DEPARTMENT OF THE ARMY
UNITED STATES ARMY COMBINED ARMS SUPPORT COMMAND
2221 ADAMS AVENUE
FORT LEE VIRGINIA 23801-2102

ATCL-CG 19 February 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy Letter for Sexual Harassment/Assault Response and Prevention (SHARP) Program

1. References:

a. Army Regulation 600-20, Army Command Policy, 6 November 2014.

b. Guide for Use of the U.S. Army Soldier and Leader Risk Reduction Tool (USA SLRRT).

c. Army Regulation 27-10, Military Justice, 3 October 2011.

d. Articles 80, 120, and 125, Uniform Code of Military Justice (UCMJ).

e. USACASCOM and SCoE, & Fort Lee Suppl 1 to AR 27-10, current version.

f. TRADOC Sexual Harassment/Assault Response and Prevention Campaign Plan, 31 July 2013

g. Department of Defense Sexual Assault Prevention and Response Strategic Plan, May 2013

2. Sexual harassment and sexual assault will not be tolerated in CASCOM. Commanders will implement programs to prevent and respond to sexual assault and sexual harassment in order to enable team cohesion and readiness. The goal of these programs is to eliminate incidents of sexual misconduct within the Combined Arms Support Command's formations. Commanders will promote and enable an environment of dignity and respect where all Soldiers and civilians perform to their maximum potential, victims feel safe reporting incidents and the workforce trusts their leaders to take appropriate actions. Leaders will also ensure that those accused of offenses are evaluated in an appropriate manner for elevated risk and are afforded necessary care.

3. Sexual assault is a criminal offense that has no place in the within the Profession of Arms and are a threat to the integrity, resilience, and readiness of our Army. Prevention of these acts is an inherent responsibility of every member of the Army Team. Every person who is aware of an incident of sexual assault will immediately report it. Sexual

assault is incompatible with the Army Values and is punishable under the UCMJ and other federal and local civilian laws.

4. Sexual harassment is a form of gender discrimination that involves unwelcomed sexual advances, both verbal and physical between same or opposite genders when submission to or rejection of such conduct is made a condition of a person's job, pay, or career and creates an intimidating, hostile or offensive work environment.

5. Through leadership, teamwork, education, discipline and enforcement of standards, CASCOM will continue to establish an environment free of sexual assault and sexual harassment where every member of the CASCOM team is valued and protected. The following lines of effort (LOEs) drawn from Ref. g, the Department of Defense Sexual Assault Prevention and Response Strategic Plan, will guide us:

a. Prevent potential offenders from committing sexual crimes; provide compassionate care for victims while protecting their privacy and rights. Ensure both victims and alleged perpetrators are afforded medical and behavioral health care and legal assistance. (LOE 1 and 4).

b. Conduct timely, thorough and professional investigations of allegations of sexual assault and sexual harassment. (LOE 2).

c. Instill a positive climate and an environment of trust and respect where every person can thrive and achieve their full potential. (LOE 3, 4 and 5).

d. Hold those responsible for sexual assault and sexual harassment appropriately accountable. (LOE 3).

e. Leaders will instill a climate where sexual assault and sexual harassment are not tolerated. (LOE1, 3, 4 and 5).

6. Leaders, at all levels, will follow the Department of the Army strategic guidance in accordance with the TRADOC's four lines of effort (LOEs), captured in Ref. f:

a. Improve seeing ourselves: understand sexual assault and sexual harassment trends.

b. Protect the victims: focus on protection, support, care and advocacy for victims.

c. See the "terrain:" prevent and reduce the potential for sexual assault and sexual harassment.

d. See the threat: detect sexual predators and hold them appropriately accountable.

7. Response to Violent Sexual Assault "Casualty Battle Drill"

a. Every unit in the Army has established procedures on how to manage casualties. I want leaders to think of sexual assault victims as casualties and to react accordingly. Upon notification of an unrestricted allegation that a Soldier has been the victim of an offense involving penetration or unlawful force falling under Article 120 or Article 125, UCMJ, the brigade-level commanders and O-6 level commandants exercising Special Courts-Martial Convening Authority (SPCMCA) will assemble a Crisis Action Team (CAT) consisting of appropriate leaders and experts to ensure the alleged victim is receiving all appropriate support and services. The CAT will be established as soon as practicable, but not later than 12 hours after learning of the report. CAT requirements will vary based on individual incident situations. The OSD SAPRO Commander's 30-Day Checklist for Unrestricted Reports of Sexual Assault (Enclosure 2), serves as a guide for both the victim and alleged offender's commanders.

b. The composition of the CAT will include the unit Sexual Assault Response Coordinator (SARC) or Victim Advocate (VA), the SPCMCA's legal advisor and it may expand to include representative(s) from the Criminal Investigative Division (CID), a Behavioral Health professional competent to advise on risk factors affecting either a victim or perpetrator, and any other staff enabler the SPCMCA deems appropriate.

c. The CAT informs, advises and enables Commanders exercising SPCMCA regarding:

(1) Ensuring the victim is protected and in contact with the VA, Special Victim Counsel (SVC) (when/if appropriate).

(2) Ensuring the victim is informed of and receives timely access to comprehensive medical and psychological treatment, including emergency care treatment and services (regardless of visible injuries), unless the victim declines healthcare. Ensure the victim is escorted, if desired, to the appropriate medical facility for treatment and a Sexual Assault Forensic Exam (SAFE).

(3) Ensuring that the matter is referred to CID (unrestricted reports only) as soon as the victim's immediate safety is assured and medical treatment procedures elected by the victim are initiated. If the victim requests, ensure they are escorted to interviews with investigators and that they are notified of the right to have a SVC present at all interviews conducted by investigators, trial counsel, and defense attorneys.

(4) Evaluation of expedited transfer options, both temporary and permanent, for the victim and the alleged offender, as the situation dictates.

(5) Employment of the Soldier Leader Risk Reduction Tool (enclosure 1), as a tool, to identify factors whether the victim should be considered high risk based on: if the victim needs protection; the victim is concerned about retaliation from peers, or supervisors; if the victim poses a suicide risk; or if the victim's safety is in jeopardy.

(6) Ensuring the victim has access to speak or meet with support personnel such as family members, a chaplain, and emergency contact, or other support persons.

(7) Ensuring that victim collateral offenses are with held to the SPCMCA.

(8) Ensuring that alleged offenders are recognized as high risk and that risks are mitigated accordingly.

d. The purpose of the Crisis Action Team is purely administrative in nature. The Crisis Action Team will not discuss the conduct of the investigation of the allegation(s), the facts or evidence of a case or the disposition of the alleged offense(s).

e. In order to protect victim confidentiality commanders will assemble a CAT only for unrestricted reports of sexual assault.

8. Victims of sexual assault or sexual harassment are encouraged to report incidents to their unit SHARP representatives or chain of command. Reports of sexual misconduct are taken seriously and will be dealt with promptly, with confidentiality, and with protection from reprisal. The CASCOM and Fort Lee 24-hour SHARP Hotline is (804) 894-0029 and is available to provide guidance and assistance.

9. A copy of this policy will be permanently posted on unit bulletin boards. The point of contact for this action is the CASCOM and Fort Lee Sexual Assault Response Coordinator at (804) 734-6594, or (804) 683-8000.

STEPHEN R. LYONS
Major General, U.S. Army
Commanding

Encls.
1. U.S. Army Soldier Leader Risk Reduction Tool
2. Commander's 30-Day Checklist for Unrestricted Reports of Sexual Assault
3. Commander's SHARP Quick Reference Guide

DISTRIBUTION:
Commandant, U.S. Army Ordnance School
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Commander, U.S. Army Garrison, Fort Lee
Commandant, Army Logistics University
Commander, Army Training Support Center

U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT)

INSTRUCTIONS FOR LEADERS

This tool is designed to help leaders identify potential risks among their Soldiers. If a Soldier has a concern or problem, provide him/her with options (suggestions are provided under "Leader Action" for each issue of concern), ensure that you follow up with him/her, and continue to address the plan of action as necessary. Document any pertinent issues of concern and the associated action plan on the Developmental Counseling Form, DA Form 4856.

Refer to Appendix B in the 'Guide for Use of the USA SLRRT' for a more complete list of resources available to assist Soldiers.

Leaders should consult with legal counsel if Article 31 rights may apply.

#	ISSUES OF CONCERN	LEADER ACTIONS
1	Has the Soldier been command referred for any assistance (e.g., legal, financial, spiritual, alcohol, family/relationship, behavioral health, other)? Does the Soldier wish to disclose receiving any similar types of assistance for which he/she was not command referred?	Refer Soldier to appropriate resources. Reserve Component (RC) ensure referral is with appropriate local resource.
2	Is the Soldier experiencing any difficulties getting the assistance he/she needs either on-post or off-post?	Refer Soldier to appropriate resources. RC ensure referral is with appropriate local resource. Follow-up with Soldier wtihin 14 days to ensure that any difficulties have been overcome or resolved.
3	Has the Soldier been unsuccessful in meeting military requirements or standards (e.g., duty performance, PT, Battle Assembly participation (RC only), weight control, weapons qualification, MOS training)?	Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
4	Has the Soldier received negative counseling or evaluations since arriving at the current unit or organization?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
5	Has the Soldier been denied promotion or attendance to schools, or barred from reenlistment for any reason?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
6	Is the Soldier currently undergoing a UCMJ action?	Ensure Soldier has adequate support, to include legal.
7	Does the Soldier have financial or employment concerns, such as inability to cover basic montly expenses, home foreclosure, difficulty meeting child support payments, or inability to repay loans?	Refer Soldier to unit or installation financial representative or Army Community Service Financial Readiness Program. RC ensure referral is with appropriate local resource.
8	Has the Soldier experienced an accident, injury, illness, or medical condition that resulted in current fitness for duty limitations?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
9	Does the Soldier have a current medical profile (temporary or permanent)?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
10	Does the Soldier have any concerns about medical care, medications or supplements he/she is taking?	Refer to Primary Care Manager or Military Treatment Facility (MTF). RC ensure referral is with appropriate local resource.
11	Is the Soldier currently experiencing problems related to sleep (e.g., trouble falling asleep, trouble staying asleep, performance problems related to sleep, consistently getting less than 7-9 hours of sleep, using alcohol or other substances to get to sleep)?	Refer to Primary Care Manager or MTF. RC ensure referral is with appropriate local resource.
12	Does the Soldier tend to withdraw or socially isolate himself/herself from others?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, or Unit Behavioral Health Team, as appropriate. RC ensure referral is with appropriate local resource.
13	Has the Soldier exhibited excessive anger or aggression in the past three months?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, Anger Management, or other appropriate support. RC ensure referral is with appropriate local resource.
14	Is the Soldier experiencing serious marital/relationship issues, or immediate family concerns, such as a serious illness in a family member?	Refer to Army Community Services, Military Family Life Counselor, Military OneSource, Unit Ministry Team (UMT), or Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate local resource.
15	Has the Soldier been involved in any incidents of domestic violence or child abuse/neglect?	Refer to Family Advocacy Program. RC ensure referral is with appropriate local resource.
16	Has the Soldier experienced any condition that may be considered cruel, abusive, oppressive, or harmful, to include hazing or assault?	Connect Soldier with appropriate support (e.g. SHARP, EO, Family Advocacy, Unit Ministry, Primary Care Manager, MTF). RC ensure referral is with appropriate local resource.
17	Has the Soldier received a citation for speeding (10 miles over the posted limit) or reckless driving in the past 6 months?	Provide appropriate counseling to ensure Soldier understands good driving habits.
18	Has the Soldier been cited for engaging in risky behavior while in a vehicle (e.g., texting while driving, not utilizing a hands-free cell phone while driving, riding without a seatbelt)? Has the Soldier been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under UCMJ?	Provide appropriate counseling to ensure Soldier understands good driving habits. Ensure the Soldier bas been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under the UCMJ.

U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT)

#	ISSUES OF CONCERN	LEADER ACTIONS
19	Does the Soldier drive a motorcycle?	Ask Soldier 19a.
19a	IF YES, Does the Soldier have the required privately operated motorcycle (POM) training IAW AR 385-10 and post requirement?	Perform a POM inspection; make copy of Soldier's license, registration (State and post), insurance and Motorcycle Safety Foundation (MSF) certificate. Keep on file. Discuss the POM policy and regulation regarding personal protective equipment (PPE) and mandatory training from an approved motorcycle rider safety course (MSF; Basic Rider Course (MANDATORY); Experienced Rider Course (if applicable in area of operations (AOR)); Military Sport Bike Rider Course (if applicable in AOR); and Military Refresher Training (MRT for those returning from deployment or commander's referral)). RC: Counsel Soldier to ensure he/she understands the requirement to wear all PPE at all times (not only while in a duty status).
20	Does the Soldier engage in any other potentially hazardous recreational activities while off-duty (e.g., skydiving, riding all-terrain vehicles, rock climbing)?	Encourage and ensure the Soldier takes a training course prior to engaging in high risk activities. Ensure Soldier uses appropriate PPE.
21	AR 190-11 requires all privately owned weapons that are brought onto military installations be properly registered with the Provost Marshall. Is the Soldier in compliance with the provisions of AR 190-11 as they apply to registration of privately owned weapons?	Counsel Soldier on the Weapons Safety "THINK". Treat every weapon as if it is loaded; Handle every weapon with care; Identify the target before you fire; Never point at anything you don't intend to shoot; Keep the weapon on safe. Ask Q21a.
21a	IF YES, Has the Soldier attended an approved fire arms safety class/course?	Note where and when the Soldier received the training. If not trained, encourage and ensure Soldier and family receive training.
22	Has the Soldier ever been involved in alcohol or drug related incidents (in the past 3 years) and/or tested positive on a urinalysis?	Refer to Army Substance Abuse Program at time of incident and closely monitor Soldier's progress. RC ensure referral is with appropriate service.
23	Has the Soldier deployed to a location where there was hostile fire or they received hazardous duty pay?	Does the Soldier have any current deployment related concerns? Refer to Primary Care Manager, MTF, or other appropriate support. RC ensure referral is with appropriate service.
24	Has the Soldier experienced difficulty coping with a loss (e.g., death of close friend, family member or team member, loss of social support)?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
25	Has anyone (e.g., spouse, other family member, friends, fellow Soldier) expressed concern about the Soldier's behavior?	Obtain additional information as appropriate. Refer to Army Community Services, Military Family Life Counselor, Military OneSource, Unit Ministry Team (UMT), Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
26	Has the Soldier expressed any suicidal thoughts or actions, or expressed a desire to harm others?	Escort Soldier to Installation Behavioral Health or MTF Emergency Room, as appropriate, and notify leadership. RC escort to local emergency room and notify leadership. Do not leave Soldier alone. Order Soldiers who possess privately owned weapons on post to store them in the unit arms room; ask Soldiers who possess privately owned weapons off post to voluntarily surrender them to the unit arms room. Consider ordering Soldier to reside in barracks for an evaluation period (3 days) if they choose not to voluntarily surrender weapons stored off post.
27	Based on the concerns above and leader's knowledge of the Soldier, the Soldier may be considered to be at low, moderate, or high risk if the statements below are representative. *Note: For Soldiers deemed to be at moderate or high risk, senior leadership (Battalion commander/equivalent or higher) should be notified.*	
LOW		Soldier has no significant problems or has problems for which he/she is receiving appropriate support. The potential for adverse outcomes appears to be low.
MODERATE		Behaviors or concerns that place the Soldier at risk of serious problems if not addressd through appropriate actions (e.g., Soldier experiencing serious financial, legal, family/relationship, alcohol, or other concerns, and is experiencing difficulty getting adequate assistance; Soldier exhibiting a pattern of serious risk taking behavior). **Senior leadership (Battalion commander/equivalent or higher) should be notified.**
HIGH		Behaviors or concerns that potentially place the Soldier or others in danger or harms way (e.g., life threatening risk taking behavior, serious performance problems that jeopardize teammembers safety, threat to self or others). **Senior leadership (Battalion commander/equivalent or higher) and appropriate support channels should be notified immediately.**

COMMANDER'S 30-DAY CHECKLIST
FOR UNRESTRICTED REPORTS OF SEXUAL ASSAULT

I. INTRODUCTION

The sexual assault response checklist is intended to serve as a baseline for the first 30 days for the commander's response to adult sexual assault victim(s), alleged offender(s), and unit in the event of an Unrestricted Report of sexual assault. The checklist may be expanded to meet Military Service-specific requirements and procedures. These checklist items do not represent all of the responsibilities assigned to commanders for the entire Sexual Assault Prevention and Response (SAPR) program.

It is important for commanders to take time prior to an incident to become familiar with your Service SAPR policies and installation SAPR personnel. There are other important SAPR requirements to consider past the 30-day timeframe covered in this list. For full details regarding all SAPR program responsibilities for commanders, see Enclosure 5 of Department of Defense (DoD) Instruction 6495.02 and applicable Military Service-specific policies.

Active duty Service members, National Guard (NG) members, and Reserve Component (RC) members will be eligible to receive SAPR advocacy services from a Sexual Assault Response Coordinator (SARC) or SAPR Victim Advocate (SAPR VA) regardless of whether the assault took place while on active duty, prior to enlistment or commissioning, or while performing inactive duty training. Service members of the active duty component, NG, and RC are eligible to file either a Restricted or Unrestricted Report. Commanders can assist the NG or RC member in requesting contractual active duty status (or be brought onto active duty status) to complete a Line of Duty (LOD) in order to assure continuity of healthcare[1].

Military dependents 18 years of age and older who are eligible for treatment in the military healthcare system (MHS), at installations in the continental United States (CONUS) and outside of the continental United States (OCONUS), and who were victims of sexual assault perpetrated by someone other than a spouse or intimate partner. Adult military dependents may file unrestricted or restricted reports of sexual assault. Additionally, non-military individuals who are victims of sexual assault are only eligible for limited emergency care medical services at a military treatment facility, unless that individual is otherwise eligible as a Service member or TRICARE (http://www.tricare.mil) beneficiary of the military health system to receive treatment in a military treatment facility (MTF) at no cost to them. At this time, they are only eligible to file an Unrestricted Report. Additionally, non-military individuals will also be offered the LIMITED SAPR services to be defined as the assistance of a Sexual Assault Response Coordinator (SARC) and a SAPR Victim Advocate (VA) while undergoing emergency care OCONUS. These limited medical and SAPR services shall be provided to:

[1] In the case of a member of a reserve component who is the victim of sexual assault committed while on active duty and who is expected to be released from active duty before the determination is made regarding whether the member was assaulted while in the line of duty, the Secretary concerned, upon the request of the member, may order the member to be retained on active duty until completion of the line of duty determination. A member eligible for continuation on active duty under this subsection shall be informed as soon as practicable after the alleged assault of the option to request continuation on active duty under this subsection. In the case of a member of a reserve component not on active duty who is the victim of a sexual assault that occurred while the member was on active duty and when the line of duty determination is not completed, the Secretary concerned, upon the request of the member, may order the member to active duty for such time as necessary for completion of the line of duty determination.

1. DoD civilian employees and their family dependents 18 years of age and older when they are stationed or performing duties OCONUS and eligible for treatment in the MHS at military installations or facilities OCONUS. These DoD civilian employees and their family dependents 18 years of age and older only have the Unrestricted Reporting option.
2. U.S. citizen DoD contractor personnel when they are authorized to accompany the Armed Forces in a contingency operation OCONUS and their U.S. citizen employees. DoD contractor personnel only have the Unrestricted Reporting option. Additional medical services may be provided to contractors covered under this instruction in accordance with DoDI 3020.41 (Reference (q)) as applicable.

II. VICTIM'S COMMANDER

( ) **SAPR Advocacy:** Require that the SARC is notified immediately and that the SARC or a SAPR VA makes contact with the victim as soon as possible.

( ) **Timely access to healthcare:** Require that the victim receives timely access to comprehensive medical and psychological treatment, including emergency care treatment and services (regardless of visible injuries), unless the victim declines healthcare. Ensure that sexual assault victims are given priority, and treated as emergency cases. If needed, assist with obtaining immediate transportation for the victim to the hospital or other appropriate medical treatment facility using a government owned/operated vehicle (do not use a personally operated vehicle).

( ) **Forensic Exam:** Ask the victim whether s/he would be willing to have a Sexual Assault Forensic Examination (SAFE). If the victim elects to have a SAFE, advise the victim of the need to preserve evidence (by not bathing, showering, having anything by mouth, emptying bladder, washing garments, or sheets, etc.).

( ) **Military Criminal Investigation Organization Contact:** Immediately refer the matter to the Military Criminal Investigation Organization (MCIO) concerned (e.g. Naval Criminal Investigative Service (NCIS), Air Force Office of Special Investigations (OSI), or Army Criminal Investigation Command (CID)), as soon as the victim's immediate safety is assured and medical treatment procedures elected by the victim are initiated. Do NOT conduct any internal command directed investigation of the sexual assault or delay immediate contact with the MCIO. MCIOs have total responsibility for report investigation. Finally, the commander is not required to assess the credibility of the report.

[ ] Victim's Alleged Collateral Misconduct: If there is alleged victim collateral misconduct, commanders shall have discretion to defer action on alleged collateral misconduct by the sexual assault victims (and shall not be penalized for such a deferral decision), until final disposition of the sexual assault case, taking into account the trauma to the victim and responding appropriately so as to encourage reporting of sexual assault and continued victim cooperation, while also bearing in mind any potential speedy trial and statute of limitations concerns.

[ ] Consult with the servicing legal office, as needed, to determine when and how best to adjudicate the victim's alleged collateral misconduct, if needed. Take into account the trauma to the victim and respond appropriately to foster a unit climate that encourages reporting of sexual assault and continued victim cooperation.

[ ] When practicable, consult with the servicing legal office and MCIO, and notify the assigned SARC or SAPR VA prior to taking any administrative or disciplinary action affecting the victim.

( ) **Victim Safety:** Ensure the physical safety of the victim— the Case Management Group (CMG) Chair[2] has designated installation personnel trained and able to perform a formal "Safety Assessment" of adult sexual assault victims. As a tool, a Safety Assessment is used to identify potential threats while addressing immediate safety needs and outlining strategies to help reduce future incidents of harm. Require the designated personnel to conduct a safety assessment of the victim. The Safety Assessment will determine:

[ ] If the alleged offender is still nearby and if the victim desires or needs protection or if the victim is at risk of doing harm to himself/herself.

[ ] If the victim is concerned about retaliation from peers or supervisors.

[ ] If the victim poses a suicide risk.

[ ] If the victim's safety is in jeopardy, immediately notify the victim's commander of the need to establish, without delay, through the installation commander a multi-disciplinary **High-Risk Response Team (HRRT).** The HRRT will continually monitor the victim's safety, by assessing danger and developing a plan to manage the situation (in accordance with DoDI 6495.02, Enclosure 9). The HRRT shall be chaired by the victim's commander and, at a minimum, include the suspect's commander; the victim's SARC and SAPR VA; the MCIO, the judge advocate, if applicable and the Victim/Witness Assistance Provider (VWAP) assigned to the case, the victim's healthcare provider or mental health and counseling services provider; and the personnel who conducted the safety assessment.

( ) **Access to Support Person:** Ask if the victim would like to speak to a chaplain, family member, emergency contact, or other support person and, if so, facilitate the meeting.

( ) **Legal Services:**

[ ] Inform the victim of the opportunity to consult with Special Victim's Counsel (SVC), Victim's Legal Counsel (VLC), or Legal Assistance Attorney.

[ ] In cases where the victim may have been involved in collateral misconduct, inform the victim of the opportunity to consult with defense counsel.

( ) **Military Protective Orders\Civilian Protective Orders:**

[ ] Determine if the victim desires or needs a Military Protection Order (MPO) to be issued (via completion of DD Form 2873), 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.

[ ] Are only available for Unrestricted Reports.

[2] The Installation commander or Deputy Installation Commander.

[ ] If an MPO is issued, notify the appropriate civilian and military authorities of the MPO issuance and of the individuals involved in the order, in the event the MPO has been issued against a Service member and any individual involved in the MPO does not reside on a military installation at any time during the duration of the MPO. The MPO should also be entered by the installation law enforcement agency in National Crime Information Center (NCIC), for the duration of the order. Also, notify the appropriate civilian and military authorities of any change in or termination of the MPO and have the installation law enforcement agency update the NCIC entry.

[ ] Require the alleged offender to sign the DD Form 2873.

[ ] Provide the victim(s) and alleged offender(s) involved with copies of the completed DD Form 2873 and require the MCIO to document the MPO in their investigative case file.

[ ] Advise the person seeking the MPO that it is not enforceable by civilian authorities off base and that victims desiring protection off base should with the assistance of the SARC or SAPR VA seek a Civilian Protective Order (CPO).

[ ] Take all necessary measures to ensure that a CPO is given full force and effect on all DoD installations within the jurisdiction of the court that issued the order and inform the SARC of an existing CPO or MPO. The SARC will then ensure the CMG is aware of the existence of the order(s).

( ) **Expedited Transfer:** Safety issues are NOT handled through an Expedited Transfer. They are handled through a fast safety move. (An Expedited Transfer may take longer than a safety move.) The intent behind the Expedited Transfer policy is to address situations where a victim feels safe, but uncomfortable.

[ ] Are only available for Unrestricted Reports.

[ ] Require the SARC or the SAPR VA to explain to adult military sexual assault victims that they may request an Expedited Transfer (temporary or permanent) to a different installation or to a different unit within his/her current installation. If the victim requests an Expedited Transfer, consider the desires of the victim when making any reassignment determinations.

[ ] Commanders are authorized to move the alleged offender instead of the victim should be considered when individual circumstances warrants.

( ) **DD Form 2910:** Require the SARC or the SAPR VA to explain to adult sexual assault victims their reporting options and rights while assisting them in completing DD Form 2910, "Victim Reporting Preference Statement".

( ) **DoD Sexual Assault Incident Database:** Confirm that the SARC entered all reported sexual assaults into DoD Sexual Assault Incident Database (DSAID) within 48 hours of the report (in deployed locations that have internet connectivity issues, the time frame is extended to 96 hours). The SARC responsibilities include uploading DD Form 2910 for Unrestricted cases into DSAID.

( ) **Sexual Assault Incident Response Oversight:** A Sexual Assault Incident Response Oversight (SAIRO) report must be submitted within eight calendar days of an Unrestricted Report by the immediate commander.

[ ] The eight-day timeframe begins when an Unrestricted Report is made to a SARC or SAPR VA, and the SARC or SAPR VA fills out a DD Form 2910. However, if the victim is a civilian who is not eligible for SAPR Services in accordance with DoDD 6495.01, and the subject is a Service member, then the trigger for the eight-day timeframe begins when the MCIO notifies the immediate commander of the subject.

[ ] Further guidance on the SAIRO requirements can be found in Directive Type Memorandum (DTM) 14-007, "Sexual Assault Incident Response Oversight (SAIRO) Report".

[ ] If the victim accepts advocacy services, the SARC must provide a description of any circumstances in the response that adversely affected the command's ability to address the victim's needs (e.g., timeliness; sensitivity; obstacles to care; coercion, retaliation, or reprisal). The SARC will include any victim input provided with documented victim consent for disclosure of privileged communications. The SARC will confirm that the victim was informed of the ability to speak to a SVC\VLC before providing consent for release of privileged information.

( ) **Victim Privacy:** Strictly limit knowledge and release of the facts or details regarding the incident to only those personnel who have an ***official need-to-know or as authorized by law*** as designated in the SAIRO DTM 14-007.

( ) **Case Management Group (CMG) meeting:** Participate in the monthly CMG meeting. Contact the SARC or installation commander to identify when the next CMG is scheduled. The victim's commander is a mandatory member of the CMG and he/she may not delegate the responsibility to attend the CMG. Note: The intent is to have command involvement in the CMG. Thus, the victim's immediate commander is the intended participant in the CMG.

[ ] Provide the victim with monthly status updates to include:

- MCIO investigation,
- medical,
- legal,
- status of an Expedited Transfer request,
- any other request made by the victim,
- command proceedings regarding the sexual assault from the date the investigation was initiated until there is a final disposition of the case.

This update must occur within 72 hours of the last CMG meeting. If the victim is transferring from the installation, make future communication arrangements with the victim, so you can contact her/him after future CMGs to provide updates.

( ) **Protection from Retaliation:** Protect the victim from coercion, ostracism, discrimination, or reprisals in person, through electronic communications, or through social media. Also protect SARCs and SAPR VAs from coercion, ostracism, discrimination, or reprisals related to the execution of their SAPR duties

and responsibilities. In the event of coercion, ostracism, discrimination, or reprisal, notify the Inspector General or Military Equal Opportunity as appropriate.

[ ] At every CMG meeting, the CMG Chair will ask the CMG members if the victim, witnesses, bystanders (who intervened), SARCs and SAPR VAs, responders, or other parties to the incident have experienced any incidents of coercion, retaliation, ostracism, maltreatment, or reprisals. If any incidents are reported, the installation commander will develop a plan to immediately address the issue. The coercion, retaliation, ostracism, maltreatment, or reprisal incident will remain on the CMG agenda for status updates, until the victim's case is closed.

( ) **Victim Rights:**

[ ] Direct MCIO and VWAP personnel to provide the victim with Victim Rights information outlined on the DD Form 2701 through the investigative and legal process.

[ ] Ensure the victim has access to an SVC/VLC.

( ) **Victim Support from Commander:**

[ ] Throughout the investigation, with assistance from the SARC or SAPR VA consult with the victim, listen to his/her feedback, and engage, as needed, to provide the victim appropriate support resources and referrals. Help the victim regularly access care and attend referral appointments, as needed. 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.

[ ] With assistance from the SARC or SAPR VA, continue to monitor the victim's well-being, particularly if there are any indications of suicidal ideation, homicidal, or other unhealthy attempts to cope with stress, and ensure appropriate assistance is rendered. Consult with medical and mental health providers for appropriate courses of action, as needed.

( ) **Personnel Reliability Program:** 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. Make the final determination based upon established national security standards, taking into consideration 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. (See DoD 5210.42-R for specific requirements.)

III. ALLEGED OFFENDER'S COMMANDER

( ) **MCIO:** Notify the appropriate MCIO immediately after receiving a report of a sexual assault incident.

( ) **No Command-Directed Investigations:** Do **NOT** conduct any internal command-directed investigation of the sexual assault, delay immediate contact with the MCIO, or attempt to assess the credibility of the report. Avoid questioning the alleged offender about the sexual assault allegation, to the extent possible, since doing so may jeopardize the criminal investigation.

( ) **Privacy:** Strictly limit information pertinent to an investigation to those who have an official need-to-know.

( ) **Defense Legal Services:** Ensure procedures are in place to inform the alleged offender, as appropriate, about the investigative, legal, and command processes that may be involved.

( ) **Alleged Offender Healthcare:** As appropriate, refer the alleged offender to available counseling groups and other services or make sure that procedures are in place to inform the alleged offender about available counseling support. However, precautions need to be taken to verify that the victim and the alleged offender are not in the same counseling sessions, groups or classes or any other gatherings or installation events.

( ) **Safety of Alleged Offender and Victim:**

[ ] Monitor the well-being of the alleged offender, particularly for any indications of suicide ideation or other unhealthy attempts to cope with stress, and ensure appropriate assistance is rendered. Consult with medical and mental health providers for appropriate courses of action, as needed.

[ ] Monitor the alleged offender for erratic or violent behavior that may endanger the safety of the victim or others.

[ ] If the victim's safety is in jeopardy and a multi-disciplinary HRRT is convened, participate in the HRRT to continually monitor the victim's safety, and provide insight on alleged offender's current behavior by assessing danger and developing a plan to manage the situation.

[ ] With assistance from the SARC, SAPR VA, legal, and/or investigative agent, determine the need for an MPO via completion of DD Form 2873. (See above for further details regarding MPOs.)

( ) **Victim Retaliation or Ostracism:** Monitor for incidents of coercion, ostracism, discrimination, or reprisals against the victim in person, in the unit or workplace through electronic communications, or through social media.

( ) **Alleged Offender Retaliation or Ostracism:** Monitor for incidents of coercion, ostracism, discrimination, or reprisals against the alleged offender in person, in the unit or workplace through electronic communications, or through social media.

( ) **SAIRO:** The immediate commanding officer of the alleged offender will be responsible for preparing and submitting the abbreviated SAIRO report containing available information within eight calendar days involving a civilian victim who is Not eligible for SAPR Services in accordance with Reference (c) of the SAIRO DTM and the alleged offender/Service member, with the understanding that some victim or subject information may not be accessible.

IV. IMPORTANT POINTS TO REMEMBER FOR EACH UNIT COMMANDER OF THE VICTIM AND ALLEGED OFFENDER

IN THE EVENT OF A SEXUAL ASSAULT

( ) It is important to make sure that everyone in a unit and on base know that the alleged offender is presumed innocent until proven guilty and each report is considered credible until proven otherwise.

( ) Advise those who may have knowledge of the events leading up to or surrounding the incident to fully cooperate with any investigation involved in accordance with the standards of your Service and the Uniform Code of Military Justice.

( ) Remind members that discussion of a possible sexual assault incident might compromise an ensuing investigation. Discourage members from participating in "barracks gossip" or grapevine speculation about the case or investigation.

( ) Emphasize that acts of coercion, ostracism, discrimination, or reprisals against the victim, offender, and/or witnesses, bystanders will not be tolerated and the person(s) who commits any of these acts will be subject to disciplinary action according to the UCMJ.

[ ] Consult with your Service-specific retaliation policy.

( ) Emphasize that acts of coercion, ostracism, discrimination, or reprisals against SARCs and SAPR VAs related to the execution of their SAPR duties and responsibilities will not be tolerated and the person(s) who commit any of these acts will be subject to disciplinary action according to the UCMJ will be subject to disciplinary action according to the UCMJ.

( ) Review past Unit Climate Assessments, unit policies, and personnel practices for conditions that may have contributed or influenced circumstances leading to the reported sexual assault. Consider requesting assistance from outside experts (e.g. SARC, SAPR Program Manager, Rape Crisis Center) to help identify additional preventive measures.

( ) Make available or publicize the resources available to address some of the emotional or psychological consequences of crime 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 or the alleged offender are being ostracized and prevent organizational divisiveness.

( ) After the resolution of the case (courts-martial verdict, NJP, administrative separation, etc.) Actively monitor the unit for acts of coercion, ostracism, discrimination, or reprisals against the victim, witnesses, and/or offender and deal with those acts swiftly.

COMMANDER'S SHARP QUICK REFERENCE

Key Concepts

1. The Army's Sexual Harassment/Assault Response and Prevention (SHARP) Program exists to facilitate prevention of sexual harassment and sexual assaults before they occur and provide a professional, robust response system should they occur.
2. The SHARP program's mission is to promote an Army culture and command climates that foster adherence to the Army Values and ensure that every Army Team member will be treated with dignity and respect at all times and in all circumstances.
3. Commanders carry out the SHARP Program, lead by example and set the tone for command climate and culture change.

Command Policy

- ☐ Establish clear policy to promote an atmosphere of zero tolerance for sexual harassment and sexual assault; institutionalize bystander intervention; and avoid victim blaming.
- ☐ Establish and disseminate written procedures for reporting sexual harassment and sexual assault, the treatment of victims, and requests for relocation/reassignment of victims or alleged offenders if there are allegations of sexual assault. Ensure all Soldiers and staff know these procedures.
- ☐ Ensure sexual assault reporting actions and procedures do not compromise the confidentiality of victims and/or witnesses. Ensure all Soldiers and staff know these procedures.
- ☐ Establish clear policy to reduce high-risk behaviors and personal vulnerabilities to sexual assaults and other crimes against persons (e.g., alcohol consumption, barracks visitation, transition policy).
- ☐ Prominently post written SHARP policy statements, as well as, local policy guidance on prevention of sexual harassment and sexual assault on unit bulletin boards.
- ☐ Prominently post contact information for all SHARP response entities, to include SARC, VA, law enforcement, legal, medical, social services, on-post resource centers, victim assistance programs, off-post rape crisis centers, as well as, telephone/email hotlines, including the DoD Safe Helpline (1-877-995-5247 or www.safehelpline.org).
- ☐ As needed, develop and coordinate Memorandums of Understanding or Agreements to assist victims of sexual assault throughout the Area of Responsibility when organic military resources are not available.

Key Relationships

The prevention and response to sexual harassment and sexual assault is a collaborative effort. Commanders must work with others to successfully carry out the SHARP Program and execute their associated tasks to attain a positive command climate and culture change. Identify and meet with the following individuals early in your command to better understand everyone's role, responsibilities, and capabilities:

- ☐ SHARP Program Manager
- ☐ Sexual Assault Response Coordinator (SARC) (w/in 30 days)
- ☐ Victim Advocate
- ☐ Special Victim Prosecutor
- ☐ Special Victim Investigator
- ☐ Special Victim Paralegal
- ☐ Special Victim Counsel
- ☐ Special Victim Witness Liaison
- ☐ Trial Counsel
- ☐ Staff Judge Advocate
- ☐ Public Affairs
- ☐ Sexual Assault Care Coordinator
- ☐ Sexual Assault Clinical Provider
- ☐ Medical Treatment Facility Staff

SHARP Personnel Selection and Appointments

Ensure that your SHARP personnel selection and appointments meet the following criteria:

- Candidates are recommended and interviewed by the chain of command. The first O6 or brigade level equivalent approves the recommendation and signs the appointment orders for victim advocates and GO/SES for sexual assault response coordinators.
- Candidates are screened for background in accordance with HQDA EXORD 193-14, *Screening of Sexual Harassment/ Assault Response and Prevention Program Personnel and Others in Identified Positions of Significant Trust*, along with the criteria for ***Type I and Type II offenses*** outlined in Annex B of EXORD 193-14.
- Candidates are able to respond to a sexual assault or sexual harassment incident at any time when on call.
- Candidates and appointees have and maintain an outstanding duty performance evaluation, as evidenced by a review of the individual's evaluation reports; demonstrate stability in personal affairs and they do not have a history of domestic violence or severe personal problems, including significant indebtedness, excessive use of alcohol, or any use of illegal drugs.
- Candidates obtain a waiver from HQDA in instances they have withdrawn from the Human Reliability or Personal Reliability Program during the 2 years preceding the nomination.
- Candidates have not been punished under the provisions of the UCMJ during the 5 years preceding nomination.
- Candidates are deployable with a minimum of 1 year retainability in the unit (for short tour areas, have a minimum of 6 months retainability in the unit).
- Appointment orders are in writing and include a completed DD Form 2909.
- Appointees receive required training and credentialing prior to performing duties.

Key Sexual Harassment and Sexual Assault Tasks

- ☐ 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.
- ☐ Provide the safest possible physical and emotional environment for all Soldiers, Family members, and other local residents.
- ☐ Ensure your chain of command subordinates understand that if they witness or otherwise know of sexual harassment or sexual assault incidents, they are obligated to act.
- ☐ Receive a SHARP briefing from the command's SARC within 30 days after assuming command.
- ☐ Educate staff and Soldiers on restricted and unrestricted sexual assault reporting policies, as well as, sexual harassment response, reporting and complaint procedures.
- ☐ Emphasize DoD and Army policies on sexual assault and the potential legal consequences for those who commit such crimes.
- ☐ Emphasize DoD and Army policies on sexual harassment and the potential consequences for those who commit such offenses.
- ☐ Develop and implement a reprisal plan that ensures Soldiers are not retaliated against for reporting incidents of sexual harassment or sexual assault.
- ☐ Coordinate with SHARP Personnel and public affairs to conduct command information campaigns to ensure Soldiers are aware of SHARP, and plan local events for Sexual Assault Awareness Month and throughout the year.
- ☐ Work with your public affairs office and SHARP Program staff to develop SHARP talking points for town halls, all hands meetings, and other events.

- ☐ Active Army company commanders will conduct an initial command climate assessment within 30 days of assuming command, to be followed by a subsequent assessment 6 months later, another 12 months after assuming command and annually thereafter while retaining command.
- ☐ Active Army commanders above the company level will conduct an initial command climate assessment within 60 days of assuming command, to be followed by a subsequent assessment 12 months later and annually thereafter while retaining command.
- ☐ Active Reserve Component commanders will conduct an initial command climate assessment within 120 days of assuming command, to be followed by a subsequent assessment 12 months later and annually thereafter while retaining command.
- ☐ Ensure you and your SHARP personnel are continually assessing command climate to identify problems or potential problems, through various methods (e.g., focus groups, surveys, talking with Soldiers) and respond with appropriate action toward any negative trends that may emerge.
- ☐ Monitor and assess the execution of the SHARP Program and training under your jurisdiction.
- ☐ Integrate sexual assault awareness into newcomer orientation briefings and provide contact information for all SHARP program response organizations.
- ☐ Ensure your sponsorship program for incoming personnel prevents new-comer isolation and that new-comers are integrated into the command quickly.
- ☐ Conduct briefings to mitigate high-risk behaviors and personal vulnerabilities to sexual assaults and other crimes against persons (e.g., alcohol consumption, barracks visitation, transition policy).
- ☐ Determine the battle rhythm for the monthly SARB and your responsibilities to it (e.g., victims' commanders are required to participate when victims' cases are being managed by the SARB).
- ☐ Identify sexual assault incident trends and take appropriate measures (i.e., increased security patrols, enhanced education and training, enhanced environmental and safety measures) to prevent further sexual assaults.
- ☐ Emphasize sexual assault risks, prevention, and response at all safety briefings, as well as, sexual harassment awareness.
- ☐ Educate military staff and Soldiers on informal/ formal reporting policies for sexual harassment.

Sexual Harassment and Sexual Assault Response

Know your and your staff's role(s), responsibilities and timings in the event of a sexual harassment or sexual assault incident, as well as, what rights and support should be afforded to victims and offenders as they are principally outlined in AR 600-20, AR 690-600, AR 195-1, AR 27-10 and the *Manual for Courts-Martial* Military Rule of Evidence 514.

Commanders will immediately report all actual, suspected or alleged sexual assault incidents to Criminal Investigation Division, the Staff Judge Advocate, and the Sexual Assault Response Coordinator.

In addition, you should:

- ☐ Ensure your command has 24/7 sexual assault response capabilities.
- ☐ Consult with command legal representatives, healthcare personnel, and CID to assess the potential impact of state laws governing the reporting requirements for adult sexual assault that may affect compliance with the Restricted Reporting option and develop or revise applicable memorandums of understanding (MOUs) as appropriate (e.g., mandatory reporting states).
- ☐ Liaison with the Provost Marshal/CID, medical and legal services, and commanders to facilitate immediate response and accurate reporting of sexual assault incidents.
- ☐ 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.

☐ Ensure on-call rosters are published for all SHARP personnel assigned to the command and are updated monthly.

Sexual Harassment and Sexual Assault Training

- Conduct required SHARP training in accordance with AR 350-1.
- Ensure all Soldiers and Civilians receive required SHARP training and incorporate training into the overall unit training plan including documentation of the type of training, instructor, date, time, length of training, roster of attendees, and issues covered in the session.
- Ensure your SHARP Program staff maintain rosters of all subordinate SHARP personnel, status of their training and credentialing, and rotation dates (i.e., PCS and ETS).
- Key Training:
  - SHARP Personnel Training
  - Annual Unit Level SHARP Training
  - Unit level SHARP Training
  - Pre-Deployment/Post-Deployment Training
  - Pre-command and leader training (commander, command sergeant major, sergeant major, first sergeant, civilian supervisors, and others)

Principle Law, Regulation, Policy and Guidance

- Manual for Courts-Martial, Military Rule of Evidence 514
- DoD Directive (DoDD) 1350.2, Department of Defense Military Equal Opportunity (MEO) Program
- DoDI 4695.02, Sexual Assault Prevention and Response (SAPR) Program Procedures
- DoDI 5505.1, Investigation of Adult Sexual Assault in the Department of Defense
- DoDI 5505.18, Investigation of Adult Sexual Assault in the Department of Defense
- DoDD 6495.01, Sexual Assault Prevention and Response (SAPR) Program
- DoDI 6495.02, Sexual Assault Prevention and Response (SAPR) Program Procedures
- Strategic Direction to the Joint Force on Sexual Assault Prevention and Response
- Sexual Assault Prevention and Response Strategic Plan
- Department of Defense 2014-2016 Sexual Assault Prevention Strategy
- AR 350-1, Army Training and Leader Development
- AR 600-8-8, The Total Army Sponsorship Program
- AR 600-20, Army Command Policy, Chapters 7 and 8
- AR 600-20, Army Command Policy, Appendices D, G, H, I, J, and K
- AR 690-600, Equal Employment Opportunity Discrimination Complaints
- Secretary of the Army memorandum, dated 27 Apr 2011, Anti-Harassment Policy for the Workplace
- Army Directive 2011-19, Expedited Transfer or Reassignment Procedures for Victims of Sexual Assault
- Chief of Staff of the Army, Five Imperatives
- Chief of Staff of the Army, SHARP Top Ten
- HQDA EXORD 221-12 2012, Sexual Harassment/Assault Response and Prevention (SHARP) Program Synchronization Order
- HQDA EXORD 193-14, Screening of Sexual Harassment/ Assault Response and Prevention Program Personnel and Others in Identified Positions of Significant Trust
- FRAGO 1 to HQDA EXORD 221-12 2012, Sexual Harassment/Assault Response and Prevention (SHARP) Program Synchronization Order
- FRAGO 2 to HQDA EXORD 221-12 2012, Sexual Harassment/Assault Response and Prevention (SHARP) Program Synchronization Order
- SHARP Guidebook
- State, local and host nation civil law governing incidents of sexual assault