependent spouse and, where appropriate, includes "former spouse."

□.4. POLICY

□.It is DoD policy to make monthly payments of transitional compensation and provide other benefits described herein for dependents of members who are separated for dependent abuse.

4. 5. RESPONSIBILITIES

1. 5.1. The Assistant Secretary of Defense for Force Management Policy shall develop, publish, and maintain this Instruction and ensure compliance.

2. 5.2. The Secretaries of the Military Departments shall appoint

representatives to coordinate requests for transitional compensation, to approve requests, forward them to the Defense Finance and Accounting Service (DFAS), and notify DFAS of any action that affects payment of transitional compensation.

3. 5.3. The Under Secretary of Defense (Comptroller)/Chief Financial Officer shall ensure that DFAS shall process payment requests forwarded by Service representatives.

4. 6. PROCEDURES

6.1. Recipients of Payments. Payments shall be made to dependents described in paragraphs 2.2.1. or 2.2.2., above, as follows:

1. 6.1.1. If the member was married when the offense occurred, payment shall be made to that spouse.

6.1.2. If there is a spouse who is ineligible to receive payment because of remarriage (under paragraph 6.3.1., below), cohabitation (under paragraph 6.3.2., below), or active participation (under paragraph 6.3.3., below), payments shall be made to each dependent child of the member who does not reside in the household of the member or the spouse.

6.1.3. If there is no eligible spouse for reasons other than those in paragraphs

2. 6.3.1. through 6.3.3., below (for example, because the member had no dependent spouse or the spouse has died), payments shall be made to the dependent children of the member who do not reside in the household of the member.

1. 6.1.4. For paragraphs 6.1.2. and 6.1.3., above, status as a "dependent child" is determined as of the date on which the member is convicted of the offense or as of the date of the member's administrative separation, whichever is applicable.

2. 6.1.5. If a recipient is incapable of handling his or her own affairs, payments may be made only to a court-appointed guardian. For a dependent child under 18 years of age, payments may be made only to a court-appointed guardian or a natural parent (who is not a spouse of the member), if the natural parent legally has custody of the dependent child.

6.2. Payments

6.2.1. Commencement and Duration

1. 6.2.1.1. Payment shall commence on the date: the person acting under 10 U.S.C. Sec. 860(c) (reference (b)) approves the court-martial sentence that includes a dismissal, dishonorable discharge, or bad-conduct discharge; or the member's commander starts administrative separation action. The duration of payments shall be 36 months except, if, as of the starting date of payment, the

unserved portion of the member's obligated active duty service is less than 36 months, the duration of payment shall be the greater of the unserved portion or 12 months.

2. 6.2.1.2. No payment shall be made for any period before *November 30, 1993*.

3. 6.2.1.3. For enlisted members, the "obligated active duty service" shall be the time remaining on their terms of enlistment. For officers, the "obligated active duty service" shall be indefinite unless an officer has a date of separation established, then it shall be the time remaining until the date of separation.

6.2.2. Amount

6.2.2.1. Monthly payments to a spouse shall be at the rate in effect for the payment of dependency and indemnity compensation under 38 U.S.C. Sec. 1311(a)(1) (reference (c)). If the spouse has custody of a dependent child or children of the member, the amount of monthly compensation to the spouse shall be increased for each child by the amount in effect under 38 U.S.C. Sec. 1311(b) (reference (c)). If there is no eligible spouse, compensation paid to a dependent child or children under 6.1.2. or 6.1.3., above, shall be paid in equal shares at the rate in effect under 38 U.S.C. Sec. 1313 (reference (c)).

6.2.2.2. Payments shall be prorated for months when payments start or stop in the middle of a month.

6.2.2.2.1. When paying children, if the payment amount does not divide evenly, the youngest child shall receive the odd cent.

6.2.2.2.2. If recipient dies, arrears of pay shall not be paid.

6.2.3. Cessation of Payments

6.2.3.1. Any payment of transitional compensation that has started under paragraph 6.2.1., above, shall stop effective as of the first day of the first month following the month in which the Secretary concerned notifies a recipient in writing that payment of transitional compensation shall cease because of subparagraph 6.2.3.1.1. or 6.2.3.1.2., below.

1. 6.2.3.1.1. The member is sentenced by a court-martial to receive punishment that includes a dismissal, dishonorable discharge, or bad conduct discharge as a result of a conviction by a court-martial for a dependent-abuse offense and such punishment is remitted, set aside, or mitigated to a lesser

punishment that does not include any such punishment.

2. 6.2.3.1.2. The administrative separation of a member from active duty is proposed on a basis that includes a dependent-abuse offense and the proposed administrative separation is disapproved by competent authority under applicable regulations.

3. 6.2.3.2. The recipient shall not be required to repay amounts of transitional compensation received before the effective date of cessation determined under subparagraph 6.2.3.1., above (except as necessary to recoup any amount that was erroneous when paid).

6.3. Forfeiture Provisions

6.3.1. Remarriage. If a spouse receiving payments remarries, payments terminate as of the date of the remarriage. Payment shall not be renewed if such remarriage is terminated. If the payments to the spouse terminate due to remarriage and there is a dependent child not living in the same household as the spouse or member, payments shall be made to the dependent child, as in paragraph 6.1.2., above.

6.3.2. Cohabitation

1. 6.3.2.1. If the member resides in the same household as the spouse or dependent child to whom compensation is otherwise payable under this Instruction, payment shall terminate as of the date the member begins residing in such household.

2. 6.3.2.2. Once terminated under subsection 6.3.2.1., above, payment shall not be resumed.

3. 6.3.2.3. Compensation paid in accordance with this Instruction before the member resides in the household shall not be recouped.

4. 6.3.3. Active Participant. If the victim was a dependent child, and the spouse has been found by competent authority designated by the Secretary concerned to have been an active participant in the conduct constituting the criminal offense or to have actively aided or abetted the member in such conduct against that dependent child, the spouse, or dependent child living with the spouse shall not be paid transitional compensation.

5. 6.3.4. Annual Certification. The spouse must notify the DFAS within 30 days of the date of remarriage or the date the member begins residing in the same household as the spouse or dependent child. The spouse (or if applicable, the individual receiving payments under paragraph 6.1.5., above) shall annually certify to DFAS on a Certificate of Eligibility (COE) that he or she has not remarried and has not been cohabitating with the member. Dependent children (or if applicable, the individual receiving payments under paragraph 6.1.5., above) shall annually certify via the COE process that they are not cohabitating with the

member or ineligible spouse.

6. 6.4. Coordination of Benefits. A spouse may not receive payments under both sections 1059 and 1408(h) of 10 U.S.C. (reference (b)). If a spouse is otherwise eligible for both, the spouse must elect which to receive.

7. 6.5. Source of Funds. Transitional compensation must be paid from operations and maintenance funds.

6.6. Application Procedures. An individual must initiate a request through a Service-appointed representative. The Service representative shall coordinate the collection of information necessary to determine the validity of the claim, the recipient(s), and duration of payments using DD Form 2698, "Application for Transitional Compensation." The Service representative shall approve payment and forward the application to DFAS at the following address:

DFAS-DE/FRB
6760 East Irvington Place
Denver, CO 80279-6000

Facsimile numbers:

DSN: 926-4667

COMM: (303) 676-4667

The DFAS point of contact is DFAS-DE/FRBS, at DSN: 926-4514 or COMM: (303) 676-4514.

6.7. Commissary and Exchange Benefits

1. 6.7.1. Recipients are also entitled to use commissary and exchange stores while receiving their payments. They are allowed the same commissary and exchange privileges as a dependent of a member of the Armed Forces on active duty for a period of more than 30 days.

2. 6.7.2. If a recipient eligible or entitled to use the commissary and exchange stores under paragraph 6.7.1., above, is also eligible or entitled under another law, eligibility and entitlement shall be determined under the other law and not paragraph 6.7.1., above.

6.8. Medical Benefits

1. 6.8.1. *A dependent of a member who has been separated from a Uniformed Service due to a dependent-abuse offense may receive medical or dental care in*

facilities of the Uniformed Services or through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Receipt of the medical or dental care is subject to the limitations in paragraphs 6.8.2. and 6.8.3., below.

2. *6.8.2. Eligible dependents of a member who receives a dishonorable or bad-conduct discharge, is dismissed as a result of a court-martial, or is administratively separated from a Uniformed Service as a result of a dependent-abuse*

offense are entitled to medical or dental care for problems associated with the abuse. Entitlement to such care is limited to a period of one year following the member's separation from the Uniformed Service, and eligibility will be granted only upon request to the Secretary of the Military Department concerned. The determination of whether an offense involved abuse of a dependent shall be made by the Secretary of the Military Department concerned.

1. *6.8.3. Eligible dependents of a member who is retirement eligible, but who loses eligibility for retired pay because of dependent-abuse misconduct, may receive medical and dental care in accordance with section 1408(h) of 10 U.S.C. (reference (b)).*

2. **7. EFFECTIVE DATE:**

This Instruction is effective immediately.



F. Pang

Principal Deputy Under Secretary of Defense
For Personnel and Readiness

Leave No Military Spouse Behind Act

Leave No Military Spouse Behind Act



PETITION FOR CONGRESS :

To provide Legal Justice, Medical Services and Economic Equity for Military Spouses.

Congress



War Crimes On the Home Front

Kathleen M. Mills
555 Brookside Lane
Northfield, OH 44067

PLEASE
PLACE
STAMP
HERE

*“What we do in life,
Echoes in Eternity”*

Kathleen M. Mills
555 Brookside Lane
Northfield, OH 44067



Leave No Military Spouse Behind Act

DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is the pattern of coercive behavior that involves physical abuse or the threat of physical abuse. It also may include repeated psychosocial abuse, assault, progressive social isolation, deprivation, intimidation, or economic coercion.

IS THERE REALLY A PROBLEM WITH DOMESTIC VIOLENCE IN THE MILITARY ...?

The rate of spousal abuse in the U.S. Military is significantly higher than the national average, and the military routinely fails to punish service members convicted of even extreme cases of domestic violence.

THE MILITARY HAS A DOMESTIC violence problem—or, as the Army calls it, a “spousal aggression issue. This seems somewhat suspicious. The Defense Department doesn’t break down pre- and post-deployment figures, but the fact is that rates of domestic violence in the military have been high for years—two to five times higher than among civilians, depending on which study is consulted.

State Attorney General’s Office Verification That The Military Spouse Is A Victim of Crime

Dear Ms. Mills:

First, let me thank you for your long service to our nation as an Army Spouse. There are few better spokespersons for true personal sacrifice than our Army Spouses and Family Members, especially in this time of war -

I heard a Member of Congress say the other day, “The nation is not at war, but the military is...”; and bearing the brunt of the home front and the frequent deployments are our Army Families. Also, I regret your marriages is ending as it is; I hope you are doing well, personally.

I wish you the best for rapid resolution of this challenge.

Sincerely,

Tony Cucolo, Brigadier General, US Army



Kathleen Mills, MS Ed, is petitioning Congress to Leave No Military Spouse Behind. She, like so many other military spouses, with over 20 years of marriage, may find themselves not meeting the 20/20/20 rule—20 years of marriage with 20 years of overlapping military service within the 4militaryfamilies.Com, Mrs. Mills receives letters from Spouses that lose their life-time benefits at divorce by weeks.

Join Mrs. Mills Campaign to petition Congress, to realize the contribution made by the long-term military spouse. Now is the time to be heard as ONE VOICE.

Mrs. Mills can be reached at Kathy@kathleenmills.com

THE FACTS STATED

Fact: Less than 7% of Military members are Court Martial for Domestic Violence. Less than that in the Guard.

Fact: Commander Discretion plays a major role in determining the Court Martial. Guard Commanders are not schooled as Judges or Social workers. They are not equipped to determine Domestic Violence Issues.

Fact: To tie a Military Spouse Victim's Medical benefits to her husbands Court Martial, and service separation is unfair. A Court of Law/Victims of Crime Program are better suited to determine Domestic Violence.

Fact: Military/Guard Spouses live in a Civilian World. They seek Civilian Remedies for Domestic Violence. These Civilian Remedies should be valid and accepted by the DoD, when they seek out their long term Medical Benefits under the Former Spouse Protection Act.

Fact: The Military is recognizing and compensating Soldiers for Mental health War Casualties. The soldiers spouse who served and was discarded by her soldier due to his service related mental health issues is no less in need for on-going Medical Treatment. The spouse has become a Casualty of this War.

Fact: With 450,000 Guard troops having been deployed, and 60,000 divorces to date . Domestic Violence has become a huge factor.

Fact: As Congress attempts to help by amending the Federal Former Spouse Protection Act, they must be aware of the Long-term Guard spouse's need for Medical benefits in the event of Domestic Violence/ divorce.

AMENDMENTS NEEDED TO THE FORMER SPOUSE PROTECTION ACT

Necessary Amendments that must be made to protect Military/Guard Spouses in the event of Domestic Violence.

Spouse victims that have as qualifying verification should be allowed to divorce and still receive full benefits to include medical/dental.

Spouse victims may have as qualifying verification :

1. Civilian Court Final Order of Civil Protection due to Domestic Violence against the member.
2. Divorce Decree with accepted Grounds of Domestic violence.
3. Letter from State Attorney General's Office Victims of Crime Program.

Any one of the above verifying documents could be accepted in place of a service member's court marshal and removal from the military.

According to the Symposium on Domestic Violence, less than 7% of spouse abuse cases are adjudicated by Court Martial. Less than 1% are for the National Guard.

Change of Divorce Venue

In addition, the abused military spouse would have the one time option, as under Full Faith and Credit, to allow her to change her Divorce Venue to the Court of her Final Civil protection Order. This would be regardless if she were the Plaintiff or Defendant. Relocation to a home base is generally what happens.

A Domestic Relations Court that has issued a full Civil Protection Order is best suited it to ensure a safe Divorce.

Now of these requests would harm the Service Member. In fact they would protect the Military Service Member, as the member would not have to separate from the service, in order for the abused spouse to be afforded protection and long term health care.

I agree with Mrs. Mills, as indicated by my signature below.

I understand I am requesting congress to sign into being an Act to provide Medical/Economic/Legal Equity for the Military Spouse.

I understand my signature will go before Congress.

Name: _____
City: _____ State: _____ Zip: _____

Branch Individual Information Sheets:

a Sexual Assault Prevention and Response – Blue sheet Department of the Air Force

Prevalence of Sexual Assault

On average, 526 Americans per day reported being sexually assaulted in 2005.

-Calculation based on data from the Department of Justice's National Crime Victimization Survey, 2006

One in 33 men (3%) and one in six women (17%) reported experiencing an attempted or completed rape at some time in their lives.

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Over 70 percent of victims know their attacker.

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-DoD CY05 Annual Report to Congress – Sexual Assault in the Military Services

Out of 435 restricted reports, 108 victims-nearly one in four-later decided to participate in a criminal investigation.

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United States Department of Defense



Department of the Air Force

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SEXUAL ASSAULT PREVENTION & RESPONSE OFFICE
www.sapr.mil

All photos courtesy of the US Air Force

Sexual Assault Prevention and Response



Stand Up Against Sexual Assault...
Make a Difference.



SAPRO

Sexual Assault Prevention & Response Office

Sexual Assault Prevention and Response Program

The Department of Defense (DoD) remains committed to eliminating sexual assault from the ranks of the military. Sexual assault is a crime. It inflicts incalculable harm on victims and their families; it tears at the very fabric of civilian and military communities; and it destroys trust among individuals and faith in our institutions. DoD has made significant progress in combating sexual assault by introducing a comprehensive sexual assault prevention and response policy and implementing it across the Military Services.

Prevention through Education and Training

To combat sexual assault, the Department now requires all service members, both in the Active and Reserve Components, to receive annual awareness training. In FY 2005, the Military Services trained more than 1,000,000 active duty members alone. In addition, sexual assault awareness instruction has become a mandatory component of all initial entry training, professional military education programs, and pre-command courses. A clear definition of sexual assault and easily understood policy provisions have been created to provide service members understandable expectations of their role in preventing this crime: respecting one another; looking out for one's comrades; and refusing to tolerate sexist behavior.

Dedicated Support

Each Military Service now maintains a comprehensive victim support network on every major installation and vessel. Coordinating this effort are Sexual Assault Response Coordinators (SARCs). They serve as the single point of contact to coordinate sexual assault victim care and to track the services provided from initial report of a sexual assault through disposition and resolution of the victim's healthcare and support service needs. The policy

also stipulates that Victim Advocates (VAs) provide 24/7 direct response to victims. They are not counselors, therapists, or investigators. Instead, VAs help the victim navigate the system and understand options and resources available. Advocate services normally continue as long as needed.

In addition, commands will ensure that victims have access to necessary care and will have agreements in place with civilian providers for services that are unavailable at the military installation.

Reporting Options

Sexual Assault is the most underreported crime in our society and in the military. DoD prefers that sexual assault victims receive support and medical services as needed and offenders be held accountable for their crimes. However, DoD recognizes that some victims willingly forego medical and support services to avoid command or law enforcement involvement. The Department's first priority is for victims to be protected, treated with dignity and respect, and to receive the medical treatment, care and counseling that they deserve. Under DoD's Confidentiality Policy, military victims of sexual assault have a choice of two reporting options.

Unrestricted reporting is the preferred reporting option. This option enables victims to receive medical treatment, advocacy, and counseling in addition to notifying command authorities and initiating a criminal investigation.

Restricted reporting allows victims to receive medical treatment and support without triggering a criminal investigation. This affords victims additional time to weigh their options and seek guidance about whether or not to participate in a criminal investigation at a later time.

Victims must acknowledge their choice of an unrestricted or restricted report in writing on a Victim Reporting Preference Statement. The Preference Statement also lists the exceptions that apply to restricted reporting and how that reporting option may limit the ability of the Government to prosecute the offender. The installation SARC or VA will advise the victim of the reporting options available to him or her, explain the benefits and limitations of each choice, and document the reporting option the victim selects.

In Closing

These initiatives represent only the beginning of DoD's long-term effort to eliminate sexual assault from its ranks. This societal problem has no place in the Armed Forces and the Secretary of Defense has clearly stated his policy of zero tolerance. In the years to come, the Military Services will continue their efforts to vigorously institutionalize their sexual assault programs and work closely with the Department to refine DoD policies and to establish them as the benchmark for other organizations to follow.

For more information about DoD's Sexual Assault Prevention and Response Program and links to specific Military Service resources, visit www.sapr.mil.

Contact your SARC for information about your local sexual assault prevention and response program.



U.S. AIR FORCE

United States Department of Defense

Branch Individual Information Sheets:

b Sexual Assault Prevention and Response – Black sheet – Department of the Navy, United States Marines Corps

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United States Department of Defense



www.usmc-mccs.org/sapro

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All photos courtesy of the USMC

Sexual Assault Prevention and Response



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Make a Difference.



SAPRO

Sexual Assault Prevention & Response Office

Sexual Assault Prevention and Response Program

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www.usmc-mccs.org/sapro

United States Department of Defense

Branch Individual Information Sheets:

c Sexual Assault Prevention and Response – Green – Department of Defense-SAPRO

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United States Department of Defense








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Sexual Assault Prevention & Response Office
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All photos courtesy of the DoD

Sexual Assault Prevention and Response



**Stand Up Against Sexual Assault...
Make a Difference.**

Sexual Assault Prevention and Response Program

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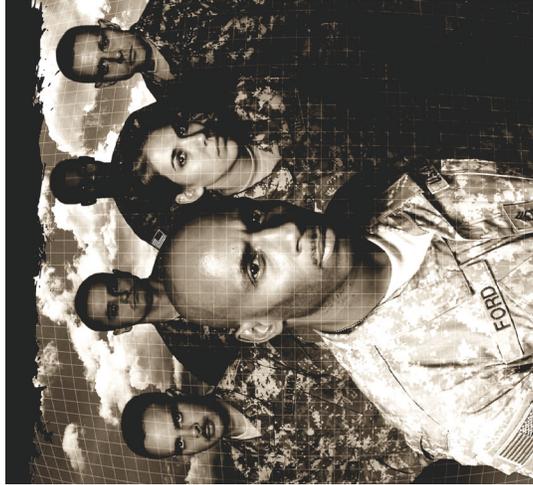
www.sapr.mil

Branch Individual Information Sheets:

d Sexual Assault Prevention and Response – Call to Duty Boots on the Ground



SEXUAL ASSAULT PREVENTION AND RESPONSE



**Stand Up Against Sexual Assault...
Make a Difference.**




“Soldiers must continue to live by the Army Values and treat each other with dignity and respect. By doing so, we will make great strides toward eliminating sexual assault in our Army.”

SMA Kenneth Preston,
Sergeant Major of the Army



All photos courtesy of the U.S. Army

PREVALENCE OF SEXUAL ASSAULT

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Army Strong, Caring For All

SEXUAL ASSAULT PREVENTION AND RESPONSE PROGRAM

The Department of Defense (DoD) remains committed to eliminating sexual assault from the ranks of the military. Sexual assault is a crime. It inflicts incalculable harm on victims and their families; it tears at the very fabric of civilian and military communities; and it destroys trust among individuals and faith in our institutions. DoD has made significant progress in combating sexual assault by introducing a comprehensive sexual assault prevention and response policy and implementing it across the Military Services.

PREVENTION THROUGH EDUCATION AND TRAINING

To combat sexual assault, the Department now requires all service members, both in the Active and Reserve Components, to receive annual awareness training. In FY 2005, the Military Services trained more than 1,000,000 active duty members alone. In addition, sexual assault awareness instruction has become a mandatory component of all initial entry training, professional military education programs, and pre-command courses. A clear definition of sexual assault and easily understood policy provisions have been created to provide service members understandable expectations of their role in preventing this crime: respecting one another; looking out for one's comrades; and refusing to tolerate sexist behavior.

DEDICATED SUPPORT

Each Military Service now maintains a comprehensive victim support network on every major installation and vessel. Coordinating this effort are Sexual Assault Response Coordinators (SARCs). They serve as the single point of contact to coordinate sexual assault victim

care and to track the services provided from initial report of a sexual assault through disposition and resolution of the victim's healthcare and support service needs. The policy also stipulates that Victim Advocates (VAs) provide 24/7 direct response to victims. They are not counselors, therapists, or investigators. Instead, VAs help the victim navigate the system and understand options and resources available. Advocate services normally continue as long as needed.

In addition, commands will ensure that victims have access to necessary care and will have agreements in place with civilian providers for services that are unavailable at the military installation.

REPORTING OPTIONS

Sexual Assault is the most underreported crime in our society and in the military. DoD prefers that sexual assault victims receive support and medical services as needed and offenders be held accountable for their crimes. However, DoD recognizes that some victims willingly forego medical and support services to avoid command or law enforcement involvement. The Department's first priority is for victims to be protected, treated with dignity and respect, and to receive the medical treatment, care and counseling that they deserve. Under DoD's Confidentiality Policy, military victims of sexual assault have a choice of two reporting options.

Unrestricted reporting is the preferred reporting option. This option enables victims to receive medical treatment, advocacy, and counseling in addition to notifying command authorities and initiating a criminal investigation.

Restricted reporting allows victims to receive medical treatment and support without triggering a criminal investigation. This affords victims additional time to weigh

their options and seek guidance about whether or not to participate in a criminal investigation at a later time.

Victims must acknowledge their choice of an unrestricted or restricted report in writing on a Victim Reporting Preference Statement. The Preference Statement also lists the exceptions that apply to restricted reporting and how that reporting option may limit the ability of the Government to prosecute the offender. The installation SARC or VA will advise the victim of the reporting options available to him or her, explain the benefits and limitations of each choice, and document the reporting option the victim selects.

IN CLOSING

These initiatives represent only the beginning of DoD's long-term effort to eliminate sexual assault from its ranks. This societal problem has no place in the Armed Forces, and the Secretary of Defense has clearly stated his policy of zero tolerance. In the years to come, the Military Services will continue their efforts to vigorously institutionalize their sexual assault programs and work closely with the Department to refine DoD policies and to establish them as the benchmark for other organizations to follow.

For more information about DoD's Sexual Assault Prevention and Response Program and links to specific Military Service resources, visit www.sapr.mil. Go to www.sexualassault.army.mil for direct access to Army-specific information.

Contact your SARC for information about your local sexual assault prevention and response program.



WWW.SEXUALASSAULT.ARMY.MIL

Branch Individual Information Sheets:

e Sexual Assault Prevention and Response – Dark Blue – Department of the Navy

Prevalence of Sexual Assault

On average, 526 Americans per day reported being sexually assaulted in 2005.

-Calculation based on data from the Department of Justice's National Crime Victimization Survey, 2006

One in 33 men (3%) and one in six women (17%) reported experiencing an attempted or completed rape at some time in their lives.

-Tjaden and Thoennes, Full Report of the Prevalence, Incidence and Consequences of Violence Against Women, 2000

Over 70 percent of victims know their attacker.

-Department of Justice's National Crime Victimization Survey, 2006

In Calendar Year 2005, there were 2,374 reported sexual assaults involving members of the Military Services. Of these, 169 occurred in Southwest Asia.

-DoD CY05 Annual Report to Congress – Sexual Assault in the Military Services

Out of 435 restricted reports, 108 victims-nearly one in four-later decided to participate in a criminal investigation.

-DoD CY05 Annual Report to Congress – Sexual Assault in the Military Services



United States Department of Defense



www.ffsp.navy.mil

S A P R O
Sexual Assault Prevention & Response Office
www.sapr.mil

All photos courtesy of the US Navy



Sexual Assault Prevention and Response

**Stand Up Against Sexual Assault...
Make a Difference.**



S A P R O

Sexual Assault Prevention & Response Office

Sexual Assault Prevention and Response Program

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For more information about DoD's Sexual Assault Prevention and Response Program and links to specific Military Service resources, visit www.sapr.mil.

Contact your SARC for information about your local sexual assault prevention and response program.



www.fjsp.navy.mil

United States Department of Defense

Healthcare Provider's Roles in Responding to Sexual Assault



Healthcare Provider's Role in Responding to Sexual Assault

Your Local
Sexual Assault Response Coordinator
Contact Information:

Quick Tips:

DO:

- Contact the SARC as soon as possible
- Document injuries with descriptions and photos as appropriate
- Document the victim's words as accurately as possible in your clinical note
- Keep the victim in a single exam room, away from public
- Make the victim as comfortable as possible and allow an escort if desired during treatment/examination
- Arrange for additional clothing for the victim to change into after the forensic exam
- Be professional, regardless of circumstances
- Recommend a referral for mental health counseling when appropriate
- Document consent to the examination or the existence of a search authority (for suspects) in the clinical note

DON'T:

- Place victim or suspect in same area or exam room -- EVER
- Let victim or suspect urinate without capturing the urine for examination
- Let victim or suspect change clothing, wash, etc. until after a forensic exam
- Talk or comment about the incident within earshot of the victim or suspect
- Make victim repeatedly recount the incident.

Priorities:

- Render medical care for acute injuries requiring attention
- Contact the SARC to ensure victim reporting rights
- Provide victim medical and mental health care
- Preserve evidence
- Follow documentary guidelines

SAPRO

Sexual Assault Prevention & Response Office

WWW.SAPR.MIL



Sexual Assault Prevention and Response



Your Part as a Provider

As a health care provider (HCP), you may be the first point of contact for victims of sexual assault. The following information is taken from the Department of Defense (DoD) Sexual Assault Prevention and Response Directive 6495.01 and Instruction 6495.02. Knowing these requirements can provide you with care options to assist your patients who are dealing with sexual trauma.

Reporting and Care

In most situations, the military requires providers to notify law enforcement



when patients report being the victim of a crime. However, in cases of sexual assault,

providers should NOT notify law enforcement. Instead, you should notify the Sexual Assault Response Coordinator (SARC) for your installation. This allows the SARC to explain to patients their two reporting options, as well as any available treatment and counseling services. The provider's reporting requirement is met once the SARC has been contacted. Further reporting to law enforcement will be handled by the SARC should the patient choose to make an Unrestricted Report.

Military members who experience a sexual assault have the following reporting options:

Unrestricted Reporting (UR). This option follows standard treatment and reporting procedures that typically include acute medical care, a Sexual Assault Forensic Examination, prophylaxis for pregnancy or sexually transmitted infections, and a referral for mental health counseling. Under this option, the patient's command is notified of the crime and law enforcement conducts some form of investigation.

Restricted Reporting (RR). This option allows patients to confidentially receive medical care, mental health counseling, and advocacy services without notification to their command or law enforcement. RR prioritizes patient care over offender accountability. RR also provides a new pathway to care for those patients who have historically foregone treatment because of concerns about the involvement of their command and the criminal justice system.

The preceding options reflect the DoD's commitment to victim care under traumatizing circumstances. While most sexual assaults go unreported, it is our hope that these options will help patients more quickly seek care and eventually report their crime. Early access to care may prevent or minimize the longer lasting health and psychological problems associated with sexual assault. Following these reporting pro-

cedures will help create a climate of confidence that responds to patient concerns and fosters recovery.

Sexual Assault Forensic Examinations (SAFEs)

A SAFE may be conducted under both Unrestricted and Restricted Reporting. Guidelines for the collection and preservation of evidence under each option are available from Directive 6495.01 and Instruction 6495.02

(<http://www.dtic.mil/whs/directives>).

SAFEs are best performed by providers who have specialized training. If SAFEs are not conducted at your military treatment facility, agreements with civilian medical providers should be pursued, created or updated to honor Restricted Reporting. Sexual assault exam protocols and evidence collection kits for both victims and suspects can be obtained through normal government supply channels. Examinations of victims require consent. Examinations of suspects require either a written or verbal search authority from a military magistrate or the suspect's consent.



Links – Web Sites for more information

1. <http://benefits.military.com>

Military.com offers a free customized homepage containing information on the benefits you've earned. Tell us a bit about your military service, and we'll tailor the page for you based on your service and status: Pay charts, Directory of Official links, Weekly benefit updates, relocation guides, and VA home loans.

Plus, you'll find access to service-specific news and announcements, and much more. We've done the work organizing the benefits and topics most relevant to you so that each time you return; you'll find everything in one centralized location.

2. <http://www.militaryonesource.com/>

ABOUT MILITARY ONESOURCE

Whether its help with child care, personal finances, emotional support during deployments, relocation information, or resources needed for special circumstances, Military OneSource is there for military personnel and their families... 24/7/365!

Our services are available by [phone](#), and online. When you call Military OneSource, you'll talk to a master's level consultant, trained to offer confidential support and practical solutions.

Our interactive Web site includes locators for education, child care, and elder care. You can also go online to order free materials (including CDs, and booklets, and DVDs), get referrals to military and community resources, use [financial calculators](#), participate in [online Webinars](#), subscribe to [monthly newsletters](#), and join our [discussion boards](#). Additional resources include [brief videos](#) of consultants addressing common issues such as communicating as a couple, budgeting and managing anger.

Military OneSource is provided by the Department of Defense at no cost to active duty, Guard and Reserve (regardless of activation status) and their families.

3. <http://www.nsopr.gov/> - National Sex Offender Public Website

The Dru Sjodin National Sex Offender Public Registry, coordinated by the Department of Justice, is a cooperative effort between the state agencies hosting public sexual offender registries and the federal government. This web

site is a search tool allowing a user to submit a single national query to obtain information about sex offenders through a number of search options:

- By Name
- By ZIP Code
- By County (if provided by state)
- By City/Town (if provided by state)
- By State (one or multiple)
- National

The criteria for searching are limited to what each individual state may provide. Also, because information is hosted by each state and not by the federal government, search results should be verified by the user in the state where the information is posted. Users are advised to log on to pertinent state web sites for further information and/or guidance, as appropriate.

4. <http://www.pbs.org/now/shows/336/index.html>
Military Sexual Trauma – Comments and transcripts

5. <http://www.sexualassault.army.mil/>

The Sexual Assault Prevention and Response Program reinforces the Army's commitment to eliminate incidents of sexual assault through a comprehensive policy that centers on awareness and prevention, training and education, victim advocacy, response, reporting, and accountability. Army policy promotes sensitive care and confidential reporting for victims of sexual assault and accountability for those who commit these crimes.

6. http://benefits.military.com/misc/installations/Landing_Page.jsp?ESRC=ggl_m_m_milbase.kw

Military Installation Guide with Phone Directory, Medical Services, Community Listings, Employment, and School Information for all locations and branches.

7. <http://www.usna.edu///homepage.php>

Welcome to the United States Naval Academy Home Page. We sincerely hope that this new electronic communication technology will be useful to you in learning more about our outstanding institution and our mission. Our mission is "to develop midshipmen morally, mentally and physically and to imbue them with the highest ideals of duty, honor, and loyalty in order to provide graduates who are dedicated to a career of naval service and have potential for future development in mind and character to assume the highest responsibilities of

command, citizenship, and government." This is a tall order, but one that we have been successfully fulfilling for over 150 years.

8. <http://www.hooah4health.com/prevention/injurytrauma/sexualassault.htm>
HOOAH!

and welcome to the U.S. Army health promotion and wellness web site. Unlike other health-related web sites, this one is specifically targeted for the Reserve Components. Citizen Soldiers juggle many different balls every day...but they cannot afford to drop the one ball that allows them to live a healthier, less stressful life. Hooah 4 Health is a health promotion partnership that allows individuals to assume the responsibility to explore options and take charge of their health and [well being](#).

9. <http://www.nsvrc.org/opportunities.aspx>

NATIONAL SEXUAL VIOLENCE RESOURCE CENTER

The **National Sexual Violence Resource Center** serves as the nation's principle information and resource center regarding all aspects of sexual violence. It provides national leadership, consultation, and technical assistance by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies. The NSVRC works to address the causes and impact of sexual violence through collaboration, prevention efforts, and the distribution of resources.

10. www.pcar.org

The Pennsylvania Coalition Against Rape (PCAR) is an organization working at the state and national levels to prevent sexual violence. Incepted in 1975, PCAR continues to use its voice to challenge public attitudes, raise public awareness, and effect critical changes in public policy, protocols, and responses to sexual violence.

To provide quality services to victims/survivors of sexual violence and their significant others, PCAR works in concert with its statewide network of 52 rape crisis centers. The centers also work to create public awareness and prevention education within their communities.

In addition to providing technical assistance in a variety of areas, the role of PCAR is to oversee the rape crisis centers' contracts, monitor relevant legislation and public policy issues, provide library resources and educational trainings, and create public awareness campaigns.

PCAR will continue to educate society and its systems about sexual violence and to advocate for better treatment and empowerment of victims/survivors of sexual violence.

11. <http://www.sapr.mil/> -- Civilian Rape Reporting Laws

Welcome to the Sexual Assault Prevention and Response Office (SAPRO) web site. SAPRO serves as the single point of accountability for Department of Defense (DoD) sexual assault policy.

The Department of Defense does not tolerate sexual assault and has implemented a comprehensive policy that reinforces a culture of prevention, response and accountability that ensures the safety, dignity, and well-being of all members of the Armed Forces. Our men and women serving throughout the world deserve nothing less, and their leaders-military and civilian-are committed to maintaining a workplace environment that rejects sexual assault and attitudes that promote such behaviors.

This web site provides guidance and other information for victims of sexual assault, unit commanders, first responders, and those who wish to prevent or respond to this crime. Sections address confidentiality, reporting procedures, and other elements of DoD's sexual assault policy as well as training information, safety tips, resources and links to related web sites.

Department of Defense Directive Number 6495.01

Subject: Department Sexual Assault Prevention and Response (SAPR) Program



Department of Defense

DIRECTIVE

NUMBER 6495.01

October 6, 2005

USD(P&R)

SUBJECT: Sexual Assault Prevention and Response (SAPR) Program

References: (a) Section 113 of title 10, United States Code

(b) Under Secretary of Defense for Personnel and Readiness Memorandum, Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001),” November 12, 2004

(c) Under Secretary of Defense for Personnel and Readiness Memorandum, “Increased Victim Support and A Better Accounting of Sexual Assault Cases (JTF-SAPR-002),” November 22, 2004

(d) Under Secretary of Defense for Personnel and Readiness Memorandum, “Data Call for CY04 Sexual Assaults (JTF-SAPR-003),” November 22, 2004

(e) through (w), see enclosure 1

1. PURPOSE

1.1. Pursuant to reference (a), this Directive establishes a comprehensive DoD policy on prevention and response to sexual assaults according to the guidance in references (b) through (d), and the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) memoranda JTF-SAPR-004; JTF-SAPR-005; JTF-SAPR-006; JTF-SAPR-007; JTF-SAPR-008; the

Deputy Secretary of Defense memorandum dated March 16, 2005; JTF-SAPR-009; and the USD(P&R) memoranda JTF-SAPR-010, JTF-SAPR-011, JTF-SAPR-012, JTF-SAPR-013, and JTF-SAPR-014 (references (e) through (o)).

1.2. Supersedes all regulatory and policy guidance within the Department of Defense not expressly mandated by law that are inconsistent with its provisions, or would preclude execution.

2. APPLICABILITY AND SCOPE

This Directive applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the “DoD Components”). The term “Military Services,” as used herein, refers to the Army, the Navy, the Marine Corps, and the Air Force, including their National Guard and Reserve components.

2.2. The National Guard and Reserve members who report they are victims of sexual assault when performing active and inactive duty (as defined in Section 101(d)(3) of title 10, United States Code (reference (t))).

3. DEFINITIONS

Terms used in this Directive are defined in enclosure 2 and shall be uniformly applied in implementing DoD instructions and regulations issued by the Secretaries of the Military Departments.

4. POLICY

It is DoD policy to:

4.1. Eliminate sexual assault within the Department of Defense by providing a culture of prevention, education and training, response capability, victim support, reporting procedures, and accountability that enhances the safety and well-being of all its members.

4.2. Provide standardized requirements, guidelines, protocols, and instructional materials focused on awareness and prevention at all levels as appropriate.

4.3. Provide an immediate, trained response capability for each report of sexual assault in all locations, including deployed locations, and ensure victims of sexual assault are protected, treated with dignity and respect, and receive timely access to appropriate treatment and services.

4.4. Ensure strong support of effective command awareness and prevention programs, as well as law enforcement and criminal justice procedures that enable persons to be held accountable for their actions, which includes the possibility of prosecution for committing acts of sexual assault.

4.5. Encourage complete, unrestricted reporting of sexual assaults to achieve the objectives in paragraph 4.4. of this Directive.

4.6. Provide a restricted reporting option that allows a Service member who is sexually assaulted to confidentially disclose, in accordance with DoD Directive 5400.11 (reference (q)), the details of his or her assault to specified individuals and receive medical treatment, counseling, and advocacy without automatically triggering the official investigative process. See enclosure 3.

4.7. Prohibit the enlistment or commissioning of personnel in the active duty Armed Forces, National Guard or Reserve components when the person has a qualifying conviction (see paragraph E2.1.8.) for a crime of sexual assault.

5. RESPONSIBILITIES

5.1. The Under Secretary of Defense for Personnel Readiness (USD(P&R)) shall:

5.1.1. Oversee the Sexual Assault Prevention and Response Office (SAPRO). This organization addresses DoD sexual assault policy matters, except criminal investigative policy matters assigned to the DoD Inspector General.

5.1.2. Acquire the quarterly and annual sexual assault prevention and response data from the Military Services and assemble the annual reports involving members of the Armed Forces.

5.1.3. Develop overall policy and provide guidance for the DoD Sexual Assault Prevention and Response (SAPR) Program, except criminal investigative policy matters assigned to the DoD Inspector General.

5.1.4. Monitor compliance with this Directive.

5.1.5. Provide guidance and technical assistance to the Heads of the DoD Components in addressing matters concerning sexual assault prevention and response.

5.1.6. Develop strategic program guidance, joint planning objectives, and identify legislative changes needed to ensure the future availability of resources in support of DoD sexual assault prevention and response policies.

5.1.7. Develop metrics to measure compliance and the effectiveness of sexual assault prevention and response training and awareness objectives. Review and analyze data collected by the Military Services.

5.1.8. Maintain sexual assault data collected from the Military Services in the Defense Incident-Based Reporting System (DIBRS) (see DoD Directive 7730.47, reference (r)). This system meets uniform federal crime reporting and statutory requirements, and serves as a DoD source for internal and external response requests for statistical data on criminal offenses.

5.1.9. Establish reporting categories and monitor specific goals included in the annual sexual assault prevention and response assessments of each Military Service.

5.1.10. Collaborate with Federal and State Agencies that address sexual assault prevention and response issues and serve as liaison to their committees and advisory groups as appropriate.

5.2. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the USD(P&R), shall recommend the Department's Sexual Assault healthcare policies, clinical practice guidelines, related procedures, and standards governing the Department of Defense healthcare programs for victims of sexual assault.

5.3. The General Counsel of the Department of Defense shall provide advice and assistance on all legal matters, to include the review and coordination on all proposed policies, regulations, directives, instructions, proposed exceptions to policy, and the review of all legislative proposals affecting mission and responsibilities of the SAPRO.

5.4. The Inspector General of the Department of Defense shall:

5.4.1. Develop and/or oversee the promulgation of criminal investigative and law enforcement policy regarding sexual assault and establish guidelines for the collection and preservation of evidence with non-identifying information on the alleged victim, under the restricted reporting process, in coordination with the ASD(HA).

5.4.2. Oversee criminal investigations of sexual assault conducted by the DoD Components and sexual assault training within the DoD law enforcement community.

5.4.3. Collaborate with the SAPRO on sexual assault matters.

5.5. The Secretaries of the Military Departments shall:

5.5.1. Ensure compliance with this Directive and establish policies and procedures to implement this program within their cognizance and consistent with the provisions of this Directive.

5.5.2. Program appropriate resources to enable the Combatant Commands to achieve compliance with the policies set forth in this Directive.

5.5.3. Provide program and obligation data to the Principal Deputy Under Secretary of Defense for Personnel and Readiness, as required.

5.5.4. Establish and codify support to Combatant Commands and Defense Agencies, either as a host activity or in a deployed environment.

5.5.5. Provide annual reports of sexual assaults involving Service members to the SAPRO for consolidation into the annual report to Congress according to reference (a).

5.6. The Chairman of the Joint Chiefs of Staff shall:

5.6.1. Assess SAPR as part of the overall force planning function of any force deployment decision. Periodically, reassess the SAPR posture of deployed forces. Review the Combatant Commanders' joint plans, deployment orders, and other relevant documents for SAPR considerations.

5.6.2. Monitor policy implementation of this Directive and implementing instructions during military operations.

5.7. The Commanders of the Combatant Commands, through the Chairman of the Joint Chiefs of Staff and the Directors of Defense Agencies, under their OSD Principal Staff Assistants who report directly to the Secretary or Deputy Secretary of Defense, shall:

5.7.1. Ensure compliance with this Directive, and establish policies and procedures to implement the SAPR Program within their areas of responsibility. When the Combatant Commanders and Defense Agencies rely on the installation host Service or a component theater commander to provide investigation, legal, medical and counseling support, these relationships should be formally established and published.

5.7.2. Ensure joint operational plans, development orders, and other relevant documents establish theater-level requirements for prevention and response to incidents of sexual assault that occur during military operations.

6. INFORMATION REQUIREMENTS

The sexual assault reporting requirements in Directive have been assigned Report Control Symbol (RCS) DD-P&R(A) 2205 in accordance with DoD 8910.1-M (reference (s)).

7. EFFECTIVE DATE

This Directive is effective immediately.



Gordon England
Acting Deputy Secretary of Defense

Enclosures - 3

E1. References, continued

E2. Definitions

E3. Confidential Reporting Policy for Victims of Sexual Assault

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Under Secretary of Defense for Personnel and Readiness Memorandum, “Review of Administrative Separation Actions Involving Victims of Sexual Assault (JTF-SAPR-004),” November 22, 2004
- (f) Under Secretary of Defense for Personnel and Readiness Memorandum, “Commander Checklist for Responding to Allegations of Sexual Assault (JTF-SAPR-005),” December 15, 2004
- (g) Under Secretary of Defense for Personnel and Readiness Memorandum, “Department of Defense (DoD) Definition of Sexual Assault (JTF-SAPR-006),” December 13, 2004
- (h) Under Secretary of Defense for Personnel and Readiness Memorandum, “Training Standards for DoD Personnel on Sexual Assault Prevention & Response (JTF-SAPR-007),” December 13, 2004
- (i) Under Secretary of Defense for Personnel and Readiness Memorandum, “Response Capability for Sexual Assault (JTF-SAPR-008),” December 17, 2004
- (j) Deputy Secretary for Defense Memorandum, “Confidentiality Policy for Victims of Sexual Assault (JTF-SAPR-009),” March 16, 2005
- (k) Under Secretary of Defense for Personnel and Readiness Memorandum, “Collaboration with Civilian Authorities for Sexual Assault Victim Support (JTF-SAPR-010),” December 17, 2004
- (l) Under Secretary of Defense for Personnel and Readiness Memorandum, “Training Standards for Sexual Assault Response Training (JTF-SAPR-011),” December 17, 2004
- (m) Under Secretary of Defense for Personnel and Readiness Memorandum, “Training Standards for Pre-Deployment Information on Sexual Assault and Response Training (JTF-SAPR-012),” December 13, 2004
- (n) Under Secretary of Defense for Personnel and Readiness Memorandum, “Essential Training Tasks for a Sexual Assault Response Capability (JTF-SAPR-013),” April 26, 2005
- (o) Under Secretary of Defense for Personnel and Readiness Memorandum, “Sexual Assault Evidence Collection and Preservation Under Restricted Reporting (JTF-SAPR-014),” June 30, 2005
- (p) Section 504 of title 10, United States Code
- (q) DoD Directive 5400.11, “DoD Privacy Program,” November 16, 2004
- (r) DoD Directive 7730.47, “Defense Incident-Based Reporting System (DIBRS),” December 1, 2003
- (s) DoD 8910.1-M, DoD Procedures for Management of Information Requirements, June 30,

1998

(t) Section 101(d)(3) of title 10, United States Code

(u) DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 2003

(v) Section 1191c of title 29, United States Code

(w) Chapter 47 of title 10, United States Code

E2. ENCLOSURE 2

DEFINITIONS

The following definitions apply to the DoD SAPR Program.

E2.1.1. **Commander.** An officer who occupies a position of command authorized by appointment or by assumption of command.

E2.1.2. **Confidential Reporting.** For the purposes of the policies and procedures of the SAPR Program, confidential reporting is restricted reporting that allows a Service member to report or disclose to specified officials that he or she has been the victim of a sexual assault. This reporting option gives the member access to medical care, counseling, and victim advocacy, without requiring those specific officials to automatically report the matter to law enforcement or initiate an official investigation. See enclosure E3.

E2.1.3. **Covered Communication.** Verbal, written, or electronic communications of personally identifiable information concerning a sexual assault victim or alleged assailant provided by the victim to the Sexual Assault Response Coordinator (SARC), Victim Advocate (VA), or healthcare provider related to his or her sexual assault.

E2.1.4. **DoD Sexual Assault Prevention and Response (SAPR) Program.** A DoD program for the Military Departments and the DoD Components that establishes sexual assault prevention and response policies to be implemented worldwide. The program objective establishes an environment and military community free of sexual assault.

E2.1.5. **Healthcare Provider (HCP).** For the purpose of this Directive, this term applies to those individuals who are employed or assigned as healthcare professionals, or are credentialed to provide health care services, at a military medical or military dental treatment facility, or who provide such care at a deployed location or in an official capacity. This term also includes military personnel, DoD civilian employees, and DoD contractors who provide health care at an occupational health clinic for DoD civilian employees or DoD contractor personnel.

E2.1.6. **Non-Identifying Personal Information:** For the purpose of this Directive, this term applies to the victim and alleged assailant of a sexual assault and is that information which would disclose or have a tendency to disclose the person’s identity and is personal

identifying information. Personal identifying information includes the person's name or other particularly identifying descriptions (e.g. physical characteristics or identity by position, rank, or organization), or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g. a female in a particular squadron or barracks when there is only one female assigned). In contrast, non-identifying personal information includes those facts and circumstances surrounding the sexual assault incident or that is about the individual that enables the identity of the individual to remain anonymous.

E2.1.7. Official Investigative Process. The formal process a commander or law enforcement organization uses to gather evidence and examine the facts and circumstances surrounding a report of sexual assault.

E2.1.8. Qualifying Conviction. A State or Federal conviction for a felony crime of sexual assault and any general or special court-martial conviction for a Uniform Code of Military Justice (reference (p)) offense which otherwise meets the elements of a crime of sexual assault, even though not classified as a felony or misdemeanor.

E2.1.9. Restricted Reporting. A process used by a Service member to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis. Under these circumstances, the victim's report and any details provided to a healthcare provider, the SARC, or a VA will not be reported to law enforcement to initiate the official investigative process unless the victim consents or an established exception is exercised under this Directive. Additional explanation and guidance is provided in enclosure 3.

E2.1.10. Senior Commander. For the purpose of this Directive, this term refers to an officer, usually in the grade of O-6 or higher, who is the commander of a military installation, base, post or comparable unit, and has been designated by the respective Military Service to oversee the SAPR Program.

E2.1.11. Service Member. An active duty or National Guard or Reserve Service member performing active or inactive service (as defined in Section 101(d)(3) of title 10, United States Code (reference (t)) or a member of the Coast Guard (when the Coast Guard is operating as a Service of the Department of the Navy).

E2.1.12. Sexual Assault. For the purpose of this Directive and SAPR awareness training and education, the term "sexual assault" is defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. It includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts. Sexual assault can occur without regard to gender or spousal relationship or age of victim. "Consent" shall not be deemed or construed to mean the failure by the victim to offer physical resistance. Consent is not given when a person uses force, threat of force, coercion, or when the victim is asleep, incapacitated, or unconscious.

E2.1.13. Sexual Assault Forensic Examination (SAFE). The medical examination of a sexual assault victim under circumstances and controlled procedures to ensure the

physical examination process, and the collection, handling, analysis, testing, and safekeeping of any bodily specimens, meet the requirements necessary for use as evidence in criminal proceedings.

E2.1.14. Sexual Assault Response Coordinator (SARC). Military personnel, DoD civilian employees, or DoD contractors under the senior commander's supervision, who:

E2.1.14.1. Serves as the central point of contact at an installation or within a geographic area to oversee sexual assault awareness, prevention and response training.

E2.1.14.2. Ensures appropriate care is coordinated and provided to victims of sexual assault; and tracking the services provided to a victim of sexual assault from the initial report through final disposition and resolution.

E2.1.15. Unrestricted Reporting. A process a Service member 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 and any details provided to healthcare providers, the SARC, a VA, command authorities, or other persons are reportable to law enforcement and may be used to initiate the official investigative process. Additional explanation and guidance are provided in enclosure 3.

E2.1.16. Victim. For the purpose of this Directive, a victim is a person who alleges direct physical, emotional, or pecuniary harm as a result of the commission of a sexual assault. The term encompasses all persons eligible to receive treatment in military medical treatment facilities; however the restricted reporting option is only available to those sexual assault victims who are service members as defined in paragraph E2.1.11.

E2.1.17. Victim Advocate (VA). Military personnel, DoD civilian employees, DoD contractors, or volunteers who facilitate care for victims of sexual assault under the SAPR Program, and who, on behalf of the sexual assault victim, provide liaison assistance with other organizations and agencies on victim care matters, and report directly to the SARC when performing victim advocacy duties.

E3. ENCLOSURE 3

CONFIDENTIAL REPORTING PROGRAM FOR VICTIMS OF SEXUAL ASSAULT

E3.1.1. The Department of Defense recognizes the potential impact restricted reporting may have on investigations and the ability of the alleged offender's commander to hold the offender accountable. However, this policy decision represents the judgment that such risks have been carefully considered, but were outweighed by the overall interest in providing sexual assault victims this form of support.

E3.1.2. This enclosure provides the framework for the confidential reporting program and its policies. The SAPRO will coordinate specific implementation details consistent with this policy, in conjunction with the Military Departments. This SAPR Program requires extensive, in-depth training for DoD personnel and specialized training for Commanders, Senior Enlisted Leaders, VA, SARC, investigators, law enforcement, chaplains, HCP, and legal personnel.

E3.1.3. See restricted reporting as defined in enclosure 2.

E3.1.4. The Department of Defense is committed to ensuring victims of sexual assault are protected, treated with dignity and respect, and provided support, advocacy and care. DoD policy also strongly supports effective command awareness and prevention programs, as well as law enforcement and criminal justice procedures that enable persons to be held accountable for their actions, which includes appropriate criminal dispositions for sexual assault. To achieve these dual objectives, DoD policy prefers complete reporting of sexual assaults to activate both victims' services and accountability actions. However, recognizing a mandate of complete reporting may represent a barrier for victims to access services when the victim desires no command or law enforcement involvement, there is a need to provide an option for confidential restricted reporting.

E3.1.5. Assuring privacy and providing a confidential disclosure option for sexual assault victims is critical to discharging the military's commitment to providing care and support for victims of sexual assault. Sexual assault is one of the most under-reported violent crimes in our society and in the military. Although the victim's decision to report is a crucial step following a sexual assault, reporting is often precluded by the victim's desire for no one to know what happened. The Commanders have a responsibility to ensure community safety and due process of law, but they must also recognize the importance of protecting the privacy of victims under their command. Subject matter experts agree that a system which promotes privacy and confidentiality can have a positive impact in bringing victims forward to provide information about being assaulted.

E3.1.6. Recognizing these DoD interests as a matter of DoD policy, Service members who are sexually assaulted will now have the following reporting options:

E3.1.6.1. Unrestricted Reporting. A Service member who is sexually assaulted and desires medical treatment, counseling, and an official investigation of his or her allegation should use existing reporting channels (e.g., chain of command, law enforcement, or report the incident to the SARC). When notified of a reported sexual assault, the SARC will immediately assign a VA. Additionally, at the victim's discretion or request, the healthcare provider shall arrange a SAFE (see paragraph E2.1.13.) to be conducted, which may include the collection of evidence. Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

E3.1.6.2. Restricted Reporting. Restricted reporting allows a sexual assault victim to confidentially disclose the details of his or her assault to specified individuals

and receive medical treatment and counseling, without triggering the official investigative process. Service members who are sexually assaulted and desire restricted reporting under this policy may only report the assault to the SARC, VA or a HCP. However, consistent with current policy, they may also report the assault to a chaplain. Although a report to a chaplain is not a restricted report under this policy or the provisions of this Directive, it is a communication that may be protected under the Military Rules of Evidence (MRE) or applicable statutes and regulations. The restricted reporting process does not affect any privilege recognized under the MRE. This Directive and its policy on restricted reporting is in addition to the current protections afforded privileged communications with a chaplain, and does not alter or affect those protections.

E3.1.6.2.1. HCP will initiate the appropriate care and treatment, and report the sexual assault to the SARC instead of reporting the assault to law enforcement or the command. When notified of a reported sexual assault, the SARC will immediately assign a VA. The assigned VA will provide the victim accurate information on the reporting process, including both restricted and unrestricted reporting procedures. Additionally, at the victim's discretion or request, the HCP, if appropriately trained and/or supervised, shall conduct a SAFE, which may include the collection of evidence. If the healthcare provider is not appropriately trained to conduct a SAFE, the HCP shall help arrange for a properly-trained DoD HCP, if available. In the absence of a DoD HCP, the victim will be appropriately referred to a non-DoD HCP for the SAFE. When SAFE is performed at local civilian medical facilities, those facilities are bound by State and local laws, which may require reporting the sexual assault. The victim will acknowledge, in writing, his or her understanding of restricted reporting, the exceptions to, and limitations on, restricted reporting. This acknowledgement will also include the victim's understanding that restricted reporting may limit the ability of the Government to prosecute the assailant and an understanding of the reasons DoD policy favors unrestricted reporting.

E3.1.6.2.2. Restricted reporting is intended to give victims additional time and increased control over the release and management of their personal information, and to empower them to seek relevant information and support to make more informed decisions about participating in the criminal investigation. A victim who receives appropriate care and treatment, and is provided an opportunity to make an informed decision about a criminal investigation, is more likely to develop increased trust that his or her needs are of primary concern to the command and may eventually lead the victim to decide to pursue an official investigation. Even if the victim chooses not to pursue an official investigation, this additional reporting avenue gives the senior commander a clearer picture of the sexual violence within the command, and enhances the senior commander's ability to provide a safe environment and contributes to the well-being and mission-readiness of all of its service members

E3.1.7. In cases where a victim elects restricted reporting, the SARC, assigned VA (whether uniformed or civilian), and HCPs may not disclose covered communications to law enforcement or command authorities, either within or outside the Department of Defense, except as provided in paragraph E3.1.8. For purposes of public safety and

command responsibility, the SARC shall report information concerning sexual assault incidents, without information that could reasonably lead to personal identification of the victim or the alleged assailant, to the senior commander (see paragraph E2.1.10.) within 24 hours of the sexual assault report.

E3.1.8. Exceptions to Confidentiality and Restricted Reporting and Limitations on Use. In cases where victims elect restricted reporting, the prohibition on disclosing covered communications to the persons or entities as indicated will be suspended for the reasons as follows:

E3.1.8.1. The Command officials or law enforcement when disclosure is authorized by the victim in writing.

E3.1.8.2. The Command officials or law enforcement when disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

E3.1.8.3. The Disability Retirement Boards and officials when disclosure by a HCP is required for fitness for duty for disability retirement determinations, limited to only the information necessary to process disability retirement determination.

E3.1.8.4. The SARC, VA or HCP when disclosure is required for the supervision and/or coordination of direct victim treatment or services.

E3.1.8.5. Military or civilian courts of competent jurisdiction when disclosure is ordered by a military, Federal, or State judge, or other officials or entities as required by a Federal or State statute or applicable U.S. international agreement. The SARC, assigned VA, and healthcare providers will consult with the senior commander's servicing legal office, in the same manner as other recipients of privileged information, to determine if the exception criteria apply and have a duty to disclose the otherwise protected information. Until those determinations are made, only non-identifying information should be disclosed.

E3.1.8.6. The SARC will evaluate the information provided and determine whether an exception applies. If needed, using non-identifying personal information (see paragraph E2.1.6.), the SARC shall do so in consultation with the staff judge advocate of the senior commander. When there is uncertainty or disagreement on whether an exception applies, the matter shall be brought to the attention of the senior commander for decision.

E3.1.8.7. The SARC, VA and healthcare provider will not disclose covered communications unless the victim authorizes the disclosure in writing or another exception established herein applies when the information about a sexual assault is disclosed to command from a source independent of restricted reporting avenues or to law enforcement from other sources, and an investigation into an allegation of sexual assault is initiated.

E3.1.8.8. The disclosure will be limited to information necessary to satisfy the purpose of the disclosure in the event a disclosure is made under the authority of subparagraphs E3.1.8.1. through E3.1.8.5. Further disclosure will not be made unless the victim authorizes the disclosure in writing.

E3.1.8.9. If a SARC, VA or healthcare provider makes an unauthorized disclosure of a covered communication, the SARC, VA and healthcare provider will not disclose additional covered communications unless the victim authorizes the disclosure in writing or another exception established herein applies. As noted below, the unauthorized disclosure of a covered communication may result in disciplinary action.

E3.1.8.10. If the report contains an allegation of sexual assault and qualifies for restricted reporting, any other offenses revealed by the victim are considered covered communications and will not be disclosed except as authorized according to paragraph E3.1.8.

E3.1.8.11. Because non-identifying personal information under the restricted reporting option is intended to provide the senior commander with general environmental information about the number and types of sexual assaults on the installation, and is to be used to provide a better understanding of incidents of sexual assault, neither the senior commander nor law enforcement officials may initiate investigations based on information provided by SARCs under paragraph E3.1.7. (information for safety and command responsibility purposes without identifiers). The senior commander, however, may use the information to enhance preventive measures, to enhance the education and training of their personnel, and to more closely scrutinize their organization's climate and culture for contributing factors, but may not use the information for investigative purposes or in a manner that is likely to discover, disclose, or reveal the identities being protected.

E3.1.9. Regardless of whether the member elects restricted or unrestricted reporting, confidentiality of medical information will be maintained in accordance with DoD 6025.18-R (reference (u)).

E3.1.10. Healthcare providers may also convey to the victim's unit commander any possible adverse duty impact related to the victim's medical condition and prognosis in accordance with reference (u) and the Health Insurance Portability and Accountability Act (reference (v)). Such circumstances however, do not otherwise warrant an exception to policy, and therefore the covered communication related to the sexual assault may not be disclosed. Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in discipline under Chapter 47 of title 10, United States Code (reference (w)) or State statute, loss of privileges, or other adverse personnel or administrative actions.

E3.1.11. When information about a sexual assault comes to any commander's attention from a source independent of the restricted reporting avenues, that commander

shall report the matter to law enforcement and an official investigation may be initiated based on that independently-acquired information. Additionally, when the SARC or assigned VA learns that a law enforcement official has initiated an official investigation that is based upon independently-acquired information, and after consulting with the law enforcement official responsible for the investigation, the SARC or assigned VA will notify the victim, as appropriate. A victim will also be notified that disclosure of his or her sexual assault to persons outside the protective sphere of the specified persons covered by this restricted reporting policy may result in the initiation of the official investigative process regarding the allegations that the victim disclosed.

E3.1.12. Restricted reporting does not create any actionable rights for the alleged offender or the victim, nor constitute a grant of immunity for any actionable conduct by the offender or the victim. Covered communications that have been disclosed may be used in disciplinary proceedings against the offender or the victim, even if such communications were improperly disclosed.

Department of Defense- Instruction Number 6495.02

Subject: Sexual Assault Prevention and Response Program Procedures



Department of Defense INSTRUCTION

NUMBER 6495.02

June 23, 2006

USD(P&R)

SUBJECT: Sexual Assault Prevention and Response Program Procedures

- References:
- (a) Task Force Report on Care for Victims of Sexual Assault, April 2004¹
 - (b) Sections 101(d)(3), 113, 504, 4331, and Chapter 47 of title 10, United States Code
 - (c) DoD Directive 6495.01, "Sexual Assault Prevention and Response (SAPR) Program," October 6, 2005
 - (d) Under Secretary of Defense for Personnel and Readiness Memorandum, "Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001)," November 12, 2004 (hereby canceled)²
 - (e) through (ah), see Enclosure 1

1. PURPOSE

This Instruction:

1.1. Implements policy, assigns responsibilities, provides guidance and procedures, and establishes the Sexual Assault Advisory Council (SAAC) for the DoD Sexual Assault Prevention and Response (SAPR) Program consistent with Reference (a) and pursuant to Section 113 of Reference (b) and Reference (c).

1.2. Supersedes the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Memorandums, "Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001)" (Reference (d)), "Increased Victim Support and a Better Accounting of Sexual Assault Cases (JTF-SAPR-002)" (Reference (e)), "Data Call for CY04 Sexual Assaults (JTF-SAPR-003)" (Reference (f)), "Review of Administrative Separation Action Involving Victims of Sexual Assault (JTF-SAPR-004)" (Reference (g)), "Commander Checklist for Responding to Allegations of Sexual Assault (JTF-SAPR-005)" (Reference (h)), "Department of Defense (DoD) Definition of Sexual Assault (JTF-SAPR-006)" (Reference (i)), "Training Standards for DoD Personnel of Sexual Assault Prevention & Response (JTF-SAPR-007)" (Reference (j)), "Response Capability for Sexual Assault (JTF-SAPR-008)" (Reference (k)), "Collaboration with Civilian Authorities for Sexual

¹ Copies may be obtained via the Internet at <http://www.sapr.mil/> resource section

² Copies of References (d) through (q) may be obtained via the Internet at <http://www.sapr.mil/> policy section.

Assault Victim Support (JTF-SAPR-010)” (Reference (l)), “Training Standards for Sexual Assault Response Training (JTF-SAPR-011)” (Reference (m)), “Training Standards for Pre-Deployment Information on Sexual Assault and Response Training (JTF-SAPR-012)” (Reference (n)), “Essential Training Tasks for a Sexual Assault Response Capability (JTF-SAPR-013)” (Reference (o)), “Sexual Assault Evidence Collection and Preservation Under Restricted Reporting (JTF-SAPR-014)” (Reference (p)), and Deputy Secretary of Defense Memorandum, “Confidentiality Policy for Victims of Sexual Assault (JTF-SAPR-009)” (Reference (q)).

2. APPLICABILITY AND SCOPE

This Instruction:

2.1. Applies to the Office of the Secretary of Defense, the Military Departments (including the Military Service Academies), the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense (IG, DoD), the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the “DoD Components”). The term “Military Services,” as used herein, refers to the Army, the Navy, the Marine Corps, and the Air Force, including their National Guard and Reserve components.

2.2. Applies to National Guard and Reserve members who are sexually assaulted when performing active service and inactive duty training (as defined in Section 101(d)(3) of Reference (b)).

2.3. Supersedes all regulatory and policy guidance within the Department of Defense not expressly mandated by law that is inconsistent with this Instruction.

2.4. Applies to any person who is the victim of a sexual assault, and is eligible to receive treatment in military medical treatment facilities (MTFs).

3. DEFINITIONS

Terms used in this Instruction are defined in Enclosure 2, Reference (c), DoD Directive 1350.2 (Reference (r)), and Joint Publication 1-02 (Reference (s)) and shall be uniformly applied in regulations issued by the Secretaries of the Military Departments.

4. POLICY

It is DoD policy, according to Reference (c), to prevent and eliminate sexual assault within the Department by providing comprehensive procedures to better establish a culture of prevention, response, and accountability that enhances the safety and well-being of all DoD members.

5. RESPONSIBILITIES

5.1. The USD(P&R), shall:

5.1.1. Ensure implementation of this Instruction is in compliance with policies, procedures, requirements, and responsibilities set forth in Reference (c).

5.1.2. Serve as Chair of the SAAC in accordance with Reference (a) and paragraph 5.4 of this Instruction.

5.2. The Deputy Under Secretary of Defense for Plans (DUSD(Plans)), under the USD(P&R), shall:

5.2.1. Represent the USD(P&R) in SAPR matters consistent with this Instruction and Reference (c).

5.2.2. Serve as the Executive Secretary of the SAAC.

5.2.3. Exercise authority and direction over the SAPR Office (SAPRO) in developing DoD programs to ensure SAPR education, training, and awareness for DoD personnel consistent with this Instruction and Reference (c).

5.2.4. Assist in developing and monitoring the effectiveness of SAPR policies to ensure DoD Components comply with this Instruction and Reference (c).

5.2.5. Coordinate the management of the SAPR program with similar programs and other services provided to Service members.

5.2.6. Program, budget, and allocate funds and other resources for the SAPRO.

5.2.7. Annually review the Military Services resourcing and funding of the U.S. Army Criminal Investigation Laboratory (USACIL) in the area of sexual assault.

5.2.7.1. Assist the Department of the Army in identifying the funding and resources needed to operate USACIL and ensure forensic evidence is processed within 60 working days from day of receipt. (See Section 113 of Reference (b).)

5.2.7.2. Encourage the Military Services and the DoD agencies and field activities that use USACIL to contribute to the operation of USACIL to ensure USACIL is funded and resourced appropriately to complete forensic evidence processing within 60 working days.

5.3. The Sexual Assault Prevention and Response Office (SAPRO) under DUSD(Plans), shall:

5.3.1. Serve as the Department's single point of responsibility for sexual assault policy matters, except for legal processes provided under the Uniform Code of Military Justice (UCMJ) (Chapter 47 of Reference (b)) and Manual for Courts Martial (Reference (t)), and criminal

investigative policy matters that are assigned to the Judge Advocates General of the Military Departments and the IG, DoD, respectively.

5.3.2. Provide guidance and technical assistance to the DoD Components in addressing matters concerning SAPR. Facilitate the identification and resolution of issues and concerns common to the Military Services and joint commands.

5.3.3. Develop programs, policies, and training standards for the prevention, reporting, response, and program accountability of sexual assaults involving Service members, except for criminal investigative policy matters that are assigned to the IG, DoD. Establish institutional sexual assault program evaluation, quality improvement, and oversight mechanisms to evaluate periodically the effectiveness of the DoD SAPR program.

5.3.4. Develop strategic program guidance and joint planning objectives. Identify legislative changes needed to ensure the future availability of resources in support of DoD SAPR policies except for criminal investigative policy matters that are assigned to the IG, DoD.

5.3.5. Ensure unrestricted sexual assault data is stored and maintained in the Defense Incident Based Reporting System (DIBRS) which is operated by the Defense Manpower Data Center. (Additional explanation of DIBRS is at Enclosure 2.)

5.3.6. Ensure all victim-reported sexual assaults, both unrestricted and restricted reports, are maintained in the Defense Case Record Management System (DCRMS). The system shall include adequate safeguards to protect personal identifiers. Commanders shall not have access to the database. The system was developed for the Sexual Assault Response Coordinator (SARC) and sexual assault program managers to:

5.3.6.1. Document the initiation and progress of a victim's case, treatment options referred to or requested by a victim, and the final disposition of the complaint.

5.3.6.2. Assist with identifying and managing trends, analyzing risk factors or circumstances, and taking action or making plans to eliminate or mitigate those risks as much as possible.

5.3.7. Prepare the annual Congressional report. Establish reporting categories and monitor specific goals to be included in the annual SAPR assessments of each Military Service and its Service Academy, as required by Sections 113 and 4331 of Reference (b), Reference (c), and outlined in Enclosure 8.

5.4. The ASD(HA), under the USD(P&R), shall establish guidance designed to:

5.4.1. Ensure standardized, timely, accessible, and comprehensive healthcare for beneficiaries who are sexually assaulted. Ensure care is consistent with established community standards for healthcare for victims of sexual assault and the collection of forensic evidence from the victims. Ensure forensic evidence collection is followed per the condition and needs of each victim. This responsibility also includes establishing standards and periodic training for healthcare personnel (HCP) and providers regarding the unrestricted and restricted reporting options. Ensure

licensed HCP are eligible to perform sexual assault forensic examinations (SAFE), subject to receiving final authorization from the local privileging authority. These HCPs may include, but are not limited to:

5.4.1.1. Licensed physicians practicing in the military healthcare system (MHS) with clinical privileges in emergency medicine, family practice, internal medicine, obstetrics and gynecology, urology, general medical officer, undersea medical officer, flight surgeon, and/or those privileged to perform pelvic examinations.

5.4.1.2. Licensed advanced practice registered nurses practicing in the MHS with clinical privileges in adult health, family health, midwifery, women's health, and/or privileged to perform pelvic examinations.

5.4.1.3. Licensed physician assistants practicing in the MHS with clinical privileges in adult, family, women's health, and/or privileged to perform pelvic examinations.

5.4.1.4. Licensed registered nurses practicing in the MHS who meet the requirements for performing a SAFE as determined by the local privileging authority. This additional capability shall be noted as a competency, not as a credential or privilege.

5.4.1.5. During contingency situations (such as deployments to remote areas, combatant operations, wing deployments, and assignments aboard military conveyances), and when authorized by the local privileging authority due to special circumstances to perform limited aspects of the forensic evidence collection, licensed and unlicensed HCP such as a registered nurse, independent duty corpsman, medic, or technician.

5.4.2. Establish minimum standards of initial and refresher training required for all personnel assigned to MTFs providing direct care to victims of sexual assault to include training regarding:

5.4.2.1. DoD- and Military Service- specific sexual assault response policies.

5.4.2.2. DoD restricted and unrestricted reporting policy requirements and limitations.

5.4.2.3. Baseline Responder Training. (See Enclosure 6, Healthcare section.) This shall include familiarization training on other members' roles and the requirements for integration of the sexual assault response capability involving chaplains, military criminal investigators, law enforcement, judge advocates, victim advocates (VAs), and the SARC.

5.4.2.4. Victim Advocacy Resources

5.4.2.5. Medical Treatment Resources

5.4.2.6. Sexual Assault Victim Interview

5.4.2.7. Sexual Assault Examination Process

5.4.3. Establish additional minimum standards for the initial and refresher training of HCPs performing SAFE to include training regarding:

- 5.4.3.1. Sexual Assault Victim Interview
- 5.4.3.2. Sexual Assault Examination Process (see Enclosure 6, Healthcare section)
- 5.4.3.3. Emergency Contraception/Sexually Transmitted Disease/Infections Treatment
- 5.4.3.4. Physical and Mental Health Assessment (see Enclosure 6, Healthcare section)
- 5.4.3.5. Medical Record Management
- 5.4.3.6. Legal Process and Expert Witness Testimony

5.4.4. Minimum standards of healthcare intervention that correspond to clinical standards set in the community shall include The United States Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations (Reference (u)), however, clinical guidance shall not be solely limited to this resource.

5.5. The DoD General Counsel shall provide advice and assistance on legal matters concerning sexual assault that have been elevated to the DoD level, to include the review and coordination on all proposed policies, DoD issuances, proposed exceptions to policy, and the review of all legislative proposals affecting mission and responsibilities of the SAPRO.

5.6. The IG, DoD, shall:

5.6.1 Develop policy for DoD criminal investigative organizations and oversee their investigations of sexual assaults.

5.6.2. Oversee sexual assault training within the DoD investigative and law enforcement communities.

5.6.3. Collaborate with the SAPRO as necessary on sexual assault matters.

5.7. The Secretaries of the Military Departments shall:

5.7.1. Establish comprehensive policies, procedures, and programs implementing this Instruction and consistent with Reference (c), and ensure implementation, monitoring, and evaluation at all levels of military command, including those levels at the National Guard and Reserve components, and training for members of their Military Departments. Program requirements and procedures are further detailed in Enclosure 3.

5.7.2. Establish required standards for command assessment of organizational SAPR climate, to include periodic follow-up assessments.

5.7.3. Publicize policies and procedures for reporting a sexual assault and provide information regarding the availability of medical treatment, advocacy, and referral services.

5.7.3.1. Ensure Service members are aware of the reporting options available to them, to include any exceptions and/or limitations on use applicable to each option. Information on the reporting options available to Service members is included in Reference (c).

5.7.3.2. Personnel shall be made aware that sexual assault includes rape, nonconsensual sodomy, indecent assault, and attempts to commit these acts, which are crimes in violation of specific articles of Chapter 47 of Reference (b).

5.7.3.3. Ensure that victims of unrestricted reports of sexual assaults are afforded throughout the investigative and legal process the information outlined in DoD Directive 1030.1 and DoD Instruction 1030.2 (References (v) and (w)).

5.7.4. Provide quarterly and annual reports of sexual assault involving members of the Armed Forces to DoD SAPRO to be consolidated into the Secretary of Defense annual reports to the House and Senate Armed Services Committees in accordance with Sections 113 and 4331 of Reference (b), and Reference (c). (See Enclosure 8 for additional information on report requirements.)

5.7.5. Annually identify the fiscal and personnel resources necessary to implement, monitor, and evaluate the SAPR policies, and report these resource totals to USD(P&R).

5.7.6. Provide budget program and obligation data, as requested to DoD SAPRO.

5.8. The Heads of the DoD Components, the Commanders of the Combatant Commands, through the Joint Chiefs of Staff, and Directors of Defense Agencies and DoD Field Activities shall be responsible for SAPR within their respective areas of responsibility and shall ensure compliance with the policies set forth in Reference (c) and this Instruction. They shall:

5.8.1. Establish and implement a SAPR program and monitor and evaluate compliance with the guidelines of Reference (c) and this Instruction.

5.8.2. Ensure all DoD SAPR policies and programs are implemented throughout their respective organizations.

5.8.3. Ensure appropriate commanders receive notice of all unrestricted reports of sexual assault incidents.

5.9. In accordance with Reference (a), the SAAC shall:

5.9.1. Advise the Secretary of Defense on policies for sexual assault issues involving members of the Armed Forces.

5.9.2. Coordinate policy and review the Department's SAPR policies and programs consistent with this Instruction and Reference (c).

5.9.3. Monitor the progress of program elements.

5.9.4. Assist in developing policy guidance for the education, training, and awareness of DoD personnel in matters concerning SAPR.

5.9.5. Be comprised of the following membership:

5.9.5.1. The USD(P&R), who shall serve as Chair.

5.9.5.2. The DUSD(Plans), who shall serve as the Executive Secretary.

5.9.5.3. The Assistant Secretaries for Manpower and Reserve Affairs of the Military Departments.

5.9.5.4. The Vice Chairman of the Joint Chiefs of Staff.

5.9.5.5. The Principal Deputy General Counsel of the Department of Defense.

5.9.5.6. A Deputy IG, DoD.

5.9.5.7. The Assistant Secretary of Defense for Health Affairs (ASD(HA)).

5.9.5.8. Representatives from the Departments of Health and Human Services, Justice, State, the Centers for Disease Control and Prevention, and Veterans Affairs invited to serve as advisors to the SAAC.

6. PROCEDURES

6.1. Program requirements and procedures are contained in Enclosures 3 through 14.

6.2. Procedures for responding to the sexual assault of a child under the age of 18 by a parent or caregiver or a by a caregiver in DoD-sponsored or sanctioned out-of-home care shall be in accordance with DoD Directive 6400.1 and DoD Instruction 6400.3 (References (x) and (y)) respectively.

7. INFORMATION REQUIREMENTS

The reporting requirements in this Instruction have been assigned the following Report Control Symbols according to DoD 8910.1-M (Reference (z)).

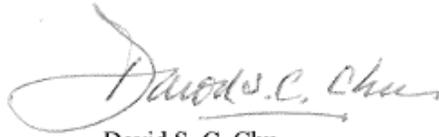
7.1. The information collected and maintained in DIBRS has been assigned Report Control Symbol DD-P&R(M)1973.

7.2. The information collected and maintained in the DCRMS, as well as the information collected to prepare the Secretary of Defense annual report to the House and Senate Armed Services Committees, has been assigned Report Control Symbol DD-P&R(A)2205.

7.3. The Service Academy Sexual Assault Survey conducted by the Defense Manpower Data Center (DMDC) has been assigned Report Control Symbol DD-P&R(A)2198.

8. EFFECTIVE DATE.

This Instruction is effective immediately.



David S. C. Chu
Under Secretary of Defense for
Personnel and Readiness

Enclosures - 14

- E1. References, continued
- E2. Definitions
- E3. DoD SAPR Program Requirements and Procedures
- E4. SAFE Collection and Preservation Under Restricted Reporting
- E5. Commander Sexual Assault Response Protocols for Unrestricted Reports of Sexual Assault
- E6. First Responder Training Requirements
- E7. Multi-disciplinary Case Management for Unrestricted Reports of Sexual Assault
- E8. Annual Reporting Requirements
- E9. DD Form 2909 (JUN 2006), "Victim Advocate and Supervisor Statements of Understanding"
- E10. Victim Advocate Sexual Assault Response Protocols
- E11. Sample Memorandum of Understanding
- E12. Table for Disposition of Sexual Assault Cases and Authority for Review of Administrative Separation of Victims of Sexual Assault
- E13. DD Form 2910 (JUN 2006), "Victim Reporting Preference Statement"
- E14. DD Form 2911 (JUN 2006), "Forensic Medical Report Sexual Assault Examination"

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Under Secretary of Defense for Personnel and Readiness Memorandum, “Increased Victim Support and A Better Accounting of Sexual Assault Cases (JTF-SAPR-002),” November 22, 2004 (hereby canceled)
- (f) Under Secretary of Defense for Personnel and Readiness Memorandum, “Data Call for CY04 Sexual Assaults (JTF-SAPR-003),” November 22, 2004 (hereby canceled)
- (g) Under Secretary of Defense for Personnel and Readiness Memorandum, “Review of Administrative Separation Actions Involving Victims of Sexual Assault (JTF-SAPR-004),” November 22, 2004 (hereby canceled)
- (h) Under Secretary of Defense for Personnel and Readiness Memorandum, “Commander Checklist for Responding to Allegations of Sexual Assault (JTF-SAPR-005),” December 15, 2004 (hereby canceled)
- (i) Under Secretary of Defense for Personnel and Readiness Memorandum, “Department of Defense (DoD) Definition of Sexual Assault (JTF-SAPR-006),” December 13, 2004 (hereby canceled)
- (j) Under Secretary of Defense for Personnel and Readiness Memorandum, “Training Standards for DoD Personnel on Sexual Assault Prevention & Response (JTF-SAPR-007),” December 13, 2004 (hereby canceled)
- (k) Under Secretary of Defense for Personnel and Readiness Memorandum, “Response Capability for Sexual Assault (JTF-SAPR-008),” December 17, 2004 (hereby canceled)
- (l) Under Secretary of Defense for Personnel and Readiness Memorandum, “Collaboration with Civilian Authorities for Sexual Assault Victim Support (JTF-SAPR-010),” December 17, 2004 (hereby canceled)
- (m) Under Secretary of Defense for Personnel and Readiness Memorandum, “Training Standards for Sexual Assault Response Training (JTF-SAPR-011),” December 17, 2004 (hereby canceled)
- (n) Under Secretary of Defense for Personnel and Readiness Memorandum, “Training Standards for Pre-Deployment Information on Sexual Assault and Response Training (JTF-SAPR-012),” December 13, 2004 (hereby canceled)
- (o) Under Secretary of Defense for Personnel and Readiness Memorandum, “Essential Training Tasks for a Sexual Assault Response Capability (JTF-SAPR-013),” April 26, 2005 (hereby canceled)
- (p) Under Secretary of Defense for Personnel and Readiness Memorandum, “Sexual Assault Evidence Collection and Preservation Under Restricted Reporting (JTF-SAPR-014),” June 30, 2005 (hereby canceled)
- (q) Deputy Secretary for Defense Memorandum, “Confidentiality Policy for Victims of Sexual Assault (JTF-SAPR-009),” March 16, 2005
- (r) DoD Directive 1350.2, “Department of Defense Military Equal Opportunity (MEO Program),” August 18, 1995
- (s) Joint Publication 1-02, “Department of Defense Dictionary of Military and Associated Terms,” current edition
- (t) Executive Order 12473 as amended by Executive Order 13387

- (u) A National Protocol for Sexual Assault Medical Forensic Examinations, United States Department of Justice, September, 2004, NCJ 206554³
- (v) DoD Directive 1030.1, "Victim and Witness Assistance," April 13, 2004
- (w) DoD Instruction 1030.2, "Victim and Witness Assistance Procedures," June 4, 2004
- (x) DoD Directive 6400.1, "Family Advocacy Program (FAP)," August 23, 2004
- (y) DoD Instruction 6400.3, "Family Advocacy Command Assistance Team," February 3, 1989
- (z) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," June 30, 1998
- (aa) Section 596 of the National Defense Authorization Act for Fiscal Year 2006 (Pub. L. 109-163)⁴
- (ab) Section 552 of title 5, United States Code
- (ac) Health Insurance Portability and Accountability Act of 1996, P. L. 104-191, Section 1177, August 21, 1996⁵
- (ad) DoD 5210.42-R "Department of Defense Nuclear Weapon Personnel Reliability Program (PRP) Regulation," January 2001
- (ae) Military Rules of Evidence Rule 412, "Nonconsensual Sexual Offenses: Relevance of Victim's Behavior or Sexual Predisposition"⁶
- (af) Military Rules of Evidence Rule 413, "Evidence of Similar Crimes in Sexual Assault Cases"
- (ag) Military Rules of Evidence Rule 615, "Exclusion of Witnesses"
- (ah) DoD Directive 5400.11, "DoD Privacy Program," November 16, 2004

³ Copies may be obtained via the Internet at <http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

⁴ Copies may be obtained via the Internet at <http://www.defenselink.mil/dodgc/olc/docs/PL109-163.pdf>

⁵ Copies may be obtained via the Internet at <http://aspe.hhs.gov/admsimp/pl104191.htm#1177>

⁶ Copies of references (ad) through (af) may be obtained via the Internet at <http://www.army.mil/usapa/epubs/pdf/mcm.pdf>

E2. ENCLOSURE 2

DEFINITIONS

E2.1.1. Confidential Reporting. For the purposes of the policies and procedures of the SAPR Program, confidential reporting is restricted reporting that allows a Service member defined in Reference (c), to report or disclose to specified officials that he or she has been the victim of a sexual assault. This reporting option gives the member access to medical care, counseling, and victim advocacy, without requiring those specific officials to automatically report the matter to law enforcement or initiate an official investigation. The restricted reporting option is only available to those sexual assault victims who are Service members; however, it may not be an option if the sexual assault occurs outside of the military installation or the victim first reports to a civilian facility and/or a civilian authority. This will vary by state, territory, and/or overseas local agreements. For additional information on restricted reporting, see Reference (c).

E2.1.2. Defense Case Record Management System (DCRMS). A Department-wide data system, developed in coordination with the Military Services, to document support services requested by or referred for victims, standardized data on sexual assault incidents for trends, and record data on restricted reports of sexual assault. The DCRMS assists SARCs to manage the SAPR Program and meet reporting requirements, including restricted reports, victim support services, and the reporting requirements of section 596 of the National Defense Authorization Act for Fiscal Year 2006 (Reference (aa)) on cases hindered by lack of materials or processing delay. It allows the Services to obtain consistent data, assess trends, improve service delivery, and adjust policies as needed. Additionally, it provides standardized reports as required.

E2.1.3. Defense Incident Based Reporting System (DIBRS). A database system for the central storage of statistical information on criminal and high interest incidents within the Department of Defense. These incidents include situations where the military has exclusive jurisdiction, or if they share jurisdiction, where they coordinate with civilian law enforcement authorities. This system requirement meets uniform Federal crime reporting requirements, statutory requirements, and enables the Department of Defense to provide responses to internal and external response requests for statistical data on criminal incidents.

E2.1.4. Final Disposition. The conclusion of any judicial, non-judicial, or administrative actions, to include separation actions taken in response to the offense, whichever is later in time. If the final command determination is that there is insufficient evidence or other legal issues exist that prevent judicial or administrative action against the alleged perpetrator, this determination shall be conveyed to the victim in a timely manner.

E2.1.5. Military Criminal Investigative Organizations (MCIOs). The United States Army Criminal Investigation Command, Naval Criminal Investigative Service, and Air Force Office of Special Investigations.

E2.1.6. Identifying Personal Information. For the purpose of this Instruction, this term applies to the victim or alleged offender of a sexual assault, and is that information which would disclose

or have a tendency to disclose the person's identity. Identifying personal information includes the person's name or a particularly identifying description (e.g., physical characteristics or identity by position, rank, or organization), or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g., a female in a particular squadron or barracks when there is only one female assigned).

E2.1.7. Non-identifying Personal Information. Includes those facts and circumstances surrounding the sexual assault incident or information about the individual that enables the identity of the victim or alleged offender to remain anonymous.

E2.1.8. 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 DoD member for making, preparing, or receiving a covered communication.

E2.1.9. Sexual Assault Advisory Council (SAAC). A senior executive-level decision-making body that provides advice and counsel to the Secretary of Defense and Deputy Secretary of Defense on all SAPR matters.

E3. ENCLOSURE 3

DoD SAPR PROGRAM REQUIREMENTS AND PROCEDURES

E3.1. MANAGEMENT RESPONSIBILITY. Commanders, supervisors, and managers at all levels are responsible for the effective implementation of SAPR policies. Military and DoD civilian officials at each management level shall advocate a strong SAPR program and provide education and training that shall enable them to prevent and appropriately respond to incidents of sexual assault.

E3.2. PREVENTION AND RESPONSE. The Military Services shall:

E3.2.1. Provide periodic, mandatory education and training in SAPR at installation and fleet unit commands, during pre-commissioning programs and initial-entry training, and throughout the professional military education systems.

E3.2.1.1. This training shall be provided as part of the overall effort to achieve sexual assault awareness and prevention within the Department of Defense and shall be provided to all DoD Military Service members, including flag and general officers, and at a minimum to all civilian personnel who supervise military Service members. The focus of this training is to ensure that all Service members and civilian supervisors of Service members have a working knowledge of what constitutes sexual assault, why sexual assaults are crimes, and the meaning of consent. Additionally, the training should provide personnel with information on the reporting options available to them and the exceptions and/or limitations of each option.

E3.2.1.2.. The term sexual assault as defined in Reference (c) shall be used in all training programs. Training should also emphasize the distinction between the terms sexual assault and sexual harassment which is defined in Reference (r).

E3.2.2. Conduct an annual sexual assault awareness training update.

E3.2.2.1. To help Service members understand the nature of sexual assaults in the military environment, this training should be scenario-based, using real-life situations to demonstrate the entire cycle of reporting, response, and accountability procedures.

E3.2.2.2. Training for junior personnel should incorporate adult learning theory, which includes group participation and interaction.

E3.2.3. Ensure Service members who deploy to locations outside the United States are cognizant of sexual assault issues, as well as DoD-specific and Military Service-specific policies addressing sexual assault prevention, offender accountability, and victim care. This training shall include risk reduction factors that are tailored to the specific deployment location(s), and at a minimum shall:

E3.2.3.1. Provide a brief history of the specific foreign countries or areas anticipated for deployment, and address the area's customs, mores, and religious practices. The cultural customs, mores, and religious practices of coalition partners in the deployed location shall also be addressed.

E3.2.3.2. Address procedures for reporting a sexual assault to ensure Service members are aware of the full range of options available at the deployed location.

E3.2.3.3. Develop a mechanism for identifying trained sexual assault first responders, and identify those first response personnel who shall be available during the deployment, to include the SARC, VAs, HCPs, and chaplains.

E3.2.4. Establish guidelines for a 24-hour, 7-days per week sexual assault response capability for all locations, including deployed areas. Non-eligible civilians requiring emergent care for sexual assault shall be given appropriate life-saving intervention, if available, and assisted with the transition to civilian healthcare, law enforcement, and/or other support resources. While the installation may provide information on community resources, it shall be the decision of the civilian whether to pursue follow-on intervention, unless the individual is physically unable to make that determination. Regardless of the location, coordinate the efforts and resources to ensure optimal and safe administration of unrestricted and restricted reporting options, with appropriate protection, medical care, counseling, and advocacy. The guidelines shall:

E3.2.4.1. Ensure first responders are trained and identified, and response times are continually monitored to ensure timely response to reports of sexual assault. First responders shall include law enforcement, SARC, VAs, MCIOs, and HCPs. Additional explanation of first responders is provided at Enclosure 6.

E3.2.4.2. Maintain adequate supplies of SAFE kits and ensure personnel are appropriately trained on protocols for their use and comply with prescribed chain of custody procedures. Modified procedures applicable in cases of restricted reports of sexual assault are explained in Enclosure 4.

E3.2.4.3. Establish a multi-disciplinary case management group, as prescribed in Enclosure 7 and include provisions to provide for continuity of victim care and case management when a victim has a temporary or permanent change of station, or is deployed.

E3.2.4.4. Promote expedient resolution of unrestricted sexual assault cases. Unless otherwise expressly excused by operation of law, regulation, or policy, a unit commander who receives a report of an incident of sexual assault shall refer the matter as soon as practicable to investigative authorities assigned to the appropriate MCIO.

E3.2.4.5. Establish a policy which encourages commanders to be responsive to a victim's desire to discuss his or her case with the senior commander tasked by the Military Service with oversight responsibility for the SAPR program as determined in Reference (c).

E3.2.5. Establish the position of the SARC.

E3.2.5.1. Establish standardized criteria for selection of the SARC.

E3.2.5.2. At the Military Service's discretion, the SARC may be a military member, DoD civilian employee, or DoD contractor. The SARC shall:

E3.2.5.2.1. Report to the Military Service-designated senior commander, as defined in Reference (c).

E3.2.5.2.2. Provide regular updates to the senior commander and assist the commander to meet annual SAPR training requirements, to include providing orientation briefings for newly assigned personnel, and, as appropriate, providing community education publicizing available SAPR services.

E3.2.5.2.3. Provide the senior commander with non-identifying personal information, as defined in Enclosure 2, within 24 hours of a restricted report of sexual assault. Recognizing there may be extenuating circumstances in the deployed environments, this notification may be extended to 48 hours after the restricted report of the incident. Command and installation demographics shall be taken into account when determining the information to be provided.

E3.2.5.2.4. Serve as the single point of contact (POC) to coordinate community sexual assault response when a sexual assault is reported. The SARC shall assist the senior commander to ensure victims of sexual assault receive the appropriate responsive care.

E3.2.5.2.5. Personnel assigned as SARCs, provided that they are regularly appointed DoD military or civilian personnel, may exercise oversight responsibility for VAs authorized to respond to sexual assaults when they are providing victim advocacy services.

E3.2.5.2.6. Facilitate education of command personnel on sexual assault and victim advocacy services.

E3.2.5.2.7. Facilitate briefings on victim advocacy services to Service members, DoD civilian employees, DoD contractors, and other command or installation personnel as appropriate.

E3.2.5.2.8. Facilitate and document appropriate training of all military first responders who attend the multi-disciplinary case management group. An additional explanation of the case management group is included in Enclosure 7.

E3.2.5.2.9. Facilitate practical training for military sexual assault medical examiners and HCPs, as needed, in order to maintain optimal readiness and ensure the same level of care is provided in deployed, overseas, and remote environments.

E3.2.5.2.10. Facilitate the development and collaboration of SAPR public awareness campaigns for victims of sexual assault, to include planning local events for Sexual Assault Awareness Month which is nationally observed during the month of April.

E3.2.5.2.11. Coordinate medical and counseling services between military installations and/or deployed units related to care for victims of sexual assault.

E3.2.5.2.12. Conduct an ongoing assessment of the consistency and effectiveness of the SAPR within the assigned area of responsibility.

E3.2.5.2.13. Collaborate with other agencies and activities to improve SAPR responses to, and support of victims of sexual assault.

E3.2.5.2.14. Advocate to ensure the views of the victim of the sexual assault are considered in the decision-making process.

E3.2.5.2.15. Maintain liaison with commanders, military law enforcement, and MCIOs as appropriate to ensure protocols and procedures:

E3.2.5.2.15.1. Activate victim advocacy 24 hours a day, 7 days a week for all incidents of reported sexual assault occurring either on or off the installation involving Service members.

E3.2.5.2.15.2. Collaborate on public safety, awareness, and preventive measures.

E3.2.5.2.15.3. Facilitate ongoing training of military and civilian law enforcement and criminal investigative personnel on the SAPR policy and the roles and responsibilities of the SARC and VAs.

E3.2.5.2.16. Consult with command legal representatives, HCPs, and MCIOs to assess the potential impact of state laws governing the reporting requirements for adult sexual assault that may affect compliance with the DoD restricted reporting option and develop or revise applicable memorandums of understanding (MOUs) as appropriate. (See Enclosure 11.)

E3.2.5.2.17. Collaborate with MTFs within their area of responsibility to establish protocols and procedures to ensure notification of the SARC and/or a VA for all incidents of reported sexual assault, and facilitate ongoing training of HCPs on the roles and responsibilities of SARCs and VAs.

E3.2.5.2.18. Document the services referred to and/or requested by the victim from the time of the initial report of a sexual assault through the final disposition and/or until the victim no longer desires services.

E3.2.5.2.18.1. The SARC shall maintain in the DCRMS an account of the services referred to and/or 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 disposition and/or until the victim no longer desires services.

E3.2.5.2.18.2. The DCRMS shall capture information regarding all incidents from the moment the report is initiated until final disposition. The SARC will provide aggregate information to assist senior-level commanders to better understand and manage trends and

characteristics of sexual assault crimes at the Military Service-level, and to better understand and mitigate the risk factors that may be present within the associated environment.

E3.2.5.2.19. SARCs, provided that they are regularly appointed DoD military or civilian personnel, shall serve as chairperson of a multi-disciplinary case management group that meets monthly to review individual cases of unrestricted reports of sexual assault, unless this responsibility is otherwise delegated by the Military Service. (See Enclosure 7 for further explanation of the case management group.)

E3.2.5.2.20. Familiarize the unit commanders and/or supervisors of sexual assault VAs with the VA roles and responsibilities, using DD Form 2909, "VA and Victim Advocate Supervisor Statement of Understanding," at Enclosure 9 or a comparable Military Service-developed, standardized form. Unit commanders and supervisors shall not interfere with, or otherwise attempt to negatively influence, VA's sexual assault advocacy duties. If there is a conflict between a VA's primary duty and advocacy responsibilities, the VA's Unit Commander and/or supervisor should consult with the SARC to resolve the conflict. (See paragraph E3.2.11. for additional information.)

E3.2.6. Ensure victim advocacy is available for victims of sexual assault.

E3.2.6.1. Ensure standardized criteria for the selection and training of sexual assault VAs complies with Military Service's specific guidelines. All VA's must acknowledge their understanding of their advocacy roles and responsibilities using DD Form 2909, at Enclosure 9, or comparable Military Service-developed, standardized form.

E3.2.6.2. At the Military Service's discretion, victim advocacy may be provided by military personnel, DoD civilian employees, or DoD contractors, volunteers, or accomplished through partnership agreements with civilian advocacy organizations. Personnel responsible for providing victim advocacy shall:

E3.2.6.2.1. Be notified and respond within Military Service-designated timelines upon receipt of a report of sexual assault.

E3.2.6.2.2. Provide crisis intervention, victim service referrals, and on-going, non-clinical support to the victim of a reported sexual assault, in accordance with the sexual assault response protocols prescribed in Enclosure 10. A VA's primary responsibility is to help the victim navigate those processes required to obtain care and services needed. It is not the VA's role or responsibility to be the victim's therapist or to act as an investigator.

E3.2.6.2.3. Report directly to the SARC while providing sexual assault advocacy responsibilities.

E3.2.7. Ensure that, at a minimum, the following medical care is made available to a victim of sexual assault, and provided if the victim elects:

E3.2.7.1. Complete physical assessment, examination, and treatment of injuries including immediate life-saving interventions with follow-up and referral care as needed.

E3.2.7.2. Once clinically stable, the HCP shall consult with the victim regarding further healthcare options which shall include, but are not limited to:

E3.2.7.2.1. Testing, prophylactic treatment options, and follow-up care for possible exposure to human immunodeficiency virus (HIV) and other sexually transmitted infections or diseases.

E3.2.7.2.2. Assessment of the risk of pregnancy, options for emergency contraception, and any necessary follow-up care and/or referral services.

E3.2.7.2.3. Assessment for the need for behavioral health services and providing a referral, if necessary and/or requested by the victim.

E3.2.7.3. Ensure that the HCP consults with the victim regarding the availability of an optional SAFE. (Additional explanation of SAFE is at Enclosure 4.)

E3.2.7.3.1. If performed in the MTF, the HCP shall utilize a SAFE collection kit (SAFE kit) and the most current edition of the DD Form 2911, "Forensic Medical Report Sexual Assault Examination," at Enclosure 14.

E3.2.7.4. Designate an official who, in cases of restricted reporting, shall generate an alpha-numeric restricted reporting case number (RRCN), unique to each incident, that shall be used in lieu of personal-identifying information to label and identify evidence collected from a SAFE (i.e., SAFE kit, accompanying documentation, personal effects, and clothing).

E3.2.7.5. Designate an activity that, in cases of restricted reporting, will receive forensic evidence from the HCP and label and store such evidence in accordance with the following: (See Enclosure 4 for further information.) The activity representative shall be trained and capable of collecting and preserving evidence to assume custody of the evidence using established chain of custody procedures.

E3.2.7.6. Ensure SAFE evidence collection procedures are the same for both a restricted and unrestricted report of sexual assault. Additionally, for restricted reports of sexual assault, procedures shall be as follows:

E3.2.7.6.1. The Service-designated official shall provide the HCP with the appropriate RRCN to use in place of personally identifiable information about the victim should the victim elect restricted reporting, according to prescribed procedures for SAFE collection and preservation under restricted reporting. (See Enclosure 4.)

E3.2.7.6.2. Upon completion of the SAFE and securing of the evidence, the HCP will turn the material over to the appropriate Service-designated activity as determined by the selected reporting option.

E3.2.7.6.3. Evidence shall be stored until a victim changes to unrestricted reporting, but may not exceed 1 year from the date of the victim's restricted report of the sexual assault.

E3.2.8. Establish an official collateral duty within each MTF for the assignment of an HCP as the primary POC concerning DoD and Military Service SAPR policy, as well as updates in sexual assault care.

E3.2.9. Maintain liaison with installation Family Advocacy Program and Domestic Violence intervention and prevention staff to ensure coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

E3.2.10. Maintain liaison with civilian sexual assault victim resources. Where necessary, recommend that commands establish an MOU or support agreements with the appropriate local authorities and civilian service organizations to maximize cooperation, reciprocal reporting of sexual assault information, and/or consultation regarding jurisdiction for the prosecution of Service members involved in sexual assault. The purposes of these MOUs or agreements are to:

E3.2.10.1. Enhance communications and the sharing of information regarding sexual assault prosecutions, as well as of the sexual assault care and forensic examinations that involve Service members.

E3.2.10.2. Collaborate with local community crisis counseling centers, as necessary, in order to augment or enhance their SAPR programs.

E3.2.10.3. Provide liaison with private sector sexual assault councils as appropriate.

E3.2.10.4. Provide information on medical and counseling services related to care for victims of sexual assault that may not be available on military installations, but are available in the civilian community.

E3.2.10.5. Facilitate and document training for civilian service providers about SAPR policy and the roles and responsibilities of the SARC and VA.

E3.2.11. Designate an appropriate level of command, commensurate with the maturity and experience needed, to be the disposition authority for allegations of sexual assault. These commanders shall take appropriate actions to ensure the fair, impartial, and timely investigation, resolution, and disposition of unrestricted reports of sexual assault. (See Enclosure 12.) Use the commander's sexual assault response protocols at Enclosure 5 as the baseline for commander's response. Military Services may expand the response protocols to meet Service-specific requirements and/or procedures.

E3.2.12.. Ensure commanders understand that taking action on victim collateral misconduct may be delayed until final disposition of the sexual assault case. Military Services will also ensure procedures are established that do not penalize commanders or organizations for delaying actions for collateral misconduct by the victim. Commanders must also be mindful of any potential speedy trial and/or statute of limitations concerns when determining whether to defer action.

E3.2.13. Ensure the victim of a sexual assault receives monthly updates regarding the current status of any on-going investigative, medical, legal, or command proceedings regarding his or her

sexual assault until the final disposition of the reported assault, and to the extent permitted under the Privacy Act of 1974 (Reference (ab)), Reference (z), and the Health Insurance Portability and Accountability Act of 1996 (Reference (ac)).

E3.2.14. Designate an appropriate level of command, commensurate with the maturity and experience needed, to review all administrative separation actions involving victims of sexual assault which occur within 1 year of the unrestricted report of sexual assault, and to exercise the administrative responsibilities involved as appropriate. (See Enclosure 12.)

E3.2.15. Establish procedures to protect the SARC and VA from coercion, discrimination, or reprisals, as defined in Enclosure 2, related to the execution of SAPR duties and responsibilities.

E4. ENCLOSURE 4

SAFE COLLECTION AND PRESERVATION UNDER RESTRICTED REPORTING

E4.1. GENERAL

E4.1.1. Medical services offered to victims of sexual assault include the ability to elect a SAFE in addition to the general medical management related to sexual assault response. The SAFE is an examination of a sexual assault victim by an HCP who, ideally, has specialized education and clinical experience in the collection of forensic evidence and treatment of these victims. The forensic component includes gathering information from the victim for the medical forensic history, an examination, documentation of biological and physical findings, collection of evidence from the victim, and follow-up as needed to document additional evidence.

E4.1.2. The process for collecting and preserving sexual assault evidence under the restricted reporting option is the same as takes place under the unrestricted reporting option, except that the restricted reporting option does not trigger the official investigative process and any evidence collected has to be documented in a way that ensures the confidentiality of a victim's identity.

E4.2. POLICY

E4.2.1. In accordance with Reference (c), restricted reporting allows a victim of sexual assault who is a Service member to disclose on a requested confidential basis the details of his or her assault to specifically identified individuals and receive medical treatment and counseling, without triggering the official investigative process.

E4.2.2. Additionally, at the victim's request, the HCP, if appropriately trained and/or supervised, shall conduct a SAFE as indicated, which may include the collection of evidence, in accordance with Reference (u) and clinical community standards of care.

E4.3. PROCEDURES

E4.3.1. Sexual assault reporting procedures require that the SARC be notified of all incidents of reported sexual assault. The SARC, in turn, will assign a VA to assist the victim. If a victim initially seeks assistance at a medical facility, SARC notification must not delay the treatment of any medical conditions requiring immediate attention for the health of a victim. Once any emergent medical injuries have been treated, the SARC or VA shall advise the victim of the reporting options available to him or her, explain the benefits and limitations of each, and document the reporting option the victim selects using DD Form 2910, "Victim Reporting Preference Statement" (VRPS), at Enclosure 13. The SARC or VA shall also inform the victim about the availability of an optional SAFE. If a victim chooses to undergo a SAFE, and the HCP determines a SAFE is indicated by the facts of the case, HCPs at military facilities shall conduct

the examination according to the most current version of Reference (u) and other applicable community standards of care.

E4.3.2. Installations that do not have a SAFE capability will be responsible for transporting the victim to a military facility or local off-base, non-military facility that has a SAFE capability. They may also contract with a local Sexual Assault Nurse Examiner or other HCPs who are trained and credentialed to perform a SAFE, and have them report to the MTF to conduct the examination.

E4.3.2.1. Whenever possible, military installations should have a formal MOU in place between military facilities and off-base, non-military facilities for the purpose of conducting a SAFE.

E4.3.2.2. The SARC or VA shall ensure that the victim is aware of any local or state sexual assault reporting requirements that may limit the possibility of restricted reporting prior to proceeding with the SAFE at the off-base, non-military facility.

E4.3.3. For restricted reporting cases, the Military Service designated official shall generate an alpha-numeric RRCN, unique to each incident, that shall be used in lieu of personal-identifying information to label and identify the evidence collected from a SAFE (i.e., SAFE kit, accompanying documentation, personal effects, and clothing). Upon completion of the SAFE, the HCP will package, seal, and label the evidence container(s) with the RRCN and notify the Military Service designated activity (hereafter referred to as “the activity”). The activity representative shall be trained and capable of collecting and preserving evidence to assume custody of the evidence using established chain of custody procedures. MOUs with off-base, non-military facilities should include instructions for the notification of a SARC regardless of whether a restricted or unrestricted report of sexual assault is involved, evidence receipt procedures, application of an RRCN, and disposition of evidence back to the activity. The RRCN and general description of the evidence shall be entered into a log to be maintained by the activity. Evidence shall be stored for 1 year from the date of the victim’s restricted report of the sexual assault.

E4.3.4. At least 30 days prior to the expiration of the 1-year storage period, the activity shall notify the appropriate SARC that the 1-year storage period is about to expire. Accordingly, the SARC shall ensure notification to the victim. If the victim does not desire to change from a restricted report to an unrestricted report, and does not request the return of any personal effects or clothing maintained as part of the evidence prior to the expiration of the 1-year storage period, in compliance with established procedures for the destruction of evidence, the activity shall destroy the evidence maintained under that victim’s RRCN. The evidence shall similarly be destroyed if, at the expiration of 1-year, a victim does not advise the SARC of his or her decision, or the SARC is unable to notify a victim because the victim’s whereabouts are no longer known. If, prior to the 1-year period, a victim changes his or her reporting preference to the unrestricted reporting option, the SARC shall notify the respective MCIO, who shall then assume custody of the evidence maintained by the RRCN from the activity under established chain of custody procedures. MCIO established procedures for documenting, maintaining, and storing the evidence shall thereafter be followed.

E5. ENCLOSURE 5

COMMANDER'S SEXUAL ASSAULT RESPONSE PROTOCOLS FOR UNRESTRICTED
REPORTS OF SEXUAL ASSAULT

E5.1. The Commander's Sexual Assault Response Checklist at Attachment E5. A1 is provided to assist unit commanders in successfully navigating the myriad of competing demands placed upon them once a sexual assault is reported. The use of the checklist has the primary objective of ensuring that there is an appropriate balance between a victim's right to feel secure and the alleged offender's rights to due process under the law. Its use also provides guidelines and standards for addressing unit interests in sexual assault cases.

E5.2. Each Military Service shall use this checklist as a baseline commander's guide to respond to unrestricted sexual assault reports. Additional Service-specific guidelines may be incorporated as needed.

E5.3. Commanders have the authority to expand upon this checklist, if necessary, to protect victims from further harm or trauma, to protect the rights of the alleged offender or to safeguard the unit.

Attachment – 1

A1. Commander's Sexual Assault Response Checklist for Unrestricted Reports of Sexual Assault

E5. A1. ATTACHMENT 1 TO ENCLOSURE 5

COMMANDER'S CHECKLIST FOR UNRESTRICTED REPORTS OF SEXUAL ASSAULT

VICTIM'S COMMANDER

- () Ensure the physical safety of the victim--determine if the alleged offender is still nearby and if the victim desires or needs protection.
- () Determine if the victim desires or needs any emergency medical care.
- () Notify the MCIO concerned, as soon as the victim's immediate safety is assured, and medical treatment procedures elected by the victim are initiated.
 - () To the extent practicable, strictly limit knowledge of the facts or details regarding the incident to only those personnel who have a legitimate need-to-know.
 - () Take action to safeguard the victim from any formal or informal investigative interviews or inquiries, except those conducted by authorities who have a legitimate need-to-know.
- () Ensure the SARC is notified immediately.
- () Collect only the necessary information (e.g., victim's identity, location, and time of the incident, name and/or description of offender(s)). **DO NOT ASK DETAILED QUESTIONS AND/OR PRESSURE THE VICTIM FOR RESPONSES OR INFORMATION ABOUT THE INCIDENT.**
- () Advise the victim of the need to preserve evidence (by not bathing, showering, having anything by mouth, voiding bladder, or washing garments) while waiting for the arrival of representatives of the military criminal investigative organization.
- () If needed, assist with or provide immediate transportation for the victim to the hospital or other appropriate medical treatment facility.
- () Ensure the victim understands the availability of victim advocacy and the benefits of accepting advocacy and support.
- () Ask if the victim needs a support person, which can be a personal friend or family member, to immediately join him or her. Be sure to advise the victim this support person could later be called to testify as a witness if the case goes to trial.
- () Ask if the victim would like a chaplain to be notified and notify accordingly.

() Throughout the investigation, consult with the victim, and listen/engage in quiet support, as needed, and provide the victim appropriate emotional support resources. To the extent practicable, accommodate the victim's desires regarding safety, health, and security, as long as neither a critical mission nor a full and complete investigation is compromised.

() Continue to monitor the victim's well-being, particularly if there are any indications of suicidal ideation, and ensure appropriate intervention occurs as needed.

() If needed, confer with victim's HCP(s) and consider the need for convalescent leave or other administrative leave options as Military Service policy permits.

() Determine if the victim desires or needs a "no contact" order or a DD Form 2873, "Military Protection Order (MPO)," to be issued, particularly if the victim and the alleged offender are assigned to the same command, unit, duty location, or living quarters. Coordination with other commanders may be necessary if the alleged offender is assigned to a different commander.

() Determine the need for temporary reassignment to another unit, duty location, or living quarters on the installation of the victim or the alleged offender being investigated, working with the alleged offender's commander if different than the victim's commander, until there is a final legal disposition of the sexual assault allegation, and/or the victim is no longer in danger. To the extent practicable, consider the desires of the victim when making any reassignment determinations.

() Ensure the victim understands the availability of other referral organizations staffed with personnel who can explain the medical, investigative, and legal processes and advise the victim of his or her victim support rights.

() Emphasize to the victim the availability of additional avenues of support; refer to available counseling groups and other victim services.

() Attend the monthly case management meeting as appropriate.

() Ensure the victim receives monthly reports regarding the status of the sexual assault investigation from the date the investigation was initiated until there is a final disposition of the case.

() Consult with servicing legal office, as needed, to determine when and how best to dispose of the victim's collateral misconduct, if any.

() Absent extenuating or overriding considerations which, in the commander's judgment, make it inappropriate to delay taking action, the commander should consider deferring discipline for such victim misconduct until all investigations are completed and the sexual assault allegation has been resolved. Keep in mind the implications of this decision on speedy trial and/or statute of limitations.

() When practicable, consult with the servicing legal office, MCIO, and notify the assigned VA or SARC prior to taking any administrative or disciplinary action affecting the victim.

() Avoid automatic suspension or revocation of a security clearance and/or Personnel Reliability Program (PRP) access, understanding that the victim may be satisfactorily treated for his/her related trauma without compromising his/her security clearance or PRP status. Consider the negative impact that suspension of a victim's security clearance or PRP may have on building a climate of trust and confidence in the Military Service's sexual assault reporting system, but make final determination based upon established national security standards. (See DoD 5210.42-R (Reference (ad) for specific requirements.)

ALLEGED OFFENDER'S COMMANDER

() Notify the appropriate MCIO as soon as possible after receiving a report of a sexual assault incident.

() Avoid questioning about the sexual assault allegation with the alleged offender, to the extent possible, since doing so may jeopardize the criminal investigation.

() Any contact with a Service member suspected of an offense under Chapter 47 of Reference (b) may involve rules and procedures, that ensure due process of law and are unique to the military criminal justice system. Therefore, before questioning or discussing the case with the alleged offender, commanders and other command representatives should first contact the servicing legal office for guidance.

() However, if questioning does occur, advise the Service member suspected of committing a UCMJ offense of his or her rights under Article 31 of Chapter 47 of Reference (b).

() Safeguard the alleged offender's rights and preserve the integrity of a full and complete investigation, to include limitations on any formal or informal investigative interviews or inquiries by personnel other than those by personnel with a legitimate need-to-know.

() Strictly limit information pertinent to an investigation to those who have a legitimate need-to-know.

() Ensure procedures are in place to inform the alleged offender, as appropriate, about the investigative and legal processes that may be involved.

() Ensure procedures are in place to inform the alleged offender about available counseling support. As appropriate, refer the alleged offender to available counseling groups and other services.

() With the benefit of the SARC, VA, legal, and/or investigative advice, determine the need for a "no contact" order, or the issuance of an MPO, DD Form 2873.

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

UNIT COMMANDER OF VICTIM AND/OR ALLEGED OFFENDER

PREVENTION

- () Establish a command climate of prevention that is predicated on mutual respect and trust, that recognizes and embraces diversity, and that values the contributions of all its members.
- () Emphasize that sexual assault violates the core values of what being a professional in the Armed Forces is all about and is something that ultimately destroys unit cohesion and the trust that is essential for mission success.
- () Emphasize DoD and Military Service policies on sexual assault and the potential legal consequences for those who commit such crimes.
- () Keep a “finger on the pulse” of the organization’s climate and respond with appropriate action toward any negative trends that may emerge.

IN THE EVENT OF A SEXUAL ASSAULT

- () Discourage members from participating in “barracks gossip” or grapevine speculation about the case or investigation. Remind everyone to wait until all the facts are known and final disposition of the allegation has occurred before reaching conclusions.
- () Remind members that discussion of a possible sexual assault incident might compromise an ensuing investigation.
- () Emphasize that the alleged offender is presumed innocent until proven guilty.
- () Advise those who may have knowledge of the events leading up to or surrounding the incident to fully cooperate with any investigation involved.
- () Consider some form of unit refresher training; or have an outside expert address the unit regarding preventive measures, as well as some of the emotional or psychological feelings that may manifest themselves, affect the unit, and require the unit’s response during the course of the investigation.
- () Continuously monitor the unit’s overall climate to ensure neither the victim and/or the alleged offender is being ostracized and prevent organizational splintering.

E6. ENCLOSURE 6

FIRST RESPONDER TRAINING REQUIREMENTS

E6.1. To ensure there is a standard of care throughout the Department as required in Reference (c), all DoD sexual assault first responders shall receive the same baseline training. Required periodic training shall be determined by each Military Service. These standards, developed during a series of meetings with representatives from all of the Military Services, form the baseline that the Military Services and specialized communities can build on.

E6.2. First responders are comprised of personnel in the following disciplines or positions: SARC; VAs; HCPs; law enforcement; MCIOs; judge advocates; and Chaplains.

E6.3. The following essential training tasks are mandatory for personnel assigned from each of the respective response disciplines. Compliance shall be made the subject of command inspections:

E6.3.1. SARC. All SARCs shall receive initial and periodic refresher training on the following essential tasks:

E6.3.1.1. VA knowledge and skills shall be a prerequisite

E6.3.1.2. Roles and Responsibilities and Command Relationship

E6.3.1.3. VA Screening

E6.3.1.3.1. Recent Victims

E6.3.1.3.2. Offenders

E6.3.1.3.3. Recognizing Personal Biases

E6.3.1.4. Case Management Skills

E6.3.1.5. Management Skills

E6.3.1.5.1. Required Reports

E6.3.1.5.2. Proper Documentation

E6.3.1.5.3. Restricted Reporting

E6.3.1.5.4. Unrestricted Reporting

E6.3.1.5.5. Required Reports

E6.3.1.5.6. Change in Victim Reporting Preference Election from Restricted to Unrestricted Reporting

E6.3.1.5.7. Training of:

E6.3.1.5.7.1. VAs

E6.3.1.5.7.2. Installation Personnel (or Military Service equivalent)

E6.3.2. VA. All VAs shall receive initial and periodic refresher training on the following essential tasks:

E6.3.2.1. Sexual Assault Response Policies

E6.3.2.1.1. DoD Policies

E6.3.2.1.2. Military Service-Specific Policies

E6.3.2.1.3. DoD Confidentiality Policy and exceptions to Restricted Reporting and Limitations on Use

E6.3.2.1.4. Change in Victim Reporting Preference Election from Restricted to Unrestricted Reporting

E6.3.2.2. Critical Advocacy Skills

E6.3.2.2.1. Basic Interpersonal and Assessment Skills

E6.3.2.2.1.1. Appropriate Relationship/Rapport Building

E6.3.2.2.1.2. Sensitivity Training to prevent re-victimization

E6.3.2.2.2. Crisis Intervention

E6.3.2.2.3. Roles and Limitations

E6.3.2.2.3.1. Command Relationship

E6.3.2.2.3.2. VA's Rights and Responsibilities

E6.3.2.2.3.3. Reporting to the SARC

E6.3.2.2.3.4. Recognizing Personal Biases/Issues

E6.3.2.2.4. Local Protocols and Procedures

E6.3.2.2.4.1. Resources

E6.3.2.2.4.2. Referrals

E6.3.2.2.4.3. Military and Civilian

E6.3.2.2.5. Proper Documentation

E6.3.2.2.6. Record Keeping Rules for Protected Disclosures

E6.3.2.2.7. Ethics

E6.3.2.2.8. Individual vs. System Advocacy

E6.3.2.2.9. Collaboration/Knowledge of Resources/Referrals

E6.3.2.3. Knowledge of the Military (i.e., Command, Mission, Programs, and Military Justice, and Adverse Administrative Actions)

E6.3.2.4. Overview of criminal investigative process and military judicial and evidentiary requirements.

E6.3.2.5. Victimology

E6.3.2.5.1. Types of Assault

E6.3.2.5.2. Health Consequences

E6.3.2.5.2.1. Mental Health

E6.3.2.5.2.2. Physical Health

E6.3.2.5.3. Myths and Facts

E6.3.2.5.4. Secondary Victimization

E6.3.2.5.5. Cultural/Religious Differences

E6.3.2.6. Victim Rights and the Role of the Victim in Accountability Actions and limitations on accountability actions created by restricted reports

E6.3.2.7. Healthcare Management of Sexual Assault and Medical Resources/Treatment Options

E6.3.2.7.1. Medical Examinations

E6.3.2.7.2. Forensic Examinations

E6.3.2.7.3. Mental Health and Counseling

E6.3.2.7.4. Pregnancy

E6.3.2.7.5. Sexually Transmitted Diseases/Infections (STD/Is), HIV

E6.3.2.8. Safety Planning

E6.3.2.8.1. Retaliation or Reprisal Actions Against the Victim

E6.3.2.8.2. Intimidation

E6.3.2.8.3. Separation of Victim and Offender

E6.3.2.8.4. Military Protective Orders

E6.3.3. Healthcare. There are two distinct training categories of training for HCPs, and training for the respective categories shall be as follows:

E6.3.3.1. All personnel assigned to the MTF will receive initial and refresher training on the following essential tasks:

E6.3.3.1.1. Sexual Assault Response Policies

E6.3.3.1.1.1. DoD Policies

E6.3.3.1.1.2. Military Service-Specific Policies

E6.3.3.1.1.3. DoD Confidentiality Policy Rules and Limitations

E6.3.3.1.2. Victim Advocacy Resources

E6.3.3.1.3. Medical Treatment Resources

E6.3.3.1.4. Sexual Assault Victim Interview

E6.3.3.1.5. Sexual Assault Examination Process

E6.3.3.2. HCPs Performing SAFE in MTF. The following healthcare providers are most likely to be called upon to provide medical treatment to a sexual assault victim, to include performing SAFEs: licensed physicians; advanced practice nurses with specialties in - midwifery, women's health, family health, pediatrics; physician assistants trained in family practice or women's health; and, registered nurses with documented education, training, and clinical practice in sexual assault examinations. These HCPs performing SAFEs shall also receive additional initial and periodic refresher training, to include but not be limited to, the following essential tasks:

E6.3.3.2.1. Sexual Assault Victim Interview

E6.3.3.2.2. Sexual Assault Examination Process

E6.3.3.2.2.1. SAFE Collection Kit

E6.3.3.2.2.2. Chain of Custody

E6.3.3.2.2.3. Translation of Findings

E6.3.3.2.2.4. Proper Documentation

E6.3.3.2.3. Emergency Contraception/STD/Is Treatment

E6.3.3.2.4. Trauma

E6.3.3.2.4.1. Types of Injury

E6.3.3.2.4.2. Photography of Injuries

E6.3.3.2.4.3. Behavioral Health and Counseling Needs

E6.3.3.2.4.4. Consulting/Referral Process

E6.3.3.2.4.5. Appropriate Follow-up

E6.3.3.2.5. Medical Record Management

E6.3.3.2.6. Legal Process and Expert Witness Testimony

E6.3.4. Law Enforcement. All Military Service Law Enforcement professionals shall receive initial and periodic refresher training on the following essential tasks:

E6.3.4.1. Sexual Assault Response Policies

E6.3.4.1.1. DoD Policies

E6.3.4.1.2. Military Service-Specific Policies

E6.3.4.1.3. DoD Confidentiality Policy Rules and Limitations

E6.3.4.2. Responding to Sexual Assault

E6.3.4.2.1. Notification to Command and SARC

E6.3.4.2.2. Working with VAs and SARCs

E6.3.4.3. Crime Scene Management

- E6.3.4.3.1. Securing Crime Scene
 - E6.3.4.3.2. Identification and Preservation of Fragile Evidence
 - E6.3.4.3.3. Chain of Custody
 - E6.3.4.4. Preliminary Interviews
 - E6.3.4.4.1. Victim Sensitivity
 - E6.3.4.4.2. Transition to MCIOs
 - E6.3.4.5. Victimology
 - E6.3.4.5.1. Victimization Process
 - E6.3.4.5.2. Potential Victim Responses
 - E6.3.4.5.2.1. Trauma
 - E6.3.4.5.2.2. Behavioral Health Concerns including Post Traumatic Stress Disorder
 - E6.3.4.6. Sex Offenders
- E6.3.5. MCIOs. All military and civilian criminal investigators assigned to MCIOs shall receive initial and periodic refresher training on the following essential tasks:
- E6.3.5.1. Sexual Assault Response Policies
 - E6.3.5.1.1. DoD Policies
 - E6.3.5.1.2. Military Service-Specific Policies
 - E6.3.5.1.3. DoD Confidentiality Policy Rules and Limitations
 - E6.3.5.2. Victimology
 - E6.3.5.2.1. Victimization Process
 - E6.3.5.2.2. Potential Victim Responses
 - E6.3.5.2.2.1. Trauma
 - E6.3.5.2.2.2. Post Traumatic Stress Disorder
 - E6.3.5.3. Sex Offenders

E6.3.5.4. Crime Scene Management

E6.3.5.4.1. Securing Crime Scene

E6.3.5.4.2. Identification and Collection of Fragile Evidence

E6.3.5.4.3. Chain of Custody

E6.3.5.5. Interview Techniques

E6.3.5.5.1. Suspect

E6.3.5.5.2. Victim

E6.3.5.6. Investigating Difficult Cases

E6.3.5.6.1. Impaired Victims

E6.3.5.6.1.1. Alcohol Impairment

E6.3.5.6.1.2. Drug Facilitated Sexual Assaults

E6.3.5.6.2. Multiple Suspects

E6.3.5.6.3. Domestic Violence Sexual Assaults

E6.3.5.7. Recantations and False Information

E6.3.5.7.1. Proper Investigation of Recantations

E6.3.5.7.2. Factors Influencing False Reports

E6.3.5.8. Working with VA and SARC

E6.3.5.8.1. VA and SARC Roles, Responsibilities, and Limitations

E6.3.5.8.2. Victim Services and Support Programs

E6.3.6. Judge Advocates. There are two distinct training categories for judge advocates. Training for the respective categories shall be as follows:

E6.3.6.1. Judge Advocates. All judge advocates shall receive initial and periodic refresher training on the following essential tasks:

E6.3.6.1.1. Sexual Assault Response Policies

E6.3.6.1.1.1. DoD Policies

E6.3.6.1.1.2. Military Service-Specific Policies

E6.3.6.1.1.3. DoD Confidentiality Policy Rules and Limitations and use of restricted reports by command, investigative agencies, and trial and defense counsel

E6.3.6.1.2. Victim Rights

E6.3.6.1.2.1. Familiarity with Victim/Witness Assistance Program (VWAP)

E6.3.6.1.2.2. VWAP challenges in the deployed environment

E6.3.6.1.3. Victimology

E6.3.6.1.3.1. Victimization Process

E6.3.6.1.3.2. Victim Responses

E6.3.6.1.3.2.1. Trauma

E6.3.6.1.3.2.2. Post Traumatic Stress Disorder

E6.3.6.1.4. Sex Offenders

E6.3.6.1.5. Current Scientific Standards for Evidence

E6.3.6.1.5.1. Forensic

E6.3.6.1.5.2. Biological

E6.3.6.1.6. Recantations and False Information

E6.3.6.1.7. Deployment Issues including remote location assistance

E6.3.6.2. Judge Advocate Trial Counsel. All Trial Counsel (i.e., judge advocate prosecutors at courts-martial) shall receive initial and periodic refresher training on the following additional essential tasks:

E6.3.6.2.1. Sexual Assault Response Policies

E6.3.6.2.1.1. DoD

E6.3.6.2.1.2. Military Service- Specific

E6.3.6.2.1.3. DoD Confidentiality Policy Rules and Limitations

E6.3.6.2.2. Evidence

E6.3.6.2.2.1. Forensic and Scientific. Working knowledge of: the SAFE Collection Kit, Basic Forensic Photography, and Lab Results.

E6.3.6.2.2.2. Rules of Evidence. Military Rules of Evidence (MRE) 412, “Nonconsensual Sexual Offenses: Relevance of Victim’s Behavior or Sexual Predisposition” (Reference (ae)); MRE 413, “Evidence of Similar Crimes in Sexual Assault Cases” (Reference (af)); MRE 615, “Exclusion of Witnesses” (Reference (ag)).

E6.3.6.2.3. Interviews

E6.3.6.2.3.1. Victim

E6.3.6.2.3.2. Prosecution Witnesses

E6.3.6.2.3.3. Defense Witnesses

E6.3.6.2.3.4. Expert Witnesses

E6.3.6.2.4. Sexual Assault Victim Trial Preparation

E6.3.7. Chaplains. All chaplains shall receive initial and periodic refresher training on the following essential tasks:

E6.3.7.1. Sexual Assault Response Policies

E6.3.7.1.1. DoD Policies

E6.3.7.1.2. Military Service- Specific Policies

E6.3.7.1.3. Privileged Communications and the DoD Confidentiality Policy Rules and Limitations

E6.3.7.2. Victimology

E6.3.7.2.1. Types of Assault

E6.3.7.2.2. Health Consequences

E6.3.7.2.2.1. Mental Health

E6.3.7.2.2.2. Physical Health

E6.3.7.2.3. Myths and Facts

E6.3.7.2.4. Secondary Victimization

E6.3.7.2.5. Cultural/Religious Differences

E6.3.7.3. Victim Rights

E6.3.7.4. Trauma Training with Pastoral Applications

E6.3.7.4.1. Types of Injury

E6.3.7.4.2. Consulting/Referral Process

E6.3.7.5. Documentation

E7. ENCLOSURE 7

CASE MANAGEMENT FOR UNRESTRICTED REPORTS OF SEXUAL ASSAULT

E7.1. GENERAL

E7.1.1. The multi-disciplinary case management group shall be convened by the SARC, or other Military Service-designated authority, on a monthly basis to review individual cases, facilitate monthly victim updates and ensure system coordination, accountability, and victim access to quality services. A SARC who is a DoD contractor may not chair the multi-disciplinary case management group because only regularly appointed military and DoD civilian personnel may perform inherently governmental functions. At a minimum, each group shall consist of the following additional military or civilian professionals who are involved and working on a specific case:

E7.1.1.1. VA

E7.1.1.2. Military Criminal Investigator

E7.1.1.3. Military Law Enforcement

E7.1.1.4. HCPs and Mental Health/Counseling Services

E7.1.1.5. Chaplain

E7.1.1.6. Command Legal Representative or Staff Judge Advocate

E7.1.1.7. Victim's Commander

E7.1.2. The SARC shall ensure that the case management participants have received the appropriate sexual assault prevention and response training according to this Instruction. (See Enclosure 6.)

E7.2. PROCEDURES

E7.2.1. The members of the Case Management Group shall:

E7.2.1.1. Carefully consider and implement immediate, short-term, and long-term measures to help facilitate and assure the victim's well-being and recovery from the sexual assault.

E7.2.1.2. Closely monitor the victim's progress and recovery.

E7.2.1.3. Strive to protect the victim's privacy, ensuring only those with a need-to-know have the victim's name and related details.

E8. ENCLOSURE 8

SEXUAL ASSAULT QUARTERLY AND ANNUAL REPORTING REQUIREMENTS

E8.1. ANNUAL REPORTING FOR THE MILITARY SERVICES

E8.1.1. Per Section 113 of Reference (b), the Secretary of Defense submits calendar year annual reports to the House and Senate Armed Services Committees on the sexual assaults involving members of the Armed Forces (to include Military Service Academies and the National Guard and Reserve Components). Each Secretary of the Military Departments must submit their Service report to the Secretary of Defense through the SAPRO, not later than 15 January of each year. The Secretary of the Navy must provide separate reports for the Navy and the Marine Corps. The annual report includes:

E8.1.1.1. The policies, procedures, and processes in place or implemented during the year in response to incidents of sexual assault.

E8.1.1.2. The Secretary of the Military Department's assessment of the implementation of the policies and procedures on the prevention of, and response to sexual assaults to determine the effectiveness of those policies and procedures.

E8.1.1.3. Any plans for the following year on the prevention of and response to sexual assault specifically in the areas of advocacy, healthcare provider/medical response, mental health, counseling, investigative services, legal services, and chaplain response.

E8.1.1.4. Matrices for restricted and unrestricted reports of the number of sexual assaults involving members of the Armed Forces, and the synopsis and disciplinary actions taken in substantiated cases.

E8.1.1.5. Military Department Secretaries' analyses of the matrices.

E8.1.2. Sexual assault cases include alleged offenses of rape (Article 120, Chapter 47 of Reference (b)), non-consensual sodomy (Article 125, Chapter 47 of Reference (b)), indecent assault (Article 134, Chapter 47 of Reference (b) and Paragraph 63, Part IV of Reference (t)), and an attempt to commit any of these offenses (Article 80, Chapter 47 of Reference (b)). They exclude all cases involving a child (i.e., a person who at the time of the assault had not yet attained the age of 16).

E8.1.3. UNRESTRICTED Reports. The following data on sexual assaults reported to military officials and SARCs during the previous calendar year (CY) is required as a minimum, as well as any other information set by current DoD guidelines (NOTE: the term Subject is used since the reports are a mix of offender and alleged offender):

E8.1.3.1. The number of sexual assaults against members of the Armed Forces, and the number of sexual assaults by members of the Armed Forces in the following categories:

E8.1.3.1.1. The number of sexual assaults against Service members by Service members.

E8.1.3.1.2. The number of sexual assaults against Service members by non-Service members.

E8.1.3.1.3. The number of sexual assaults against Service members by unidentified subjects.

E8.1.3.1.4. The number of sexual assaults by Service members against non-Service members.

E8.1.3.2. Provide a gender table on reported sexual assaults involving Military Service members in the E8.1.3.1. categories with the column headers of male on female, male on male, female on female, and female on male.

E8.1.3.3. The number of subjects and victims by gender, age, grade, status, the type of offense, the average time between when the offense was reported and before the final command action or disposition, the number of cases where SAFEs were conducted and evidence collected, the number of cases where SAFEs were not available at time of exam, and the number of cases where evidence processing took longer than 60 days.

E8.1.3.4. The number of investigations opened during the CY for each reported sexual assault in the E8.1.3.1. categories.

E8.1.3.5. Of those investigations opened during the CY:

E8.1.3.5.1. The number of investigations completed during the CY.

E8.1.3.5.2. The number of investigations still pending completion at the end of the CY.

E8.1.3.6. The number of sexual assaults that occurred on and off an installation or other military conveyance.

E8.1.3.7. The total population of active duty Service members including mobilized Guardsmen and Reservists.

E8.1.3.8. The synopsis of the completed investigation includes:

E8.1.3.8.1. The number of investigations with more than one victim, or subject, or both.

E8.1.3.8.2. The number of subjects involved in the completed investigations in the following categories:

E8.1.3.8.2.1. Number of Military Service member subjects.

E8.1.3.8.2.2. Number of another Military Service's Service member subjects.

E8.1.3.8.2.3. Number of Non-Service member subjects.

E8.1.3.8.2.4. Number of unidentified subjects.

E8.1.3.9. The number of victims involved in the completed investigations in the following categories:

E8.1.3.9.1. Number of Military Service member victims.

E8.1.3.9.2. Number of another Military Service's Service member victims.

E8.1.3.9.3. Number of non-Service member victims.

E8.1.3.10. Of those completed investigations, the number of final dispositions for subjects in the following categories:

E8.1.3.10.1. Number of unidentified subjects.

E8.1.3.10.2. Number of unsubstantiated or unfounded, insufficient evidence, victim recanted, and/or death of subject, when no action could be taken.

E8.1.3.10.3. Number of those investigations still pending civilian or military disposition at the end of the CY.

E8.1.3.10.4. Number of those investigations transferred to another Military Service for final disposition.

E8.1.3.10.5. Number of those investigations transferred from another Military Service for final disposition.

E8.1.3.10.6. Number of completed final dispositions.

E8.1.3.11. Final disposition for the sexual assault or related offenses are comprised of the following categories: court-martial, non-judicial punishment (Article 15, Chapter 47 of Reference (b), civilian authority/foreign authority, administrative discharge in lieu of court-martial, administrative discharge in lieu of disciplinary action, and other adverse military administrative actions (to include letter of caution, letter of reprimand/memorandum (not issued as Article 15 punishment or by court-martial sentence)).

E8.1.4. RESTRICTED Reports. The following data on sexual assaults reported to military officials and SARCs during the previous calendar year (CY) is required as a minimum, as well as any other information set by current DoD guidelines:

E8.1.4.1 The number of sexual assaults against members of the Armed Forces.

E8.1.4.2. The number of sexual assaults that occurred on and off an installation or military conveyance.

E8.1.4.3. The total population of active duty Service members including mobilized Guard and Reserve.

E8.1.4.4. The number of victims by gender, age, grade, Military Service, status, and the time of day (morning, daytime, night) and date of the incident.

E8.1.4.5. The number of cases where SAFEs were conducted and evidence collected, and the number of cases where SAFEs were not available at time of exam.

E8.1.4.6. The synopsis of restricted reports in the following categories:

E8.1.3.6.1. The total number of restricted reports changed to unrestricted reports.

E8.1.3.6.2. The average amount of time needed to change to unrestricted reports (days).

E8.1.3.6.3. The total number of reports remaining restricted.

E8.1.4.7. The total number of military victims in the following categories:

E8.1.4.7.1. The number of Army victims.

E8.1.4.7.2. The number of Air Force victims.

E8.1.4.7.3. The number of Navy victims.

E8.1.4.7.4. The number of Marine victims.

E8.1.4.7.5. The number of Coast Guard victims, when the Coast Guard is operating as a service in the Navy.

E8.1.4.8. The military and/or DoD-facilitated civilian support services referred to or requested by victims of sexual assault.

E8.1.5. The quarterly data reports from the Military Services are the basis for annual reports to include the data fields necessary for comprehensive reporting. In the quarterly reports, the policies and planned actions are not required to be reported. Quarterly reports are due as follows: April 15 for investigations opened during the period of January 1 – March 31; July 15, for investigations opened during the period of April 1 – June 30; and October 15, for investigations opened during the period of July 1 – September 30. The final quarterly report shall be included as part of the CY annual report. Each quarterly report and subsequent annual report shall update the status of those previously-reported investigations that had been reported as opened, but not yet completed or with

action pending at the end of a prior reporting period. Once final action taken is reported, that specific investigation no longer needs to be reported. This reporting system will enable the Department of Defense to track sexual assault cases from date of initiation to completion of command action or disposition.

E8.2. ANNUAL REPORTING FOR THE MILITARY SERVICE ACADEMIES. The Secretary of Defense must submit a report to the House and Senate Armed Services Committees on sexual assaults involving academy students along with the results of program year (PY) surveys to 2008. The DMDC shall administer a survey of all academy students to determine the effectiveness of the academy's policies, training, and procedures on sexual harassment and sexual assault to prevent criminal sexual harassment and sexual assault involving academy students for PY 2006, 2007, and 2008. In accordance with Sections 113 and 4331 of Reference (b), the Superintendents of the Military Department Academies must submit to their respective Military Department Secretaries, the results of the DMDC survey and a report on sexual assaults involving academy students, not later than 1 September of each year. The Secretaries of the Military Departments will submit the survey report and report on sexual assaults to the Secretary of Defense through the SAPRO not later than 15 October of each year. The same sexual assault data collected from the Military Services on sexual assault will also be collected from their Military Service academies. (See E8.1.1. thru E8.1.5.) There is no requirement for a separate quarterly report of sexual assault data for the Military Academies.

E9. ENCLOSURE 9

VA AND SUPERVISOR STATEMENTS OF UNDERSTANDING⁷

VICTIM ADVOCATE AND SUPERVISOR STATEMENTS OF UNDERSTANDING	
PRIVACY ACT STATEMENT	
<p>AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.</p> <p>PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.</p>	
1. VICTIM ADVOCATE STATEMENT OF UNDERSTANDING	
<p>I, (Full name) _____, have volunteered, been assigned, or hired to be a Sexual Assault Victim Advocate. (Initial those that apply to your category and mark "NA" to those that do not.)</p>	
a. ALL VICTIM ADVOCATES	
INITIALS	S A M P L E
	(1) I understand that as a victim advocate I will handle confidential information of a personal nature.
	(2) In restricted reporting, I understand and agree that it is my responsibility to keep all oral, written or electronic communications amongst the victim, myself, and the Sexual Assault Response Coordinator (SARC) confidential, unless the victim authorizes disclosure in writing or another exception applies. In unrestricted reporting, I understand and agree with the above unless there is a request from someone with an official need to know.
	(3) I understand that improper disclosure of any communications, whether under restricted or unrestricted reporting, will result in removal as a victim advocate and may also result in disciplinary actions under the Uniform Code of Military Justice, or other adverse personnel or administrative actions.
	(4) I understand that any time I am performing duties in support of victim advocacy, I report directly to a Sexual Assault Response Coordinator (SARC).
	(5) I understand I may be on call and required to respond in person when on call. I acknowledge that if I am unable to be reached or do not respond while on call, I can be removed as a victim advocate.
	(6) I understand I am expected to attend or participate in monthly case management meetings for any case for which I am the assigned victim advocate.
	(7) I understand that, if a case proceeds to an Article 32, UCMJ investigative hearing or a court-martial, I may have to accompany the victim during the duration of the hearing/trial. I understand that I may be called to testify in such a hearing.
	(8) Prior to my serving as a victim advocate, I understand that I am required to complete all required Victim Advocate training.
b. ADDITIONAL AGREEMENTS FOR VOLUNTEER SERVICE AND COLLATERAL DUTY	
	(1) I understand that this collateral duty may impact my normal duty responsibilities.
	(2) I understand that a Sexual Assault Response Coordinator (SARC) will discuss my collateral duty as a victim advocate with my Supervisor prior to my serving as a Victim Advocate.
	(3) I understand that voluntary service to be a victim advocate to provide assistance to victims of sexual assault does not include the provision of counseling services to victims.

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⁷Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

b. ADDITIONAL AGREEMENTS FOR VOLUNTEER SERVICE (Continued)	
INITIALS	(4) I understand that there is no monetary compensation for this service. Volunteers accrue no rights, privileges, or benefits of Federal employment, other than: Subchapter I of Chapter 81 of Title 5, United States Code (work related injuries compensation); Section 2733 of Title 10, United States Code; Chapter 171 of Title 28, United States Code (damages or loss claims); Section 522a of Title 5, United States Code (maintenance of records on individuals); Chapter 11 of Title 18, United States Code (conflicts of interest). Volunteers are not considered Federal employees for any other purpose (ensures compliance with Section 1588d of Title 10, United States Code).
	(5) I understand that volunteer service confers neither civil service status nor any entitlement to future employment with any Federal agency, department, or organization.
	(6) I understand that volunteer service may be terminated at any time at the discretion of the Service leadership.
	(7) I understand that volunteer service may not be used as an alternative to paid employment for the volunteer or any other person.
S A M P L E	
2. VICTIM ADVOCATE (VA)	
a. SIGNATURE	b. DATE (YYYYMMDD)
3. SUPERVISOR STATEMENT OF UNDERSTANDING	
	a. I understand if the VA is responding after duty hours on a case, it may impact his/her ability to report to work the following morning.
	b. I also understand that the VA may have to accompany victim to various other referral appointments, and if a case proceeds to an Article 32, UCMJ, investigative hearing or a court-martial, the VA may be absent from the work area for the duration of the hearing/trial.
	c. I understand that I will be informed of any absences from the work center as soon as possible.
	d. I understand the VA will not report any details of the case to me, nor will I ask them for any details.
	e. I understand the responsibilities of the VA and am willing to support them.
	f. If I should encounter any problems or concerns, I may contact the SARC.
4. SUPERVISOR	
a. PRINTED NAME (Last, First, Middle Initial)	b. SIGNATURE
	c. DATE (YYYYMMDD)
5. SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)	
a. SIGNATURE	b. DATE (YYYYMMDD)

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ENCLOSURE 9

E10. ENCLOSURE 10

VA SEXUAL ASSAULT RESPONSE PROTOCOLS

E10.1. The VA Sexual Assault Response Protocols at attachment E10.A1., VA Sexual Assault Response Protocols Checklist, of this enclosure are provided to assist VAs in successfully navigating the myriad of competing demands placed upon them once a sexual assault is reported. The use of these protocols has the primary objective of ensuring that the victim of a sexual assault is provided with the appropriate medical treatment and advocacy support, as well as other referral information which may be of some benefit to him or her.

E10.2. Each Military Service will use these protocols as a baseline VA guide to respond to unrestricted and restricted reported sexual assault allegations. Additional Military Service-specific guidelines may be incorporated as needed.

Attachment - 1

A1. VA Sexual Assault Response Protocols

E10.A1. ATTACHMENT 1 to ENCLOSURE 10

VA SEXUAL ASSAULT RESPONSE PROTOCOLS CHECKLIST

INITIAL RESPONSE

- () Ensure that the victim understands that speaking with the VA is voluntary.
- () Assess for imminent danger of life-threatening or physical harm to the victim by himself or herself (suicidal), by another (homicidal), or to another (homicidal).
 - () Seek immediate consultation from appropriate HCP for professional assessment when there is an imminent danger of life-threatening or physical harm to the victim or another person.
 - () If the victim has requested restricted reporting and the HCP determines there is an imminent danger, advise the victim of the exception to the Confidential Reporting Policy and notify the SARC.
 - () The SARC shall validate the exception and notify command and/or law enforcement as appropriate, disclosing only the details necessary to satisfy the exception.
- () Ascertain the victim's immediate needs.
- () Encourage the victim to seek medical consultation/examination.
- () Ensure the victim is aware of the actions available to promote his or her safety.
- () As appropriate, thoroughly explain to the victim each of the reporting options available to him or her, including the exceptions and/or limitations on use applicable to each.
- () Review the DD Form 2910 if the victim is eligible to elect the restricted reporting option and it has been determined that none of the exceptions are applicable:
 - () Ensure the victim acknowledges his or her understanding of the explanation of each item by initialing on the space provided by each item.
 - () Ensure the victim indicates the reporting option that he or she elects by initialing in the space which corresponds to his or her selection. Remind the victim that failing to elect a reporting option and initial and sign the VRPS shall automatically result in an unrestricted report and notifications to the command and appropriate military criminal investigative organization.

- () If the victim elects the “restricted reporting option,” reiterate the availability of the option to change to “unrestricted reporting” at any time, which will result in the notification of command and law enforcement for possible initiation of an investigation.
- () Ensure signature and date by the VA and the victim in the designated spaces.
- () Provide a copy to the victim for his or her personal safekeeping, and give the original to the SARC as soon as practicable.
- () Offer the information, as appropriate, regarding local resources for immediate safety and long-term protection and support, workplace safety, housing, childcare, legal services, clinical resources, medical services, chaplain resources, transitional compensation, and other military and civilian support services.
- () Facilitate victim’s contact with military and civilian resources, as requested by the victim.
- () Advise victim of availability to provide ongoing advocacy services for as long as desired.
- () Consult with the SARC on immediate assistance provided.

ONGOING ASSISTANCE RELATED TO RECOVERY FROM SEXUAL ASSAULT

- () Serve as a member of the case management group and attend all Sexual Assault Case Management Group meetings involving the victim’s case in order to represent the victim and to ensure the victim’s needs are met.
- () Maintain follow-up contact with the victim as requested by the victim.
- () Support the victim in decision-making by providing relevant information and discussing available options.
- () Assist the victim with prioritizing actions and establishing short- and long-term goals related to recovery from sexual assault.
- () Support the victim in advocating on his or her own behalf.
- () Provide the victim comprehensive information and referral on relevant local military and civilian resources and Military One Source.
- () Assist the victim in gaining access to service providers and victim support resources that can help the victim explore future options and prioritize actions.
- () Assist the victim in contacting appropriate military and civilian legal offices for personal legal advice and assistance specific to the victim’s circumstances or case, including the filing for

civilian or military protective orders. The VA shall not provide legal advice, but may provide general information on the civil or criminal legal process.

() Consult and work with the assigned Victim/Witness Liaison as applicable, consistent with References (v) and (w).

() Advise the victim of sexual assault clinical resources.

() Advise the victim of the impact of sexual assault on family members and offer referral information for family members.

() Accompany the victim to appointments and civilian and military court proceedings, as appropriate and when requested by the victim.

() Consult regularly with the SARC on ongoing assistance provided.

E11. ENCLOSURE 11

SAMPLE

MOU Between
(INSTALLATION) Installation Law Enforcement Office and
(CITY, COUNTY, or STATE) Law Enforcement Agency

(Consult with the local Staff Judge Advocate and Agreements Manager before completing)

1. **PURPOSE:** To establish written procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction, and coordination of efforts and assets between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency in sexual assault cases involving an active duty Service member.

2. **GENERAL:** This MOU does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) Installation Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. (See DoD Directive 5400.11 (Reference (ah)). As used herein, the term “Service member” refers to an active duty Service member, Military Service Academy cadet or midshipmen, or National Guard or Reserve Service member when performing active service and inactive duty training (as defined in section 101(d)(3) of Reference (a)) or a member of the Coast Guard or Coast Guard Reserve (when the Coast Guard is operating as a service in the Navy).

A. [INSERT PARAGRAPH HERE DEFINING RESPONSE AND INVESTIGATION JURISDICTION FOR THE (INSTALLATION) INSTALLATION LAW ENFORCEMENT OFFICE AND (CITY, COUNTY, OR STATE) LAW ENFORCEMENT AGENCY.]

3. **RESPONSIBILITIES:**

- A. The (CITY, COUNTY, or STATE) Law Enforcement Agency agrees to perform the following actions:
- (1) When responding to or investigating sexual assault cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency shall ascertain whether the alleged offender is a Service member. If the alleged offender is a Service member, the responding officer(s) shall note on the top of the incident/investigation report “Copy to the (INSTALLATION) Installation Law Enforcement” and the designated Records personnel shall ensure the copy is forwarded.
 - (2) When responding to or investigating sexual assault cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency shall ascertain whether the victim is a Service

member. If the victim is a Service member, the responding officer(s) shall seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's commander. If the victim so consents, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office and shall not direct Records personnel to forward the report, but the report shall be provided to the Installation Sexual Assault Response Coordinator.

- (3) When responding to or investigating sexual assault cases, and the (CITY, COUNTY, or STATE) Law Enforcement Agency ascertains that the alleged offender and the victim are both Service members, the responding officer(s) shall seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's commander. If the victim so consents, the responding officer(s) shall note on the top of the incident/investigation report "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the Installation Law Enforcement Office and shall not direct Records personnel to forward the report, but the report shall be provided to the Installation Sexual Assault Response Coordinator.
- (4) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent civil protection order (CPO) issued by a court of competent jurisdiction, the responding officer(s) shall ascertain whether the alleged offender is an active duty Service member. If the alleged offender is active duty, the responding officer(s) shall note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. [THIS PARAGRAPH MAY NOT BE NECESSARY IF THE INSTALLATION HAS AN MOU WITH THE LOCAL COURT SPECIFYING THAT THE COURT SHALL FORWARD COPIES OF SUCH CPOS TO THE INSTALLATION.]
- (5) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent CPO, the responding officer(s) shall ascertain whether the victim is a Service member. If the victim is a Service member, the responding officer(s) shall seek the victim's consent to forward a copy of the CPO to the (INSTALLATION) Installation Law Enforcement Office. If the victim so consents, the responding officer(s) shall note on the top of the CPO "Copy to the (INSTALLATION) Installation Law Enforcement Office" and the designated Records personnel shall ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall not request that a copy of the CPO be forwarded to the Installation Law Enforcement Office.

- (6) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall designate an employee from Records who shall be directly responsible for forwarding copies of incident/investigation reports and CPOs to the (INSTALLATION) Installation Law Enforcement Office when directed to do so by notations at the top of the reports or CPOs. The (CITY, COUNTY, or STATE) Law Enforcement Agency employee shall also be responsible for receiving and processing of MPOs forwarded from the (INSTALLATION) Installation Law Enforcement Office.
 - (7) When the (CITY, COUNTY, or STATE) Law Enforcement Agency becomes aware of a violation of a term or provision of an MPO, the responding officer(s) shall notify the designated representative from the (INSTALLATION) Installation Law Enforcement Office of the violation.
 - (8) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall provide the (INSTALLATION) Installation Law Enforcement Office with an area for Installation Law Enforcement investigators to conduct interviews of Service members who are involved in sexual assault incidents.
 - (9) The (INSTALLATION) Installation Law Enforcement office shall, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of sexual assault involve Service members.
 - (10) When the victim in a sexual assault incident has been identified as a Service member, the (CITY, COUNTY, or STATE) Law Enforcement Agency responding officer(s) shall provide the victim with basic information, acquired from the Installation Law Enforcement Office (below) about installation resources available to sexual assault victims.
 - (11) As new law enforcement officers begin duty with the (CITY, COUNTY, or STATE) Law Enforcement Agency, their immediate supervisor shall provide them with copies of this MOU and basic instruction for effectuating the provisions of this MOU.
- B. The (INSTALLATION) Installation Law Enforcement Office agrees to perform the following actions:
- (1) The (INSTALLATION) Installation Law Enforcement Office shall designate an individual to act as liaison to the (CITY, COUNTY, or STATE) Law Enforcement Agency and to receive copies of incident/investigation reports stemming from an incident occurring off of the installation and CPOs involving Service members.
 - (2) Upon receipt of a copy of an incident/investigation report stemming from incidents occurring off of the installation or a CPO involving a Service member, the (INSTALLATION) Installation Law Enforcement Office shall immediately notify the Service member's Command.

- (3) When the (INSTALLATION) Installation Law Enforcement Office receives a copy of an MPO from a Service member's Command, and if that Service member is living off of the installation, the (INSTALLATION) Installation Law Enforcement office shall forward a copy of the MPO to the (CITY, COUNTY, or STATE) Law Enforcement Agency with jurisdiction over the area in which the Service member resides.
- (4) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, STATE, OR COUNTY) Police Department with an area for Police Department officers or investigators to conduct interviews of Service members who are involved in sexual assault incidents.
- (5) The (INSTALLATION) Installation Law Enforcement office shall, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of sexual assault involve Service members.
- (6) The (INSTALLATION) Installation Law Enforcement Office shall assist the (CITY, COUNTY, or STATE) Law Enforcement Agency when investigating cases that occurred off base by providing information such as medical records, Military Service records, and incident/investigation reports from incidents occurring under the jurisdiction of the Installation Law Enforcement Office in accordance with the provisions of Section 552a of Reference (ab) and Reference (ac).
- (7) The (INSTALLATION) Installation Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Law Enforcement Agency with basic information, in the form of quick reference cards or brochures, about installation resources available to sexual assault victims.
- (8) [INSERT A PARAGRAPH HERE STATING PROPER INSTALLATION PROCEDURE FOR RESPONDING TO SEXUAL ASSAULT INCIDENTS OCCURRING ON THE INSTALLATION INVOLVING CIVILIAN ALLEGED OFFENDERS.]
- (9) As new personnel begin duty with the (INSTALLATION) Installation Law Enforcement office, their immediate supervisor shall provide them with copies of this MOU and basic instructions on effectuating the provisions of this MOU.

4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

- A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with 60 days written notice to the other party.
- B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication shall be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.

- C. Personnel from the (INSTALLATION) Installation Law Enforcement Office and from the (CITY, COUNTY, or STATE) Law Enforcement Agency shall meet, as necessary and appropriate, to discuss open cases involving Service members and to share information regarding reciprocal investigations.

- D. The primary POC for this agreement is (INSTALLATION POC NAME; OFFICE OR ACTIVITY NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, ORGANIZATIONAL EMAIL).

E12. ENCLOSURE 12

Table E12.T1. DISPOSITION AUTHORITY FOR SEXUAL ASSAULT CASES AND AUTHORITY FOR REVIEW OF ADMINISTRATIVE SEPARATIONS INVOLVING VICTIMS OF SEXUAL ASSAULT

SERVICE	ADMINISTRATIVE SEPARATION DISPOSITION AUTHORITY	SEXUAL ASSAULT CASES DISPOSITION AUTHORITY
ARMY	Officer – GCMCA (AR 600-8-24) Enlisted – GCMCA (AR 635-200)	SPCMCA (Typical Level)
NAVY	Deputy Chief of Naval Personnel	SPCMCA (Typical Level)
MARINE CORPS	Officer – Assistant Secretary of the Navy (Manpower and Reserve Affairs) Enlisted - GCMCA	SPCMCA (Typical Level)
AIR FORCE	SPCMCA (Wing Commander Level)	Squadron Commander Level with review by Group Commander

SPCMCA - Special Courts-Martial Convening Authority
GCMCA - General Courts-Martial Convening Authority

E13. ENCLOSURE 13

VICTIM REPORTING PREFERENCE STATEMENT⁸

VICTIM REPORTING PREFERENCE STATEMENT <i>(Please read Privacy Act Statement before completing this form.)</i>	
1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VA OR SARC	
a. I, (Full name) _____, had the opportunity to talk with a Victim Advocate (VA) or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.	
b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.	
INITIALS	I understand that law enforcement and my command will be notified that I am a victim of sexual assault and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic examination to collect evidence if indicated. The full range of victim protection actions may be available to me, such as being separated from the offender(s) or receiving a military protective order against the offender. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge(s) is resolved.
S A M P L E	
c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.	
	(1) I understand that I can confidentially receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic exam to collect evidence if needed, but law enforcement and my command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender(s) as the result of my report.
	(2) I understand that there are exceptions to "Restricted Reporting" (see back). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
	(3) I understand that if I have not made an "Unrestricted Report" within 1 year of any evidence collected, it will be destroyed and no longer available for any future investigation or prosecution efforts.
	(4) I understand that all state laws, local laws or international agreements that may limit some or all of DoD's restricted reporting protections have been explained to me. In _____, medical authorities must report the sexual assault to _____.
	(5) I understand that the SARC will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander within 24 hours of my "Restricted Report" or within 48 hours if at a deployed location and extenuating circumstances apply. This information is required for the purposes of public safety and command responsibility.
	(6) I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from the offender(s) or receiving a military protective order against the offender(s).
	(7) I understand that if I talk about my sexual assault to anyone other than those under the "Restricted Reporting" option (SARC, sexual assault victim advocate, or healthcare providers), and chaplains, it may be reported to my command and law enforcement which could lead to an investigation.
	(8) I understand that I may change my mind and report this offense at a later time as an "Unrestricted Report," and law enforcement and my command will be notified. Delayed reporting may limit the ability to prosecute the offender(s). If the case goes to court, my victim advocate and others providing care may be called to testify about any information I shared with them.
	(9) I understand that if I do not choose a reporting option at this time, my commander and investigators will be notified.
PRIVACY ACT STATEMENT	
AUTHORITY: Section 301 of Title 5, United States Code. and Chapter 55 of Title 10, United States Code. PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program. ROUTINE USE(S): None. DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.	
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⁸ Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

2. CHOOSE A REPORTING OPTION <i>(Initial)</i>	
<p>a. Unrestricted Report. I elect Unrestricted Reporting and have decided to report that I am a victim of sexual assault to my command, law enforcement, or other military authorities for investigation of this crime.</p>	
<p>b. Restricted Report. I elect Restricted Reporting and have decided to confidentially report that I am a victim of sexual assault. My command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions applies. I understand the information I provide will NOT start an investigation or be used to punish an offender.</p>	
3. RESTRICTED REPORT CASE NUMBER <i>(If applicable)</i>	
4.a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD)
5.a. SIGNATURE OF SARC/VICTIM ADVOCATE	b. DATE (YYYYMMDD)
6. I have reconsidered my previous selection of "Restricted Reporting," and I would like to make an "Unrestricted Report" of my sexual assault to authorities for a possible investigation.	
a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD)
S A M P L E	
c. SIGNATURE OF SARC/VICTIM ADVOCATE	d. DATE (YYYYMMDD)
EXCEPTIONS TO "RESTRICTED REPORTING"	
<p>In cases in which members elect restricted reporting, disclosure of covered communications is authorized to the following persons or organizations when disclosure would be for the following reasons:</p> <ol style="list-style-type: none"> 1. Command officials or law enforcement when authorized by the victim in writing. 2. Command officials or law enforcement to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person. 3. Disability Retirement Boards and officials when required for fitness for duty for disability retirement determinations. Disclosure is limited to only that information necessary to process the disability retirement determination. 4. SARC, victim advocates or healthcare provider when required for the direct supervision of victim services. 5. Military or civilian courts when ordered, or if disclosure is required by Federal or state statute. <p>SARCs, victim advocates and healthcare providers will first consult with the servicing legal office to determine whether the criteria of any of the above exceptions apply, and whether they have a duty to comply by disclosing the information.</p>	

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E14. ENCLOSURE 14

FORENSIC MEDICAL REPORT SEXUAL ASSAULT EXAMINATION⁹

FORENSIC MEDICAL REPORT: SEXUAL ASSAULT EXAMINATION									
PRIVACY ACT STATEMENT AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C. PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program. ROUTINE USE(S): None. DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program. Sensitive Information Document					Patient Identification				
A. GENERAL INFORMATION (Print or type) Name of Medical Facility:									
1a. NAME OF PATIENT (Last, First, Middle Initial)					b. PATIENT ID NUMBER				
2a. ADDRESS			b. CITY		c. COUNTY		d. STATE	e. ZIP CODE	3. TELEPHONE (Incl. Area Code)
a. HOME:									
b. WORK:									
4. AGE	5. DATE OF BIRTH (YYYYMMDD)	6. GENDER (X) <input type="checkbox"/> M <input type="checkbox"/> F	7.a. RACE (X) <input type="checkbox"/> (1) AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> (2) ASIAN	<input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) WHITE	<input type="checkbox"/> (5) NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER <input type="checkbox"/> (6) OTHER	b. ETHNICITY (X) <input type="checkbox"/> (1) HISPANIC OR LATINO <input type="checkbox"/> (2) NOT HISPANIC OR LATINO			
8a. ARRIVAL DATE (YYYYMMDD)			b. TIME		9a. DISCHARGE DATE (YYYYMMDD)			b. TIME	
B. NOTIFICATION AND AUTHORIZATION JURISDICTION (<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> OTHER):									
1a. NAME OF SEXUAL ASSAULT RESPONSE COORDINATOR (SARC) (Last, First, Middle Initial)					b. TELEPHONE (Include Area Code):				
2a. NAME OF SEXUAL ASSAULT EXAMINER (Last, First, Middle Initial)			b. RANK	c. TITLE		d. TELEPHONE (Include Area Code):			
3a. NAME OF VICTIM ADVOCATE (VA) (Last, First, Middle Initial)					b. TELEPHONE (Include Area Code):				
4a. NAME OF MILITARY CRIMINAL INVESTIGATIVE OFFICER (UNRESTRICTED REPORT) (Last, First, Middle Initial)					b. TELEPHONE (Include Area Code):				
c. AGENCY			d. ID NUMBER		e. DATE (YYYYMMDD)				
5a. NAME OF SERVICE DESIGNATED EVIDENCE COLLECTING OFFICER (RESTRICTED REPORT) (Last, First, Middle Initial)					b. TELEPHONE (Include Area Code):				
c. AGENCY			d. ID NUMBER		e. DATE (YYYYMMDD)	f. TIME	g. RESTRICTED REPORT CONTROL NUMBER (RRCN)		
C. PATIENT INFORMATION									
1. In unrestricted reporting, I understand that Military Medical Treatment Facilities and Healthcare Providers are required by Department of Defense regulations to report to Military Criminal Investigative Organization authorities. Under these circumstances the report must state the name of the injured person, current whereabouts, and the type and extent of injuries. In restricted reporting, I understand that Military Medical Treatment Facilities and Healthcare Providers are required by Department of Defense regulations to report to the SARC.									(Initial)
2. I have been informed of my options for Unrestricted versus Restricted reporting by the Sexual Assault Response Coordinator (SARC) and/or Victim Advocate (VA). I have elected: <input type="checkbox"/> UNRESTRICTED REPORTING <input type="checkbox"/> RESTRICTED REPORTING (Only applicable to Active Duty, and Reserve and National Guard in active service or inactive duty training).									(Initial)
D. PATIENT CONSENT									
1. I understand that a sexual assault forensic examination (SAFE) is optional and with my consent can be conducted by a Health Care Professional to discover and preserve evidence of the assault. I understand that the examination may include the collection of reference specimens and blood samples at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.									(Initial)
2. I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.									(Initial)
3. I hereby consent to a sexual assault forensic examination (SAFE).									(Initial)
4. I understand that data without patient identity (e.g. no names used) may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.									(Initial)
5. PATIENT SIGNATURE									

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⁹ Copies may be obtained via the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

E. PATIENT HISTORY					
1a. NAME OF PERSON PROVIDING HISTORY (Last, First, Middle Initial)					
b. RELATIONSHIP TO PATIENT	c. DATE (YYYYMMDD)	d. TIME			
2. PERTINENT MEDICAL HISTORY			Patient Identification		
a. LAST MENSTRUAL PERIOD:			F. ASSAULT HISTORY		
b. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes			1a. DATE OF ASSAULT(S) (YYYYMMDD)		b. TIME
c. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes			2. LOCATION AND PERTINENT PHYSICAL SURROUNDINGS		
S A M P L E			3. PHYSICAL EFFECTS OF ASSAULT		
d. Any pre-existing physical injuries? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes			a. Loss of memory? If yes, describe:*		<input type="checkbox"/> No <input type="checkbox"/> Yes
			b. Lapse of consciousness? If yes, describe:*		<input type="checkbox"/> No <input type="checkbox"/> Yes
3. PERTINENT AND POST-ASSAULT RELATED HISTORY			* If yes, collection of toxicology samples is recommended according to local policy. <input type="checkbox"/> Blood <input type="checkbox"/> Urine		
a. Other intercourse within past 5 days? If yes: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			c. Vomited? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Anal (within past 5 days)? When: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			d. Non-genital injury, pain and/or bleeding? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Vaginal (within past 5 days)? When: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			e. Anal-genital injury, pain and/or bleeding? If yes, describe: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Oral (within past 5 days)? When: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			f. Involuntary ingestion of alcohol/drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure		
Did ejaculation occur? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			If yes: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		
Where? _____			If yes: <input type="checkbox"/> Forced <input type="checkbox"/> Coerced <input type="checkbox"/> Suspected		
Was a condom used? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure			If yes, toxicology samples collected: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> None		
4. POST-ASSAULT HYGIENE/ACTIVITY <input type="checkbox"/> Not Applicable if over 72 hours			4. INJURIES INFLICTED UPON THE ASSAILANT(S) DURING ASSAULT?		
a. Urinated <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, describe injuries, possible locations on the body, and how they were inflicted. <input type="checkbox"/> No <input type="checkbox"/> Yes		
b. Defecated <input type="checkbox"/> No <input type="checkbox"/> Yes					
c. Genital or body wipes <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, describe: _____					
d. Douched <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, with what: _____					
e. Removed/inserted <input type="checkbox"/> Tampon <input type="checkbox"/> Diaphragm <input type="checkbox"/> No <input type="checkbox"/> Yes					
f. Oral gargle/rinse <input type="checkbox"/> No <input type="checkbox"/> Yes					
g. Bath/shower/wash <input type="checkbox"/> No <input type="checkbox"/> Yes					
h. Brushed teeth <input type="checkbox"/> No <input type="checkbox"/> Yes					
i. Ate or drank <input type="checkbox"/> No <input type="checkbox"/> Yes					
j. Changed clothing <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, describe: _____					

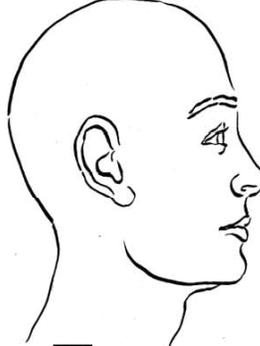
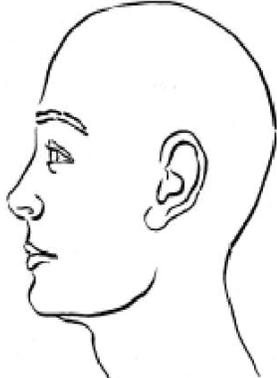
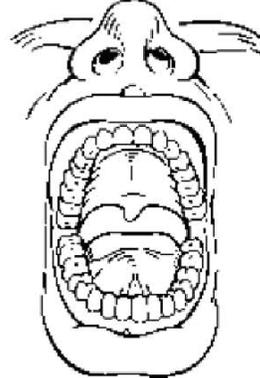
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G. ACTS DESCRIBED BY PATIENT					Patient Identification
- Any penetration of the genital or anal opening, however slight, constitutes the act. - Type of sexual intercourse (oral, vaginal, anal). - If more than one assailant, identify by number.					
1. PENETRATION OF VAGINA BY:					Describe:
	No	Yes	Attempted	Unsure	
a. Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, describe the object:					
2. PENETRATION OF ANUS BY:					Describe:
	No	Yes	Attempted	Unsure	
a. Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, describe the object:					
3. ORAL COPULATION OF GENITALS:					Describe:
	No	Yes	Attempted	Unsure	
a. Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. ORAL COPULATION OF ANUS:					Describe:
	No	Yes	Attempted	Unsure	
a. Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Of assailant by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. NON-GENITAL ACT(S):					Describe:
	No	Yes	Attempted	Unsure	
a. Licking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Suction injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. OTHER ACT(S):					Describe:
	No	Yes	Attempted	Unsure	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<h1>S A M P L E</h1>					
7. DID EJACULATION OCCUR?					Describe:
	No	Yes	Unsure		
If yes, note location(s):					
<input type="checkbox"/> a. Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> b. Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> c. Anus/Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> d. Body surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> e. On clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> f. On bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. CONTRACEPTIVE OR LUBRICANT PRODUCTS					Describe Type/Brand, if known:
	No	Yes	Unsure		
a. Foam used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Jelly used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Lubricant used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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I. HEAD, NECK, AND ORAL EXAMINATION Record all findings using diagrams, legend, and a consecutive numbering system.																																									
1. Examine the face, head, hair, scalp, and neck for injury and foreign materials. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings 2. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, neck, and scalp. <input type="checkbox"/> Findings <input type="checkbox"/> No Findings 3. Examine the oral cavity for injury and foreign material (if indicated by assault history). Collect foreign materials. Exam done: <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> Findings <input type="checkbox"/> No Findings 4. Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs. 5. Collect head hair reference samples according to local policy.	Patient Identification																																								
Diagram C	Diagram D																																								
																																									
S A M P L E																																									
Diagram E	Diagram F																																								
																																									
LEGEND: TYPES OF FINDINGS																																									
AB Abrasion ALS Alternate Light Source BI Bite BU Burn CS Control Swab	CT Contusion (bruise) DE Debris DF Deformity DS Dry Secretion ER Erythema (redness)	F/H Fiber/Hair FB Foreign Body IN Induration IW Incised Wound LA Laceration	MS Moist Secretion OF Other Foreign Materials (describe) OI Other Injury (describe)	PE Petechiae PS Potential Saliva SHX Sample Per History SI Suction Injury SW Swelling	TB Toluidine Blue® TE Tenderness VIS Vegetation/Soil																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Locator #</th> <th style="width: 10%;">Type</th> <th style="width: 40%;">Description</th> <th style="width: 10%;">Locator #</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Locator #	Type	Description	Locator #	Type	Description																																			
Locator #	Type	Description	Locator #	Type	Description																																				
RECORD ALL SPECIMENS COLLECTED ON PAGE 8.																																									

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Military Time

Regular versus Military Time

The main difference between regular and military time is how hours are expressed. Regular time uses numbers 1 to 12 to identify each of the 24 hours in a day. In military time, the hours are numbered from 00 to 23. Under this system, midnight is 00, 1 a.m. is 01, and 1 p.m. is 13, and so on.

Regular and military time express minutes and seconds in exactly the same way, regular and military time use the same number of minutes per hour.

Regular time requires the use of a.m. and p.m. to clearly identify the time of day. Since military time uses a unique two-digit number to identify each of the 24 hours in a day, a.m. and p.m. are unnecessary.

The following table summarizes the relationship between regular and military time.

Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300

What about Midnight?

The question sometimes arises whether midnight is written as 2400 or 0000. Military and emergency services personnel refer to midnight both ways. However, digital watches and clocks that display time in a 24-hour format and computer equipment treat midnight as the start of a new day and express it as 0000.