Department of Defense
DIRECTIVE

NUMBER 6495.01
January 23, 2012
Incorporating Change 1, April 30, 2013

USD(P&R)

SUBJECT: Sexual Assault Prevention and Response (SAPR) Program

References: See Enclosure 1

1. PURPOSE. This Directive reissues DoD Directive (DoDD) 6495.01 (Reference (a)), pursuant to section 113 of title 10, United States Code (U.S.C.) (Reference (b)), to implement DoD policy and assign responsibilities for the SAPR Program on prevention, response, and oversight to sexual assault.

2. APPLICABILITY. This Directive:

a. Applies to:

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

(2) National Guard and Reserve Component members who are sexually assaulted when performing active service, as defined in section 101(d)(3) of Reference (b), and inactive duty training. Refer to DoD Instruction (DoDI) 6495.02 (Reference (c)) for additional SAPR and medical services provided to such personnel and eligibility criteria for Restricted Reporting.

(3) Military dependents 18 years of age and older who are eligible for treatment in the military healthcare system, at installations in the continental United States (CONUS) and outside of the continental United States (OCONUS), and who were victims of sexual assault perpetrated by someone other than a spouse or intimate partner. The Family Advocacy Program (FAP) (DoDD 6400.1 (Reference (d))) provides the full range of services to victims of domestic violence who are sexually assaulted, in violation of Articles 120 (Rape and Sexual Assault) and 125 (Sodomy) of chapter 47 of Reference (b) (also known as and hereinafter referred to as "The Uniform Code of Military Justice (UCMJ)"), by someone with whom they have or have had an intimate partner relationship. The installation SARC and the installation family advocacy

program (FAP) and domestic violence intervention and prevention staff shall direct coordination when a sexual assault occurs within a domestic relationship or involves child abuse.

(4) The following non-military personnel who are only eligible for LIMITED medical services in the form of emergency care (see Glossary), unless otherwise eligible to receive treatment in a military medical treatment facility. They will also be offered the LIMITED SAPR services of a Sexual Assault Response Coordinator (SARC) and a SAPR Victim Advocate (VA) while undergoing emergency care OCONUS. Refer to Reference (c) for any additional SAPR and medical services provided. These limited medical and SAPR services shall be provided to:

(a) DoD civilian employees and their family dependents 18 years of age and older when they are stationed or performing duties OCONUS and eligible for treatment in the military healthcare system at military installations or facilities OCONUS. Refer to Reference (c) for reporting options available to DoD civilians and their family dependents 18 years of age and older.

(b) U.S. citizen DoD contractor personnel when they are authorized to accompany the Armed Forces in a contingency operation OCONUS and their U.S. citizen employees (See DoDI 3020.41 (Reference (f))). Refer to Reference (c) for reporting options available to DoD contractors.

(5) Service members who are on active duty but were victims of sexual assault prior to enlistment or commissioning. They are eligible to receive full SAPR services and either reporting option.

b. Supersedes all policy and regulatory guidance within the DoD not expressly mandated by law that is inconsistent with its provisions, or that would preclude execution.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy that:

a. This Directive and Reference (c) implement the DoD SAPR policy.

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

c. The SAPR Program shall:

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

capable and engaged. The SAPR Program shall provide care that is gender-responsive, culturally-competent, and recovery-oriented (see Glossary).

(2) NOT provide policy for legal processes within the responsibility of the Judge Advocates General of the Military Departments provided in Chapter 47 of Reference (b) and the Manual for Courts-Martial (Reference (g)) or for criminal investigative matters assigned to the IG DoD.

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

e. The terms "Sexual Assault Response Coordinator (SARC)" and "SAPR Victim Advocate (VA)," as defined in this Directive and the Reference (c), shall be used as standard terms throughout the DoD to facilitate communications and transparency regarding SAPR capacity. For further information regarding SARC and SAPR VA roles and responsibilities, see Reference (c).

(1) SARC. The SARC shall serve as the SINGLE POINT OF CONTACT for coordinating appropriate and responsive care for sexual assault victims. SARCs shall coordinate sexual assault victim care and sexual assault response when a sexual assault is reported. The SARC shall supervise SAPR VAs, but may be called on to perform victim advocacy duties.

(2) SAPR VA. The SAPR VA shall provide non-clinical crisis intervention and on-going support, in addition to referrals for adult sexual assault victims. Support will include providing information on available options and resources to victims.

f. Command sexual assault awareness and prevention programs, as well as law enforcement and criminal justice procedures that enable persons to be held accountable for their actions, as appropriate, shall be established and supported by all commanders.

g. An immediate, trained sexual assault response capability (defined in Reference (c)) shall be available for each report of sexual assault in all locations, including in deployed locations. The response time may be affected by operational necessities, but will reflect that sexual assault victims shall be treated as emergency cases.

h. Victims of sexual assault shall be protected from coercion, retaliation, and reprisal in accordance with DoDD 7050.06, (Reference (h)).

i. Victims of sexual assault shall be protected, treated with dignity and respect, and shall receive timely access to comprehensive medical treatment, including emergency care treatment and services, as described in this Directive and Reference (c).

j. Emergency care shall consist of emergency medical care and the offer of a sexual assault forensic examination (SAFE) consistent with the Department of Justice protocol (Reference (i)) and refer to DD Form 2911, "DoD Sexual Assault Medical Forensic Examination Report" and

accompanying instructions. The victim shall be advised that even if a SAFE is declined, the victim is encouraged (but not mandated) to receive medical care, psychological care, and victim advocacy.

(1) Sexual assault patients shall be given priority, and shall be treated as emergency cases. A sexual assault victim needs immediate medical intervention to prevent loss of life or suffering resulting from physical injuries (internal or external), sexually transmitted infections, pregnancy, and psychological distress. Individuals disclosing a recent sexual assault shall, with their consent, be quickly transported to the exam site, promptly evaluated, treated for serious injuries, and then, with the patient's consent, undergo a SAFE, pursuant to "Victim Centered Care" of Reference (i) and refer to DD Form 2911 and accompanying instructions.

(2) Sexual assault patients shall be treated as emergency cases, regardless of whether physical injuries are evident. Patients' needs shall be assessed for immediate medical or mental health intervention pursuant to "Victim Centered Care," and "Triage and Intake" of Reference (i). Sexual assault victims shall be treated uniformly, consistent with "Victim Centered Care" of Reference (i) and DD Form 2911 and accompanying instructions, regardless of their behavior because when severely traumatized, sexual assault patients may appear to be calm, indifferent, submissive, jocular, angry, emotionally distraught, or even uncooperative or hostile towards those who are trying to help.

k. Service members and their dependents who are 18 years of age or older covered by this Directive (see subparagraph 2a.(4)) and Reference (c)) who are sexually assaulted have two reporting options: Unrestricted or Restricted Reporting. Complete, Unrestricted Reporting of sexual assault is favored by the DoD. See Reference (c) for additional information on the DoD sexual assault reporting options and exceptions as they apply to Restricted Reporting. Consult DoDD 5400.11 (Reference (j)) and DoD 6025.18-R (Reference (k)) for protections of personally identifiable information solicited, collected, maintained, accessed, used, disclosed, and disposed during the treatment and reporting processes. The two reporting options are as follows:

(1) Unrestricted Reporting allows an eligible person who is sexually assaulted to access medical treatment and counseling and request an official investigation of the allegation using existing reporting channels (e.g., chain of command, law enforcement, healthcare personnel, the SARC). When a sexual assault is reported through Unrestricted Reporting, a SARC shall be notified as soon as possible, respond, assign a SAPR VA, and offer the victim medical care and a SAFE.

(2) Restricted Reporting allows sexual assault victims (see eligibility criteria in Reference (c)) to confidentially disclose the assault to specified individuals (i.e., SARC, SAPR VA, or healthcare personnel), in accordance with Reference (j), and receive medical treatment, including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an official investigation. The victim's report to healthcare personnel (including the information acquired from a SAFE Kit), SARCs, or SAPR VAs will NOT be reported to law enforcement or to the victim's command, to initiate the official investigative process, unless the victim consents or an established EXCEPTION applies in accordance with Reference (c). When

a sexual assault is reported through Restricted Reporting, a SARC shall be notified as soon as possible, respond, assign a SAPR VA, and offer the victim medical care and a SAFE.

(a) Eligibility for Restricted Reporting. The Restricted Reporting Program applies to Service members and their military dependents 18 years of age and older. For additional persons who may be entitled to Restricted Reporting, see eligibility criteria in Reference (c).

(b) DoD Dual Objectives. The DoD is committed to ensuring victims of sexual assault are protected; treated with dignity and respect; and provided support, advocacy, and care. The DoD supports effective command awareness and prevention programs. The DoD also strongly supports applicable law enforcement and criminal justice procedures that enable persons to be held accountable for sexual assault offenses and criminal dispositions, as appropriate. To achieve these dual objectives, DoD preference is for complete Unrestricted Reporting of sexual assaults to allow for the provision of victims' services and to pursue accountability. However, Unrestricted Reporting may represent a barrier for victims to access services, when the victim desires no command or law enforcement involvement. Consequently, the DoD recognizes a fundamental need to provide a confidential disclosure vehicle via the Restricted Reporting option.

(c) Designated Personnel Authorized to Accept a Restricted Report. Only the SARC, SAPR VA, or healthcare personnel are designated as authorized to accept a Restricted Report.

(d) SAFE Confidentiality Under Restricted Reporting. A SAFE and its information shall be afforded the same confidentiality as is afforded victim statements under the Restricted Reporting option. See Reference (c) for additional information.

(e) Disclosure of Confidential Communications. In cases where a victim elects Restricted Reporting, the SARC, assigned SAPR VA, and healthcare personnel may not disclose confidential communications or SAFE Kit information to law enforcement or command authorities, either within or outside the DoD, EXCEPT as provided in Reference (c). In certain situations when information about a sexual assault comes to the commander's or law enforcement official's attention from a source independent of the Restricted Reporting avenues and an independent investigation is initiated, a SARC, SAPR VA, or healthcare personnel may NOT disclose confidential communications if obtained under Restricted Reporting (see exceptions to Restricted Reporting in Reference (c)). Improper disclosure of confidential communications under Restricted Reporting, improper release of medical information, and other violations of this policy are prohibited and may result in discipline pursuant to the UCMJ, or other adverse personnel or administrative actions.

l. Enlistment or commissioning of personnel in the Military Services shall be prohibited and no waivers are allowed when the person has a qualifying conviction (see Glossary) for a crime of sexual assault.

m. The focus of this Directive and Reference (c) is on the victim of sexual assault. The DoD shall provide support to an active duty Service member regardless of when or where the sexual assault took place.

5. RESPONSIBILITIES. See Enclosure 2.

6. INFORMATION COLLECTION REQUIREMENTS

a. The sexual assault reporting requirements in this Directive have been assigned Report Control Symbol (RCS) DD-P&R(A) 2205 in accordance with DoD 8910.1-M (Reference (l)).

b. The Defense Sexual Assault Incident Database (DSAID) information collection referred to in paragraphs 1f, 6l, 6n, and 6o of Enclosure 2 of this directive is submitted to Congress in accordance with sections 561, 562, and 563 of Public Law 110-417 (Reference (p)) and is coordinated with the Assistant Secretary of Defense for Legislative Affairs in accordance with the procedures in DoD Instruction 5545.02 (Reference (t)).

7. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the DoD Issuances Website at http://www.dtic.mil/whs/directives.

8. EFFECTIVE DATE. This Directive:

a. Is effective January 23, 2012.

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoDI 5025.01 (Reference (e)). If not, it will expire effective January 23, 2022 and be removed from the DoD Issuances Website.

Ashton B. Carter
Deputy Secretary of Defense

Enclosures
1. References
2. Responsibilities
Glossary

ENCLOSURE 1

REFERENCES

(a) DoD Directive 6495.01, "Sexual Assault Prevention and Response (SAPR) Program," October 6, 2005 (hereby cancelled)
(b) Sections 101(d)(3) and 113, chapter 47,[1] and chapter 80 of title 10, United States Code
(c) DoD Instruction 6495.02, "Sexual Assault Prevention and Response Program Procedures," November 13, 2008
(d) DoD Directive 6400.1, "Family Advocacy Program (FAP)," August 23, 2004
(e) DoD Instruction 5025.01, "DoD Directives Program," September 26, 2012
(f) DoD Instruction 3020.41, "Operational Contract Support (OCS)," December 20, 2011
(g) U.S. Department of Defense, "Manual for Courts-Martial," 2008
(h) DoD Directive 7050.06, "Military Whistleblower Protection," July 23, 2007
(i) U.S. Department of Justice, Office on Violence Against Women, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," current version
(j) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007
(k) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
(l) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," June 30, 1998
(m) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
(n) U.S. Department of Defense Paper, "The Department of Defense Sexual Assault Prevention Strategy," September 30, 2008
(o) Section 577 of Public Law 108-375, "Ronald Reagan National Defense Authorization Act for Fiscal Year 2005," October 28, 2004
(p) Sections 561, 562, and 563 of Public Law 110-417, "The Duncan Hunter National Defense Authorization Act for Fiscal Year 2009," October 14, 2008
(q) Section 567(c) of Public Law 111-84, "The National Defense Authorization Act for Fiscal Year 2010," October 28, 2009
(r) Joint Publication 1-02, "Department of Defense Dictionary of Military and Associated Terms," current edition
(t) DoD Instruction 5545.02, "DoD Policy for Congressional Authorization and Appropriations Reporting Requirement," December 19, 2008

[1] Chapter 47 is also known and referred to in this Directive as "The Uniform Code of Military Justice (UCMJ)".

ENCLOSURE 2

RESPONSIBILITIES

1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). In accordance with the authority in DoDD 5124.02 (Reference (m)), the USD(P&R) shall:

a. Develop overall policy and provide oversight for the DoD SAPR Program, except legal processes in the UCMJ and criminal investigative matters assigned to the Judge Advocates General of the Military Departments and IG DoD, respectively.

b. Develop strategic program guidance, joint planning objectives, standard terminology, and identify legislative changes needed to ensure the future availability of resources in support of DoD SAPR policies.

c. Develop metrics to measure compliance and effectiveness of SAPR training, awareness, prevention, and response policies and programs. Analyze data and make recommendations regarding the SAPR policies and programs to the Secretaries of the Military Departments.

d. Monitor compliance with this Directive and Reference (c), and coordinate with the Secretaries of the Military Departments regarding Service SAPR policies.

e. Collaborate with Federal and State agencies that address SAPR issues and serve as liaison to them as appropriate. Strengthen collaboration on sexual assault policy matters with U.S. Department of Veterans Affairs on the issues of providing high quality and accessible health care and benefits to victims of sexual assault.

f. Oversee the DoD Sexual Assault Prevention and Response Office (SAPRO). Serving as the DoD single point of authority, accountability, and oversight for the SAPR program, SAPRO provides recommendations to the USD(P&R) on the issue of DoD sexual assault policy matters on prevention, response, and oversight. SAPRO is responsible for:

(1) Implementing and monitoring compliance with DoD sexual assault policy on prevention and response, except for legal processes in the UCMJ and Reference (g), and criminal investigative matters assigned to the Judge Advocate General of the Military Departments and IG DoD, respectively.

(2) Providing technical assistance to the Heads of the DoD Components in addressing matters concerning SAPR.

(3) Acquiring quarterly and annual SAPR data from the Military Services, assembling annual congressional reports involving persons covered by this Directive and Reference (c), and consulting with and relying on the Judge Advocate General of the Military Departments in questions concerning disposition results of sexual assault cases in their respective departments.

(4) Establishing reporting categories and monitor specific goals included in the annual SAPR assessments of each Military Service, in their respective departments.

(5) Overseeing the creation, implementation, maintenance, and function of the DSAID, an integrated database that will meet congressional reporting requirements, support Service SAPR Program management, and inform DoD SAPRO oversight activities.

2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the USD(P&R), shall advise the USD(P&R) on DoD sexual assault healthcare policies, clinical practice guidelines, related procedures, and standards governing DoD healthcare programs for victims of sexual assault. The ASD(HA) shall direct that all sexual assault patients be given priority, so that they shall be treated as emergency cases.

3. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY (DoDHRA). The Director of DoDHRA, under the authority, direction, and control of USD(P&R), shall provide operational support to the USD(P&R) as outlined in paragraph 1.f. of this enclosure.

4. GENERAL COUNSEL OF THE DoD (GC, DoD). The GC, DoD, shall provide legal advice and assistance on all legal matters, including the review and coordination of all proposed issuances and exceptions to policy and the review of all legislative proposals, affecting mission and responsibilities of the DoD SAPRO.

5. IG DoD. The IG DoD shall:

a. Develop and 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-identifiable personal information on the victim, for the Restricted Reporting process, in coordination with the ASD(HA).

b. Oversee criminal investigations of sexual assault conducted by the DoD Components.

c. Collaborate with the DoD SAPRO in the development of investigative policy in support of sexual assault prevention and response.

6. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

a. Establish departmental policies and procedures to implement the SAPR Program consistent with the provisions of this Directive and Reference (c), to include the military academies within their cognizance; monitor departmental compliance with this Directive and Reference (c).

b. Coordinate all Military Service SAPR policy changes with the USD(P&R).

c. In coordination with the USD(P&R), implement recommendations regarding Military Service compliance and effectiveness of SAPR training, awareness, prevention, and response policies and programs.

d. Align Service SAPR strategic plans with the DoD SAPR strategic plan.

e. Align Service prevention strategy with the Spectrum of Prevention consistent with the DoD Sexual Assault Prevention Strategy (Reference (n)), which consists of six pillars:

(1) Influencing Policy

(2) Changing Organizational Practices

(3) Fostering Coalitions and Networks

(4) Educating Providers

(5) Promoting Community Education

(6) Strengthening Individual Knowledge and Skills

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

g. Utilize the terms "Sexual Assault Response Coordinator (SARC)" and "SAPR Victim Advocate (VA)," as defined in this Directive and Reference (c), as standard terms to facilitate communications and transparency regarding sexual assault response capacity.

h. Establish the position of the SARC to serve as the SINGLE POINT OF CONTACT for ensuring that sexual assault victims receive appropriate and responsive care. The SARC should be a Service member, DoD civilian employee, or National Guard technician.

i. Provide program-appropriate resources to enable the Combatant Commanders to achieve compliance with the policies set forth in this Directive and Reference (c).

j. Establish and codify Service SAPR Program support to Combatant Commands and Defense Agencies, either as a host activity or in a deployed environment.

k. Provide SAPR Program and obligation data to the USD(P&R), as required.

l. Submit quarterly reports to the USD(P&R) that include information regarding all sexual assaults reported during the quarter, until DSAID becomes fully operational for each individual Service. Require confirmation that a multi-disciplinary case management group tracks each open Unrestricted Report and that a multi-disciplinary case management group meetings are held monthly for reviewing all Unrestricted Reports of sexual assaults.

m. Provide annual reports of sexual assaults involving persons covered by this Directive and Reference (c) to the DoD SAPRO for consolidation into the annual report to Congress in accordance with section 577 of Public Law 108-375 (Reference (o)).

n. Provide data connectivity, or other means, to authorized users to ensure all sexual assaults reported in theater and other joint environments are incorporated into the DSAID, or authorized interfacing systems for the documentation of reports of sexual assault, as required by section 563 of Public Law 110-417 (Reference (p)).

o. Ensure that Service data systems used to report case-level sexual assault information into the DSAID are compliant with DoD data reporting requirements, pursuant to section 563 of Reference (p).

p. Require extensive, continuing in-depth SAPR training for DoD personnel and specialized SAPR training for commanders, senior enlisted leaders, SARCs, SAPR VAs, investigators, law enforcement officials, chaplains, healthcare personnel, and legal personnel in accordance with Reference (c).

q. Oversee sexual assault training within the DoD law enforcement community.

r. Direct that Service military criminal investigative organizations require their investigative units to communicate with their servicing SARC and participate with the multi-disciplinary Case Management Group convened by the SARC, in accordance with this Directive and Reference (c).

s. Provide commanders with procedures that:

(1) Establish guidance for when a Military Protective Order (MPO) has been issued, that the Service member who is protected by the order is informed, in a timely manner, of the member's option to request transfer from the command to which that member is assigned in accordance with section 567(c) of Public Law 111-84 (Reference (q)).

(2) Ensure that the appropriate civilian authorities shall be notified of the issuance of a MPO and of the individuals involved in the order, when an MPO has been issued against a Service member or when any individual addressed in the MPO does not reside on a military installation at any time when an MPO is in effect. An MPO issued by a military commander shall remain in effect until such time as the commander terminates the order or issues a replacement order. (See section 561 of Reference (p).) The issuing commander also shall notify

the appropriate civilian authorities of any change made in a protective order covered by chapter 80 of Reference (b), and the termination of the protective order.

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

7. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. The Chairman of the Joint Chiefs of Staff shall:

a. Assess SAPR as part of the overall force planning function of any force deployment decision, and periodically reassess the SAPR posture of deployed forces.

b. Monitor implementation of this Directive, Reference (c), and implementing instructions, including during military operations.

c. Utilize the terms "Sexual Assault Response Coordinator (SARC)" and "SAPR Victim Advocate (VA)," as defined in this Directive and Reference (c), as standard terms to facilitate communications and transparency regarding sexual assault response capacity.

d. Review relevant documents, including the Combatant Commanders' joint plans, operational plans, concept plans, and deployment orders, to ensure they identify and include SAPR Program requirements.

8. COMMANDERS OF THE COMBATANT COMMANDS. The Commanders of the Combatant Commands, in coordination with the other Heads of the DoD Components and through the Chairman of the Joint Chiefs of Staff, shall:

a. Establish policies and procedures to implement the SAPR Program and oversee compliance with this Directive and Reference (c) within their areas of responsibility and during military operations.

b. Formally document agreements with installation host Service commanders, component theater commanders, or other heads of another agency or organization, for investigative, legal, medical, counseling, or other response support provided to incidents of sexual assault.

c. Direct that relevant documents are drafted, including joint operational plans and deployment orders, that establish theater-level requirements for the prevention of and response to incidents of sexual assault that occur, to include during the time of military operations.

d. Require that sexual assault response capability information be provided to all persons within their area of responsibility covered by this Directive and Reference (c), to include

reporting options and SAPR services available at deployed locations and how to access these options.

e. Ensure medical treatment (including emergency care) and SAPR services are provided to victims of sexual assaults in a timely manner unless declined by the victim.

f. Direct subordinate commanders coordinate relationships and agreements for host or installation support at forward-deployed locations to ensure a sexual assault response capability is available to members of their command and persons covered by this Directive and Reference (c) as consistent with operational requirements.

g. Direct that sexual assault incidents are given priority so that they shall be treated as emergency cases.

h. Direct subordinate commanders provide all personnel with procedures to report sexual assaults.

i. Require subordinate commanders at all levels to monitor the command climate with respect to SAPR, and take appropriate steps to address problems.

j. Require that SAPR training for DoD personnel and specialized training for commanders, senior enlisted leaders, SARCs, SAPR VAs, investigators, law enforcement officials, chaplains, healthcare personnel, and legal personnel be conducted prior to deployment in accordance with Reference (c).

k. Direct subordinate commanders to develop procedures that:

(1) Establish guidance for when an MPO has been issued, that the Service member who is protected by the order is informed, in a timely manner, of the member's option to request transfer from the command to which that member is assigned in accordance with section 567(c) of Reference (q).

(2) In OCONUS areas, if appropriate, direct that the appropriate civilian authorities be notified of the issuance of an MPO and of the individuals involved in an order when an MPO has been issued against a Service member or when any individual involved in the MPO does not reside on a military installation when an MPO is in effect. An MPO issued by a military commander shall remain in effect until such time as the commander terminates the order or issues a replacement order. (See section 561 of Reference (p).) The issuing commander also shall notify the appropriate civilian authorities of any change made in a protective order covered by chapter 80 of Reference (b) and the termination of the protective order.

(3) Ensure that the person seeking the MPO is advised that the MPO is not enforceable by civilian authorities off base, and victims desiring protection off base should be advised to seek a civilian protective order in that jurisdiction pursuant to section 562 of Reference (p).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CONUS	continental United States
DoDD	Department of Defense Directive
DoDHRA	Department of Defense Human Resources Activity
DoDI	Department of Defense Instruction
DSAID	Defense Sexual Assault Incident Database
FAP	Family Advocacy Program
IG DoD	Inspector General of the Department of Defense
GC, DoD	General Counsel of the Department of Defense
MPO	Military Protective Order
OCONUS	outside of the continental United States
SAFE	sexual assault forensic examination
SAPR	sexual assault prevention and response
SAPR VA	Sexual Assault Prevention and Response Victim Advocate
SAPRO	Sexual Assault Prevention and Response Office
SARC	Sexual Assault Response Coordinator
UCMJ	Uniform Code of Military Justice
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

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

confidential communication. Oral, written, or electronic communications of personally identifiable information concerning a sexual assault victim and the sexual assault incident provided by the victim to the SARC, SAPR VA, or healthcare personnel in a Restricted Report. This confidential communication includes the victim's SAFE Kit and its information. See http://www.archives.gov/cui.

consent. 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 or the manner of dress of the person involved with the accused in the sexual conduct at issue shall not constitute consent. There is no consent where the person is sleeping or incapacitated, such as due to age, alcohol or drugs, or mental incapacity.

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

culturally-competent care. Care that provides culturally and linguistically appropriate services.

DSAID. A DoD database that captures uniform data provided by the Military Services and maintains all sexual assault data collected by the Military Services. This database shall be a centralized, case-level database for the uniform collection of data regarding incidence of sexual assaults involving persons covered by this Directive and Reference (c). DSAID will include information when available, or when not limited by Restricted Reporting, or otherwise prohibited by law, about the nature of the assault, the victim, the offender, and the disposition of reports associated with the assault. DSAID shall be available to the SAPRO and the DoD to develop and implement congressional reporting requirements. Unless authorized by law, or needed for internal DoD review or analysis, disclosure of data stored in DSAID will only be granted when disclosure is ordered by a military, Federal, or State judge or other officials or entities as required by a law or applicable U.S. international agreement. This term and its definition are proposed for inclusion in the next edition of Joint Publication 1-02 (Reference (r)).

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

emergency care. Emergency medical care includes physical and emergency psychological medical services and a SAFE consistent with Reference (i).

gender-responsive care. Care that acknowledges and is sensitive to gender differences and gender-specific issues.

healthcare personnel. Persons assisting or otherwise supporting healthcare providers in providing healthcare services (e.g., administrative personnel assigned to a military medical treatment facility, or mental healthcare personnel). Healthcare personnel also includes all healthcare providers.

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

non-identifiable personal information. Non-identifiable personal information includes those facts and circumstances surrounding the sexual assault incident or that information about the individual that enables the identity of the individual to remain anonymous. In contrast, personal identifying information is information belonging to the victim and alleged assailant of a sexual assault that would disclose or have a tendency to disclose the person's identity.

official investigative process. The formal process a commander or law enforcement organization uses to gather evidence and examine the circumstances surrounding a report of sexual assault.

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

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

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

Restricted Reporting. Reporting option that allows sexual assault victims to confidentially disclose the assault to specified individuals (i.e., SARC, SAPR VA, or healthcare personnel), in accordance with Reference (i), and receive medical treatment, including emergency care, counseling, and assignment of a SARC and SAPR VA, without triggering an official investigation. The victim's report provided to healthcare personnel (including the information acquired from a SAFE Kit), SARCs, or SAPR VAs will NOT be reported to law enforcement or to the command to initiate the official investigative process unless the victim consents or an established EXCEPTION applies in accordance with Reference (c). The Restricted Reporting Program applies to Service members and their military dependents 18 years of age and older. For additional persons who may be entitled to Restricted Reporting, see eligibility criteria in

Reference (c). Only a SARC, SAPR VA, or healthcare personnel may receive a Restricted Report, previously referred to as Confidential Reporting. This term and its definition are proposed for inclusion in the next edition of Reference (r).

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

SAPRO. Serves as the DoD's single point of authority, accountability, and oversight for the SAPR program, except for legal processes and criminal investigative matters that are the responsibility of the Judge Advocates General of the Military Departments and the IG, respectively. This term and its definition are proposed for inclusion in the next edition of Reference (r).

SAPR Program. A DoD program for the Military Departments and the DoD Components that establishes SAPR policies to be implemented worldwide. The program objective is an environment and military community intolerant of sexual assault. This term and its definition are proposed for inclusion in the next edition of Reference (r).

SAPR VA. A person who, as a victim advocate, shall provide non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims. The SAPR VA, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy duties. Personnel who are interested in serving as a SAPR VA are encouraged to volunteer for this duty assignment. This term and its definition are proposed for inclusion in the next edition of Reference (r).

SARC. The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; coordinates medical treatment, including emergency care, for victims of sexual assault; and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution. This term and its definition are proposed for inclusion in the next edition of Reference (r).

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

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

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

Unrestricted Reporting. A process that an individual covered by this policy uses to disclose, without requesting confidentiality or Restricted Reporting, that he or she is the victim of a sexual assault. Under these circumstances, the victim's report provided to healthcare personnel, the SARC, a SAPR VA, command authorities, or other persons is reported to law enforcement and may be used to initiate the official investigative process. Additional policy and guidance are provided in Reference (c). This term and its definition are proposed for inclusion in the next edition of Reference (r).

victim. A person who asserts direct physical, emotional, or pecuniary harm as a result of the commission of a sexual assault. The term encompasses all persons 18 and over eligible to receive treatment in military medical treatment facilities; however, the Restricted Reporting Program applies to Service members and their military dependents 18 years of age and older. For additional persons who may be entitled to Restricted Reporting, see eligibility criteria in Reference (c).