

Untangling the Web of Resources Available for Victims of Sexual Assault

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You can succeed from this day forward in virtually every aspect of your military career, but if you fail at this, and that is leading on the issue of sexual assault, you've failed the Army.¹

I. Introduction

Sergeant First Class (SFC) Jane Duffy is a senior leader in the Army. Last night, SFC Duffy was at a party with her peers. A fellow non-commissioned officer (NCO) gave SFC Duffy a plastic cup with some sort of alcohol-based fruit punch in it. SFC Duffy took a few sips and began to feel groggy. The fellow-NCO offered to take her home. Next thing SFC Duffy knows, she wakes up naked in her bed. She feels pain in her vagina and knows something bad happened the night before. SFC Duffy immediately calls her First Sergeant (1SG).

Mrs. Lindsay Smith is an Army wife. Her husband, Sergeant (SGT) Smith, has served in the Army for six years. SGT Smith uses violence to control Mrs. Smith. He hits her, kicks her and when things are really bad, SGT Smith strangles her. Two days ago, SGT Smith came home drunk and angry. When Mrs. Smith refused to have sex with SGT Smith, he raped her. Mrs. Smith has no idea what to do, so she calls SGT Smith's company commander.

Kayla Pearson is ten-years-old. Her step-father is a Soldier, and her mother is a nurse who works the night shift. The family lives on-post. Nearly every night, Private First Class (PFC) John Quincy, the step-father, comes into Kayla's bedroom and touches her breasts and vagina. Recently he has taken nude pictures of Kayla. Kayla has become withdrawn and sullen. One day, she tells her mother what PFC Quincy is doing to her. Mrs. Quincy calls the Military Police (MP).

Trisha Miller has been dating a Soldier, Major (MAJ) Paul Fisher for three-years. They have a child together. Major Fisher has not been the same since he came home from his last deployment. Three weeks ago, MAJ Fisher pushed Trisha down onto their bed, groped her breasts and tried to take her pants off. Trisha was terrified. She was able to throw MAJ Fisher off of her and run out of the house. Trisha has lived in fear ever since. Trisha rarely takes part in military activities. She is clueless about command structure, and she does not want to get MAJ Fisher in trouble. But she is scared and decides to tell her best friend what happened. The friend tells Trisha to call the legal assistance office for help.

Dana Kinsey has lived in a military town her whole life. She knows better than to get involved romantically with a Soldier. Yet, one night at the local bar she met a handsome, charming guy who spent most of the night buying Dana

drinks. She agreed to go back to his barracks room with him, where the two continued doing shots. Dana remembers feeling really drunk and vomiting in the bathroom. Dana passed out on the Soldier's bed. She awoke to find the Soldier performing oral sex on her. She started crying, but was so incapacitated that she could not speak. She passed out again and woke in the morning to find the Soldier gone. Dana has no idea what happened to her and no idea what to do.

Sergeant First Class Duffy, Mrs. Lindsay Smith, Kayla Pearson, Trisha Miller, and Dana Kinsey do not know each other. But they have much in common. They are all scared. They are all confused. They are all lost as to what to do next. They turn to you, a newly appointed Special Victim Counsel (SVC), for answers.

The Department of Defense (DoD) is committed to supporting victims of sexual assault through a variety of programs. The Army support programs available to victims of sexual assault are delivered through a complicated web of agencies, care providers, first responders, military commanders, and judge advocates woven together to help care for victims. It is important for all involved to understand the capabilities and limitations of their colleagues and how they work together in order to help victims through what can be a complex and trying process. This guide will help untangle the web for the military justice practitioner.

The first part of this article examines the main programs available for victims of sexual assault and identifies overlaps among the agencies. Using the stories of SFC Duffy, Mrs. Smith, Kayla Pearson, Trisha Miller, and Dana Kinsey, this article identifies resources that are available to each of these victims, and also highlights gaps in the services available. The second part of this article explores some of the ways the available programs work together to serve the client. Special attention will be paid to the largest and most widely used programs: Sexual Harassment/Assault Response and Prevention (SHARP) resource centers, Sexual Assault Review Boards (SARB), and the Case Review Committee (CRC). Lastly, this article discusses how you as the SVC can leverage the services available to best serve your clients.

II. Understanding the Agencies Involved

In 2008, in response to sexual assault in the military, the DoD implemented the Sexual Assault Prevention and Response Strategic (SAPR) Plan.² This multipronged

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approach incorporates the strategic goals of prevention, investigation, accountability, advocacy, and assessment.³ Utilizing that model, the Army's "[r]esponse [to sexual assault] is primarily a care, compliance, and coordination mission."⁴ "In most instances, [Army] installations are expected to provide required services without referral to outside agencies."⁵ However, figuring out which agency or support entity is available and knowing that agency's capabilities can be confusing. The best way to understand what resources are available and the capabilities of each is to examine a sexual assault case from the moment a victim seeks assistance.

In the case of SFC Duffy, it is seven o'clock in the morning on a Saturday when she first reports the assault to her chain of command, specifically 1SG Richardson.⁶ Though 1SG Richardson is required to inform the chain of command of SFC Duffy's report, he first must ensure SFC Duffy is safe.⁷ First Sergeant Richardson contacts his brigade Sexual Assault Response Coordinator (SARC) to assist SFC Duffy.⁸

A. Sexual Harassment Assault Response Prevention

Prior to 2008, sexual assault response and prevention was a separate and distinct program from the response and prevention of sexual harassment.⁹ The two have since merged into the SHARP program.¹⁰ "The Army SHARP program is designed to support two primary missions: (1) proactive

prevention of sexual harassment and sexual assault and (2) effective response to allegations of sexual harassment or sexual assault."¹¹ It is through the response mission, rather than the prevention mission, that victim support services are created.¹² Army SHARP programs and procedures are available to

[A]ctive duty Soldiers, including those who were victims of sexual assault prior to enlistment or commissioning, and Army National Guard (NG) and Army Reserve Component (RC) Soldiers who are sexually harassed or sexually assaulted when performing active service and inactive duty training. SHARP program policy also applies to military dependents eighteen years of age and older who are eligible for treatment in the military healthcare system, at installations in the continental United States (CONUS), and who were victims of sexual assault perpetrated by someone other than a spouse or intimate partner.¹³

1. Sexual Assault Response Coordinator

Sexual Harassment/Assault Response and Prevention is a commander's program, with the SARC as the key SHARP personnel coordinating and overseeing the program for the command.¹⁴ The SARC position exists at both the installation and brigade levels.¹⁵ The SARC receives extensive training¹⁶ and ". . . reports directly to the senior commander for matters

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¹ U.S. DEP'T OF ARMY, SHARP GUIDEBOOK (Oct. 2013), <https://www.us.army.mil/suite/doc/41688650> (citing John M. McHugh) [hereinafter SHARP GUIDEBOOK].

² U.S. DEP'T OF ARMY, ARMY SHARP PROGRAM CAMPAIGN PLAN (12 May 2014), <https://www.us.army.mil/suite/doc/43092898> [hereinafter ARMY SHARP PROGRAM CAMPAIGN PLAN].

³ *Id.* at 1.

⁴ *Id.* at 2.

⁵ U.S. DEP'T OF ARMY, REG. 27-10, MILITARY JUSTICE para. 17-2 (3 Oct. 2011) [hereinafter AR 27-10].

⁶ SHARP GUIDEBOOK, *supra* note 1, at 35-37. Soldiers have two reporting options: restricted and unrestricted report of sexual assault. *Id.* Reporting options remain the same for Mrs. Smith, Trisha Miller, and Dana Kinsey, as they are for Sergeant First Class (SFC) Duffy. However, for Kayla and for all children, reports of child sexual abuse are never restricted reports. *See Need Assistance?—By Duty Status*, DEP'T OF DEF. SEXUAL ASSAULT PREVENTION AND RESPONSE, <http://www.sapr.mil/index.php/need-assistance> (last visited Sept. 9, 2016) [hereinafter *Need Assistance?—By Duty Status*].

⁷ SHARP GUIDEBOOK, *supra* note 1, at 37.

⁸ U.S. DEP'T OF ARMY, REG. 600-20, ARMY COMMAND POLICY para. F-2(h) (6 Nov. 2014) [hereinafter AR 600-20].

⁹ *See generally* ARMY SHARP PROGRAM CAMPAIGN PLAN, *supra* note 2; SHARP GUIDEBOOK, *supra* note 1.

¹⁰ *See* ARMY SHARP PROGRAM CAMPAIGN PLAN, *supra* note 2; SHARP GUIDEBOOK, *supra* note 1.

¹¹ ARMY SHARP PROGRAM CAMPAIGN PLAN, *supra* note 2.

¹² *Id.* at 2 ("Prevention is primarily a training and education mission. . . . Response is primarily a care, compliance, and coordination mission.").

¹³ SHARP GUIDEBOOK, *supra* note 1, at 4.

¹⁴ ARMY SHARP PROGRAM CAMPAIGN PLAN, *supra* note 2, at 5.

¹⁵ AR 600-20, *supra* note 8, para. 8-5(p); *see also* Telephone Interview with Lieutenant Colonel (LTC) Stephanie Johnson, I Corps Program Manager, Sexual Harassment/Assault Prevention, Joint Base Lewis-McChord (JBLM) & Sergeant First Class (SFC) Jacqueline Kornelis, SARC, JBLM Ctr. (Dec. 8, 2015) [hereinafter Interview with LTC Johnson & SFC Kornelis] (stating that each brigade will have one full-time sexual assault response coordinator (SARC) assigned).

¹⁶ *See* U.S. DEP'T OF DEF., INSTR. 6495.03, DEFENSE SEXUAL ASSAULT ADVOCATE CERTIFICATION PROGRAM (10 Sept. 2015) [herein after DODI 6495.03]; *Department of Defense Sexual Assault Advocate Certification Program*, U.S. DEP'T OF DEF. SEXUAL ASSAULT PREVENTION & RESPONSE, <http://www.sapr.mil/index.php/d-saacp> (last visited Sept. 9, 2016). All Sexual Assault Response Coordinator (SARC) and victim advocate (VA) positions are held by personnel who have undergone extensive background checks and are certified by the Defense Sexual Assault Advocate Certificate Program (D-SAACP) which is awarded by the National Organization for Victim Assistance (NOVA). *See* AR 600-20, *supra* note 8, paras. 8-7, H-3; Interview with LTC Johnson & SFC Kornelis, *supra* note 15.

concerning incidents of sexual assault.”¹⁷

The SARC is the single point of contact within an organization or installation 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.¹⁸

The SARC is responsible for coordinating and implementing the victim advocacy (VA) program.¹⁹ This is accomplished in part by “[a]ssign[ing] the VA to assist [the] victim immediately upon notification of an incident of . . . sexual assault.”²⁰

The SARC must be at a minimum a sergeant first class, chief warrant officer 3, major, or GS-11 Department of the Army Civilian.²¹ Battalions will have a collateral duty, military member SARC from time to time.²² Many times units will have alternates assigned.²³ The SARC is a required member at the Sexual Assault Review Board, discussed more fully in Section III of this article.²⁴

In SFC Duffy’s case, the SARC officially opens the case in his or her database, allowing the SARC to keep tabs on the case and ensuring SFC Duffy receives all the services she requires.²⁵ The SARC oversees the case from the strategic, or big-picture level, and is responsible for informing the Command about the status of the case.²⁶ However, the VA, who operates more in the day-to-day operations, is

SFC Duffy’s primary point of contact for assistance.²⁷ Since SARCs and VAs are available twenty-four hours a day, seven days a week, the brigade SARC comes to assist SFC Duffy after receiving an early-morning phone call from First Sergeant Richardson.²⁸ The SARC explains who she is to SFC Duffy and also explains how she can help SFC Duffy.

2. Victim Advocate

Victim Advocates exist at several layers in the command structure. The installation or brigade VA works for the installation or brigade SARC, and the battalion VA works for the battalion SARC.²⁹ Sergeant First Class Duffy’s VA is the brigade VA. “The VA provides non-clinical crisis intervention, referral, and ongoing non-clinical support to victims.”³⁰

Typically, once a victim reports an assault, the SARC immediately contacts the VA, who is put in touch with the victim.³¹ Like in SFC Duffy’s case, the VA is often one of the first people in the support network with whom a victim comes into contact.³² First, the VA will ensure SFC Duffy’s safety.³³

At SFC Duffy’s request, the VA will accompany SFC Duffy to investigative interviews and medical appointments.³⁴ The VA will also bring SFC Duffy to the hospital if she requires medical treatment or needs to have a Sexual Assault Forensic Examination (SAFE) performed.³⁵ If a SAFE takes place at the hospital, the VA will let SFC Duffy know that it could take anywhere from three to seven hours to perform.³⁶ All services the VA provides for

¹⁷ AR 600-20, *supra* note 8, para. 8-5(p).

¹⁸ SHARP GUIDEBOOK, *supra* note 1.

¹⁹ AR 600-20, *supra* note 8, para 8-3(a)(1). If required, the SARC may perform the duties of the VA. Interview with LTC Johnson & SFC Kornelis, *supra* note 15.

²⁰ SHARP GUIDEBOOK, *supra* note 1.

²¹ See generally AR 600-20, *supra* note 8, para. 8-5. Deployable units are also required to have a deployable SARC. *Id.* Deployable SARCs are Soldiers appointed on orders assigned to the command who are designated and trained to assume the duties of the civilian SARC. *Id.*

²² AR 600-20, *supra* note 8, paras. 8-5(k), (p).

²³ E-mail from SFC Jacqueline Kornelis, SARC, JBLM Resource Center, to author (Dec. 8, 2015) (on file with the author) [hereinafter E-mail from SFC Kornelis].

²⁴ AR 600-20, *supra* note 8, para. E-3.

²⁵ *Id.* para. 8-5(p) (20)-(21).

²⁶ SHARP GUIDEBOOK, *supra* note 1, at 30.

²⁷ See generally *id.*

²⁸ *Id.* at 4.

²⁹ AR 600-20, *supra* note 8, para. 8-3; see also E-mail from SFC Kornelis, *supra* note 23.

³⁰ SHARP GUIDEBOOK, *supra* note 1, at 30. Because of the extensive amount of time spent with the victim and because of their training and certification, the VA is best situated to assess the victim’s needs. In addition, since this is a full-time job, the VA is aware of all resources available and often has relationships developed with the various agencies the victim may need. This assertion is based on the author’s recent professional experience as the Chief, Client Services/Special Victim Counsel for the Military District of Washington from Oct. 2013 to June 2015 [hereinafter Professional Experience].

³¹ SHARP GUIDEBOOK, *supra* note 1, at 37; see also *Sexual Assault Prevention & Response*, MYDUTY, <http://myduty.mil/index.php/service-member-guidance/i-have-been-assaulted> (last visited Sept. 9, 2016).

³² See SHARP GUIDEBOOK, *supra* note 1, at 65. Safety of the victim is established first. *Id.* The assault is then reported to the SARC who assigns a VA, who makes contact with the victim. *Id.*

³³ *Id.*, *supra* note 1.

³⁴ AR 600-20, *supra* note 8, para. 8-5(f)(6).

³⁵ See SHARP GUIDEBOOK, *supra* note 1. Medical care could include a Sexual Assault Forensic Examination (SAFE); see also U.S. DEP’T OF ARMY MEDICAL COMMAND, REG. 40-36, MEDICAL FACILITY MANAGEMENT OF SEXUAL ASSAULT (23 Dec. 2004) [hereinafter MEDCOM REG. 40-36]; U.S. DEP’T OF ARMY MEDICAL COMMAND, SUPPLEMENT 1 TO REG. 40-36 (12 Nov. 2015) [hereinafter MEDCOM REG. 40-36, SUPP. 1].

³⁶ Telephone Interview with Kandace Ray, Nurse Administrator, Sexual Harassment/Assault Response and Prevention, U.S. Army Medical Command (Dec. 18, 2015) [hereinafter Interview with Kandace Ray].

SFC Duffy are non-clinical or non-medical and therapeutic in nature, but the VA is uniquely situated to refer SFC Duffy to clinical treatment providers (like mental health counselors or the chaplain).³⁷

Returning to the hypotheticals of the other victims to whom we were introduced; Mrs. Lindsay Smith, as an adult military dependent is eligible for some of the SHARP resources.³⁸ However, SHARP resources are not available to ten-year old Kayla Pearson, or non-DoD dependents Trisha Miller or Dana Kinsey.³⁹

We have already seen that “[t]he SARC serves as the installation’s single point of contact for integrating and coordinating sexual assault victim care services. The [Family Advocacy Program] fulfills this role for sexual assault victims who are in a domestic, intimate partner relationship with the accused, and all cases involving a child victim.”⁴⁰

B. Family Advocacy Program

Army Community Services (ACS) is the Army agency responsible for the general management of the Family Advocacy Program (FAP).⁴¹ The FAP is focused on spousal and child abuse, including sexual abuse.⁴² The FAP is divided into two distinct parts: prevention and treatment for both victims and offenders.⁴³ Family Advocacy Program personnel play a role in two multidisciplinary committees: the Family Advocacy Committee (FAC)⁴⁴ and the Case Review Committee (CRC).⁴⁵ The CRC is discussed more fully in Section III of this article.

1. Family Advocacy Program Victim Advocate

One of the missions of the FAP is “to break the cycle of abuse by identifying abuse as early as possible and providing treatment for affected Family members.”⁴⁶ In furtherance of this goal, the FAP maintains a victim advocacy program (FAP

VA). This program “[p]rovides comprehensive assistance and support to victims of spouse abuse, including crisis intervention.”⁴⁷ The FAP VA, similar to the VA with SFC Duffy, spends a large amount of time with Mrs. Smith, accompanying her to interviews and being a constant source of support and information for her. As a result, it is likely that Mrs. Smith feels most comfortable interacting with the FAP VA and thus the FAP VA becomes the primary coordinator of services for Mrs. Smith.⁴⁸

In order for a victim to be eligible for the FAP resources, that victim must be the intimate partner or former intimate partner of the accused. In our hypothetical, Mrs. Smith, the wife a Soldier is eligible for FAP services.

Trisha Miller, a non-DoD identification card holder girlfriend of the accused, is only eligible for FAP services because she and MAJ Fisher, the offender, have a child in common.

Lastly, Kayla, the step-daughter of the Soldier offender, is eligible for FAP services. However, the FAP does not assign a FAP VA to children; rather, a FAP VA is assigned to assist the non-offending parent, in this case, Kayla’s mother.⁴⁹

2. Intervention

The FAP oversees community based education programs that focus on family violence, spouse abuse prevention programs that work to strengthen and stabilize intimate relationships, and family life classes and programs that focus on providing knowledge, social skills and support for the family life cycle.⁵⁰ “These programs inform the military community of the extent and nature of spouse and child abuse and focuses awareness of family violence, including how to report it and what services are available.”⁵¹ Most of the cases the FAP handles are domestic violence cases that end up transferred to the treatment side of the FAP.⁵² Two classes

³⁷ AR 600-20, *supra* note 8, para. 8-5(r).

³⁸ *Need Assistance?—By Duty Status*, *supra* note 3.

³⁹ *Id.*; see also SHARP GUIDEBOOK, *supra* note 1, at 4 (“SHARP program policy also applies to military dependents 18 years of age and older who are eligible for treatment in the military healthcare system . . .”).

⁴⁰ U.S. ARMY JUDGE ADVOCATE GEN.’S COPRS, HANDBOOK: SPECIAL VICTIMS’ COUNSEL PROGRAM para. 3-3(a) (May 2015) [hereinafter SVC HANDBOOK].

⁴¹ U.S. DEP’T OF ARMY, REG. 608-18, THE ARMY FAMILY ADVOCACY PROGRAM para. 2-1 (30 Oct. 2007) (RAR 13 Sept. 2011) [hereinafter AR 608-18].

⁴² *Id.*

⁴³ AR 608-18, *supra* note 41, para. 1-6; see also Telephone Interview with Sara McCauley, VA Coordinator, Army Community Services, Joint Base Myer-Henderson Hall (Dec. 11, 2015) [hereinafter Interview with Sara McCauley]. The treatment portion of the Family Advocacy Program (FAP) falls under U.S. Army Medical Command (MEDCOM) and the Military Treatment Facility (MTF). The prevention mission falls under the Garrison

Commander and Army Community Services (ACS). AR 608-18, *supra* note 41.

⁴⁴ *Id.* ch. 1.

⁴⁵ *Id.* para. 2-3(b). Case Review Committee (CRC) is a committee under the treatment-side of the FAP. *Id.* The Family Advocacy Committee (FAC) falls directly under the Garrison Commander and is neither treatment nor prevention. See also Interview with Sara McCauley, *supra* note 43.

⁴⁶ AR 608-18, *supra* note 41, para. 1-5.

⁴⁷ *Id.* para. 3-2.

⁴⁸ Professional Experience, *supra* note 30.

⁴⁹ Interview with Sara McCauley, *supra* note 43.

⁵⁰ AR 608-18, *supra* note 41, para. 3-2.

⁵¹ *Id.*

⁵² Interview with Sara McCauley, *supra* note 43. The treatment side of the FAP falls under the MTF and MEDCOM. The case would be transferred so the individuals involved could receive necessary treatment from social

offered by the FAP that may be relevant to a victim or offender of sexual assault are anger management and parenting.⁵³

Regardless of whether the victim is SFC Duffy, Mrs. Smith, ten-year old Kayla, or Trisha Miller, the first responsible party (e.g. SARC; VA; FAP VA; etc.) to make contact with a victim “will inform eligible victims of their right to services of a [Special Victim Counsel].”⁵⁴

C. Special Victim Counsel

“Special Victim Counsel are legal assistance attorneys⁵⁵ who have received special training and are designated by the The Judge Advocate General to serve as an SVC.”⁵⁶ The SVC’s role is to zealously represent the client’s interests throughout the military justice process.⁵⁷ Special Victim Counsel are not affiliated with either the prosecution or defense. “Constrained only by ethical limits, the SVC represents the best interest of their clients as appropriate, even when their client’s interests do not align with those of the government of the United States.”⁵⁸ An SVC’s primary duty is to his or her client and no other person, organization, or entity.⁵⁹

The SVC advises “on issues implicating [Military Rule for Evidence (MRE)] 412 (rape shield), MRE 513 (psychiatrist-patient privilege), MRE 514 (victim advocate-

victim privilege), and any other matter where the [victim’s] interests or rights are at stake.”⁶⁰ As a practical matter, once SFC Duffy, Mrs. Smith, or Kayla retain an SVC, the SVC is the primary point of contact for any attorney, including those on the prosecution and defense teams.⁶¹

Eligibility for SVC representation depends on military status and the timing of the assault.⁶² Nearly all dependents of active duty Army members, who are eligible for legal assistance services at the time of the offense, including children, are eligible to receive SVC assistance.⁶³ Thus, SFC Duffy, Mrs. Smith and Kayla are all eligible to receive SVC services. However, Trisha Miller and Dana Kinsey are not eligible due to their status. An initial declination of SVC services by the victim does not permanently waive a victim’s right to SVC services.⁶⁴ A victim can request SVC services at any time in the process.⁶⁵

The VA contacts the Chief of Legal Assistance at the local office of the staff judge advocate (OSJA) asking that an SVC be assigned to SFC Duffy.⁶⁶ In the same way, the FAP VA contacts the chief of legal assistance asking that an SVC be assigned to Mrs. Smith and Kayla. Prior to assigning an SVC to SFC Duffy, the chief of legal assistance needs to run a conflict check on the case.⁶⁷ If no conflict exists, the chief of legal assistance will assign an SVC who will reach out to SFC Duffy.⁶⁸ Unlike the VA, the SVC is not on call twenty-

workers and other medical related entities. AR 608-18, *supra* note 41, para. 3-23(c).

⁵³ Interview with Sara McCauley, *supra* note 43.

⁵⁴ SVC HANDBOOK, *supra* note 40, para. 2-1(a).

⁵⁵ U.S. DEP’T OF ARMY, REG. 27-3, THE ARMY LEGAL ASSISTANCE PROGRAM para. 2-1 (21 Feb. 1996) (RAR 13 Sept. 2011) [hereinafter AR 27-3] (“The mission of the legal assistance program is to assist those eligible for legal assistance with their personal legal affairs . . .”). Legal assistance attorneys generally assist clients in the area of family law, estate planning, real property, personal property, economics, civilian administrative law, and military administrative law. Though legal assistance is a commander’s program, legal assistance attorneys do not advise commanders. *Id.*

⁵⁶ *Special Victim Counsel Program*, JAGCNET, <https://www.jagcnet2.army.mil/852573F600760E8C/0/D6D4BAE0D165B17B85257CD800480228?opendocument> (last visited Sept. 9, 2016) [hereinafter *Special Victim Counsel Program*]. Other military attorneys within an Office of the Staff Judge Advocate (e.g. administrative law attorney) may serve as SVC as the mission requires. Professional Experience, *supra* note 30.

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ See generally SVC HANDBOOK, *supra* note 40; *Special Victim Counsel Program*, *supra* note 56; Message from Lieutenant General Flora D. Darpino, TJAG Sends: Special Victim Advocate Program (Oct. 15, 2013), [https://www.jagcnet2.army.mil/8525799500461E5B/0/4E84DDE69BFD758685257C05007ED042/%24FILE/TJAG%20Sends%20Vol%2039-02%20\(Oct%2013%20-%20Special%20Victim%20Advocate%20Program\).pdf](https://www.jagcnet2.army.mil/8525799500461E5B/0/4E84DDE69BFD758685257C05007ED042/%24FILE/TJAG%20Sends%20Vol%2039-02%20(Oct%2013%20-%20Special%20Victim%20Advocate%20Program).pdf).

⁶⁰ SVC HANDBOOK, *supra* note 40, para. 3-1(a). The Military Rules of Evidence are the collection of evidentiary rules for courts-martial codified in the Manual for Court-Martial. *Id.*

⁶¹ *Id.* para. 4-2(b); Professional Experience, *supra* note 30.

⁶² SVC HANDBOOK, *supra* note 40, ch. 1. Active duty Soldiers are not generally eligible for SVC representation when the sexual assault occurred prior to enlistment or commissioning. *Id.* Reserve component Soldiers are eligible if the circumstances of the alleged sex-related offense have a nexus to the military service of the victim based on the membership in the armed forces of either the victim or the member who allegedly committed such offense. *Id.*

⁶³ *Id.* para. 1-2. The report of sexual assault has to be made to the Army and the Army has to have jurisdiction over the investigation and prosecution of the offense. *Id.*

⁶⁴ *Id.* para. 2-1(b).

⁶⁵ *Id.* para. 2-1(a).

⁶⁶ SVC HANDBOOK, *supra* note 40, para. 2-2; see also AR 27-3, *supra* note 55, para. 1-1. The Chief of Legal Assistance is the supervisor or officer-in-charge of the legal assistance office. *Id.*

⁶⁷ AR 27-3, *supra* note 55, para. 4-9(c). “Army policy discourages attorneys from the same legal office from providing legal assistance to both parties involved in a domestic or other legal dispute.” *Id.* Conflicts of interest should be avoided. Therefore, all client information and opposing party information should be entered into the Client Information System database. *Id.* The database is designed to identify when a conflict may arise between a potential and current client. *Id.*

⁶⁸ SVC HANDBOOK, *supra* note 40, para. 2-1(a)(2). The Chief of Legal Assistance should perform the conflict check and assign an SVC within twenty-four hours of the victim’s request for an SVC. *Id.*

four hours a day, seven days a week.⁶⁹ Rather, the SVC endeavors to meet with SFC Duffy, and all new clients, at the first available opportunity.⁷⁰

Alcohol was involved in SFC Duffy's assault. When the SVC learns of this, the SVC asks SFC Duffy her age. Sergeant First Class Duffy is thirty-two years old. Because underage drinking is a crime, if SFC Duffy were under twenty-one, the SVC would have referred SFC Duffy to a Trial Defense Service (TDS) attorney for advice.⁷¹ The SVC is not allowed to advise SFC Duffy on any collateral misconduct that may have occurred during the assault.

Work place and social retaliation are increasingly pressing issues for SVCs and their clients.⁷² Commanders are the ones tasked with addressing retaliation towards victims of sexual assault. "Army Directive 2014-20 prohibits taking, or threatening to take, adverse personnel action against crime victims or persons who report crimes." Army Directive 2014-20 also prohibits "ostracism and acts of cruelty or maltreatment against crime victims or person who report crime."⁷³ Though commanders have the tools to address or assist when retaliation takes these forms, social retaliation may be more prevalent and also more complex. However, other than promoting a culture of dignity and respect, there is little commanders can do to address peer-to-peer retaliation.⁷⁴ Sergeant First Class Duffy could reach out to her SVC, as the "SVC may be resolving victim concerns [or] perceptions of retaliation."⁷⁵

In all the cases we have examined, victim safety is paramount.⁷⁶ Secondary to safety is ensuring evidence is preserved.⁷⁷ Preserving evidence often includes a SAFE,

which can occur in the course of the victim seeking medical assistance.⁷⁸ But like the other resources we have discussed thus far, medical assistance provided by the Army is not provided to all categories of victims.

D. Medical

Sergeant First Class Duffy, Mrs. Smith, and Kayla are all military identification card holders or dependent identification card holders. They may go to the military treatment facility (MTF) on the installation where they live or work. The emergency room triages SFC Duffy when she arrives with her VA.⁷⁹ The emergency room does the same for Mrs. Smith when she arrives with her FAP VA. Following triage, an adult/adolescent sexual assault medical forensic examiner (SAMFE-A) comes and conducts a SAFE.⁸⁰ Every MTF with a twenty-four hour emergency room will have at least one sexual assault forensic examiner on staff.⁸¹ The MTF can only provide SAFEs for military members and their dependents over the age of eighteen.⁸² Thus, Kayla does not have a SAFE conducted at the MTF. Rather, she goes with her mom and the FAP VA to a local hospital. Whether or not a SAFE is done at the MTF depends on a number of factors.⁸³

The sexual assault clinical provider (SACP) assists SFC Duffy and all DoD identification card holder victims of sexual assault with their medical needs. The SACP coordinates and collaborates with sexual assault care coordinator (SACC) who is responsible for "monitor[ing] and track[ing] the healthcare management of each identified victim of sexual assault who presents to the MTF."⁸⁴ The SACC explains advocacy and counseling services available and makes necessary follow-up

⁶⁹ *Id.*

⁷⁰ *Id.* para. 2-2(a)(4).

⁷¹ *Id.* ch.6.

An investigation into the facts and circumstances surrounding a sexual assault may produce evidence that the victim engaged in misconduct. Collateral misconduct is misconduct that is committed by a victim of sexual assault that has a direct nexus to the sexual assault. Typical examples of collateral misconduct include underage drinking, adultery, fraternization, and violations of regulations or orders . . . [c]ollateral misconduct will not preclude SVC representation.

Id. para. 5-0; *see also* SVC HANDBOOK, *supra* note 40, para. R-1.

⁷² Professional Experience, *supra* note 30.

⁷³ THE JUDGE ADVOCATE GEN.'S LEGAL CTR. & SCH., U.S. ARMY, COMMANDER'S LEGAL HANDBOOK para. 12(c) (2013).

⁷⁴ *See* Colonel Walter Hudson, Proposed Criminal Law/Military Justice Priorities: A Strategic Way Forward, at slide 26 (unpublished PowerPoint presentation) (on file with the author) [hereinafter Proposed Criminal Law/Military Justice Priorities: A Strategic Way Forward]; *see also* Major Shaun B. Lister, New Developments in Military Justice, at slide 23 (unpublished PowerPoint presentation) (on file with the author). In December 2015, the Military Justice Review Group proposed changes to the Uniform Code of Military Justice (UCMJ). *Id.* These changes included adding Article 32, a punitive article that would directly address retaliation. *Id.*

⁷⁵ Proposed Criminal Law/Military Justice Priorities: A Strategic Way Forward, *supra* note 74, slide 26.

⁷⁶ SHARP GUIDEBOOK, *supra* note 1, at 37.

⁷⁷ *Id.* at 38.

⁷⁸ *Id.*

⁷⁹ MEDCOM REG. 40-36 SUPP. 1, *supra* note 35, para. 6(n)(1); *see also* Interview with Kandace Ray, *supra* note 36.

⁸⁰ *See generally* MEDCOM REG. 40-36 SUPP. 1, *supra* note 35.

⁸¹ *See generally* MEDCOM REG. 40-36 SUPP. 1, *supra* note 35. *See also* Interview of Kandace Ray, *supra* note 36.

⁸² Interview with Kandace Ray, *supra* note 36. For dependents under the age of eighteen, a pediatric forensic exam is coordinated with a civilian children's advocacy center or similar center. Two MTFs provide their own pediatric forensic exams: Fort Bragg, North Carolina, and Fort Bliss, Texas. *Id.*

⁸³ MEDCOM REG. 40-36 SUPP. 1, *supra* note 35, app. B. Medical Command has a well-established SHARP program which it dictates to all MEDCOM facilities. Many MTFs have memorandum of agreement with civilian hospitals in the community to provide SAFE. *Id.*

⁸⁴ *Id.* para. 6(1)(1).

appointments and referrals. “Every patient of sexual assault is offered a referral to Behavior Health by the SARC, SACP, or SACC at the first encounter.”⁸⁵ Sergeant First Class Duffy thinks she could benefit from speaking with a counselor or therapist, but she is afraid of the stigma of seeking mental health treatment at her local MTF. The VA will be able to assist SFC Duffy with locating behavioral health resources outside the military.⁸⁶

Once SFC Duffy or Mrs. Smith has undergone a SAFE, the evidence must be collected by the local Criminal Investigation Division (CID).⁸⁷ The sexual assault medical director (SAMD) of the MTF collaborates closely with the local CID and local office of the staff judge advocate “to provide continuous case feedback to ensure timely ongoing quality assessment.”⁸⁸

What about Trisha Miller and Dana Kinsey? Where can they go for medical assistance? Because they do not hold a DoD identification card, they must utilize resources off the military installation. Trisha Miller has the benefit of the assistance of her FAP VA. Dana Kinsey, unfortunately, is on her own. If she reaches out to the military, they would assist her in locating local civilian resources.⁸⁹

Collection of the forensic medical evidence is only one step in the CID investigation. At the conclusion of the investigation, CID gives the case file to the office of the staff judge advocate for action.⁹⁰ If a court-martial is appropriate, a special victim witness liaison (SVWL) contacts SFC Duffy, Mrs. Smith, Kayla, Trisha Miller and Dana Kinsey.⁹¹

E. Special Victim Witness Assistance Program

The Trial Counsel Assistance Program (TCAP) oversees the Special Victim Witness Assistance Program (SVWAP).⁹² The Trial Counsel Assistance Program “provide[s] assistance, resources, and support for the prosecution function throughout the Army.”⁹³ Part of TCAP’s mission is to provide expertise in the area of sexual assault prosecution.⁹⁴ This is accomplished at the ground level by teams comprised of three individuals: a special victim prosecutor (SVP), a special victim paralegal/non-commissioned officer (SVNCO), and the newly created SVWL.⁹⁵

The SVWL is the primary coordinator of the sexual assault victim throughout the military justice process.⁹⁶ Assigned to TCAP, each SVWL works directly for, and reports directly to the special victim prosecutor at his installation.⁹⁷ If the SVWL is the first person the victim encounters, the SVWL ensures the SARC knows about the case.⁹⁸ One complication SVWLs run into is the lack of resources for those who do not hold a DoD identification card.⁹⁹ This is certainly the case of Dana Kinsey, who has not been eligible for any resource discussed thus far. The SVWL is the only military resource discussed above that is available to Dana.¹⁰⁰

The SVWL works for the prosecution team. Accordingly, there is no confidentiality between the SVWL and the victim. In fact, many SVWLs do not take notes during or after interviews as they are potential witnesses at a court-martial.¹⁰¹

The SVWL will only assist Kayla with her mother

⁸⁵ *Id.* para. 6(c)(8); *see also* Interview with Kandace Ray, *supra* note 36. Every MTF has a Sexual Assault Behavioral Health (SABH) care provider on orders to assist patients of sexual assault. *Id.*

⁸⁶ SHARP GUIDEBOOK, *supra* note 1, at 40; *see also* Interview with LTC Johnson & SFC Kornelis, *supra* note 15.

⁸⁷ MEDCOM REG. 40-36 SUPP. 1, *supra* note 35.

⁸⁸ *Id.* para. 6(q)(10).

⁸⁹ Professional Experience, *supra* note 30. Typically, when civilians contact the SARC or the SVC, they are directed to local resources available for victims of sexual assault. *Id.* These resources include hospitals and agencies equipped to address the victim’s needs. *Id.*

⁹⁰ *Id.*

⁹¹ AR 27-10, *supra* note 5, para. 17-9.

⁹² Lieutenant Colonel Bret Batdorff, Introduction to the Trial Counsel Assistance Program, at slide 3 (unpublished PowerPoint presentation) (on file with author) [hereinafter Introduction to the Trial Counsel Assistance Program]. The Special Victim Witness Liaison (SVWL) program was created in 2015. *Id.*

⁹³ *Id.* slide 3.

⁹⁴ *Id.*

⁹⁵ Introduction to the Trial Counsel Assistance Program, *supra* note 92, at slides 9-10; *see also* Telephone Interview of Shirley Shafar, SVWL, Fort

Carson, CO (Dec. 4, 2015) [hereinafter Interview of Shirley Shafar]. Victim witness liaisons are selected and hired by the staff judge advocate for whom they work, and typically work in the military justice area of the office of the staff judge advocate. *Id.* Special victim witness liaisons are all civilian employees who receive advocacy training from the Army. Some SVWLs have additional training and experience. *Id.*

⁹⁶ Army Position Description for Legal Administrative Specialist (Victim Witness Support) (July 17, 2014) (unpublished job announcement) (on file with author).

⁹⁷ *See generally* Introduction to the Trial Counsel Assistance Program, *supra* note 92; *see also* Interview with Shirley Shafar, *supra* note 95.

⁹⁸ *See generally* SHARP GUIDEBOOK, *supra* note 1; *see also* Interview with Shirley Shafar, *supra* note 95. The SVWL will also ensure the victim receives the immediate resources he or she needs (e.g. medical or mental health assistance; Criminal Investigation Division (CID); VA). *Id.*

⁹⁹ Interview with Shirley Shafar, *supra* note 95.

¹⁰⁰ *Need Assistance?—By Duty Status*, *supra* note 6. If Dana Kinsey worked for the Department of Defense (DoD), there would be additional services available to her. If the CID has jurisdiction over the unrestricted report of sexual assault, the SARC “can provide professional assistance with obtaining medical care, counseling services, legal and spiritual support, and obtaining off-base resources, if so desired.” *Id.* Dana Kinsey would be eligible for “limited emergency medical services at a military treatment facility” *Id.*

¹⁰¹ Interview with Shirley Shafar, *supra* note 95.

present. Many installations utilize non-military off-post services for interviewing children.¹⁰² The SVWL is able to assist Trisha Miller and Dana Kinsey with obtaining additional resources off the military installation, such as medical or mental health services. The SVWL also serves as a person of support for the victim, particularly when the victim, like Dana Kinsey, only has the SVWL as a resource. The SVWL ensures that victims fill out all the necessary notification forms post-trial, and also assists with processing transitional compensation paperwork.¹⁰³ Transitional compensation is particularly important to Mrs. Smith, Kayla and her mother, and Trisha Miller.

Because of the multitude of resources available to victims, coordination between the agencies is key to ensuring all of the victim's needs are met.

III. Agencies at Work

No single resource discussed in Section II exists on an island unto itself. Similarly, no victim exists in a vacuum. It takes collaboration of all the resources and individuals working together to best serve the victim.

A. Sexual Harassment/Assault Response and Prevention Resource Centers

Created in 2014 in an effort to “synchronize and professionalize victim advocacy services,” Sexual Harassment/Assault Response and Prevention Resource Centers consolidate services into a one-stop shop.¹⁰⁴ These services include lawyers, investigators, medical personnel, and advocates who work under the same roof and are better able to support each other and the victim.¹⁰⁵

There are fourteen SHARP Resource Centers located throughout the Army.¹⁰⁶ If SFC Duffy's assault had occurred while she was stationed at Joint Base Lewis McChord

(JBLM), or any of the other thirteen SHARP Resource Centers in the Army, she could have reported the assault there during any duty day.¹⁰⁷ Joint Base Lewis McChord's SHARP Resource Center's main entrance is what they call their restricted side. All the services provided to victims of assault that occur in a restricted capacity remain confidential.¹⁰⁸ Once the victim decides to make an unrestricted report, they may proceed to the unrestricted side of the office. This is where, among other agencies, the CID agent's office is located.¹⁰⁹

The reason behind the success of the SHARP resource center is the improvement in information flow. Information flow within the SHARP resource center is much simpler and streamlined because all the agencies are co-located.¹¹⁰

Effective information flow is not unique to the SHARP resource centers. Monthly, the key agencies involved in sexual assault response and prevention come together to discuss cases at the SARB.

B. Sexual Assault Review Board

Chaired by the senior mission commander, the SARB provides “executive oversight, procedural guidance and feedback concerning the installation's [sexual assault prevention and response] program.”¹¹¹ The SARB consists of the SARC, VA, CID, staff judge advocate (SJA), provost marshal (PMO), chaplain, SACP or SACC, chief of behavioral health, and others as applicable. Though the family advocacy program manager (FAPM) may attend the SARB, unless the FAPM has a case discussed at that month's SARB, the FAPM does not typically attend.¹¹² The goal is to review cases anonymously in order to improve processes and victim access to services.¹¹³

Every month, SFC Duffy's case is briefed at the SARB. The brief is anonymized, utilizing only a control number

¹⁰² AR 608-18, *supra* note 41, para. 3-15(c); *see also* Interview with Shirley Shafar, *supra* note 95.

¹⁰³ AR 27-10, *supra* note 5, paras. 17-16, 17-24, 17-26.

¹⁰⁴ Libby Howe, *Installations to open SHARP Resource Centers*, ARMY.MIL (July 2, 2014), http://www.army.mil/article/129352/Installations_to_open_SHARP_Resource_Centers/.

¹⁰⁵ U.S. DEP'T OF ARMY, SEXUAL HARASSMENT/ASSAULT RESPONSE AND PREVENTION (SHARP), RESOURCE CENTER (RC) GUIDEBOOK para. II(A) (2 Sept. 2014) [hereinafter SHARP RESOURCE CENTER GUIDEBOOK].

¹⁰⁶ Interview with LTC Johnson & SFC Kornelis, *supra* note 15. Each installation, though governed by the SHARP Resource Center Guidebook, has varying degrees of flexibility to make their resource center their own. *Id.*

¹⁰⁷ *Id.* Typically cases reported at the SHARP Resource Center do not remain clients of the Resource Center. *Id.* Coordination is made with the brigade SARC of the victim, who comes and assigns a VA. At JBLM, 14% of cases are reported through the Resource Center, 21% of cases are

reported to the VA on-call, and 65% of cases are reported to the brigade SARC. *Id.*

¹⁰⁸ *See generally* SHARP RESOURCE CENTER GUIDEBOOK, *supra* note 105, para. IV(D)(3); *see also* Interview with LTC Johnson & SFC Kornelis, *supra* note 15.

¹⁰⁹ SHARP RESOURCE CENTER GUIDEBOOK, *supra* note 105, para. IV(D)(3-4); *see also* Interview with LTC Johnson & SFC Kornelis, *supra* note 15.

¹¹⁰ SHARP RESOURCE CENTER GUIDEBOOK, *supra* note 105, para. II (A). In addition to working together, SHARP assets conduct a once-a-week meeting for the Sexual Assault Response Team (SART) that includes all VAs and the division-level program managers. *Id.* This allows for even greater information sharing and “lessons learned” to be identified and disseminated. *Id.*

¹¹¹ AR 600-20, *supra* note 8, para. E-2.

¹¹² Interview with Sara McCauley, *supra* note 43.

¹¹³ AR 600-20, *supra* note 8, para. E-4.

rather than SFC Duffy's name to identify the case.¹¹⁴ At the meeting, the senior commander chairing the SARB will learn the status of SFC Duffy's case and what resources (e.g. medical, mental health, SVC) SFC Duffy is utilizing.¹¹⁵

your client is receiving adequate assistance and resources. If you are confident with the advice you provide to SFC Duffy, Mrs. Smith, Kayla, Trisha Miller and Dana Kinsey, you will be a great source of support to them and someone who will have made a difference in their lives when they need it most.

C. Case Review Committee

Supervised by the MTF commander, the CRC is a multidisciplinary team that falls under the treatment arm of the FAP. The CRC brings together medical, legal, law enforcement, social work, and commanders who establish a treatment plan for the victim and offender. Each case discussed at the CRC "receives a case determination of substantiated, unsubstantiated-unresolved, or unsubstantiated-did not occur."¹¹⁶ Once that determination is made, recommendations for treatment for both the victim and the offender are set forth.¹¹⁷ Mrs. Smith's, Kayla's, and Trisha Miller's cases are all discussed before the CRC.

The oversight of cases involving a spouse or child dependent of a Soldier is markedly different from the oversight of cases involving a Soldier victim. There are also significant differences in the services available for Mrs. Smith, Kayla, and Trisha Miller vice SFC Duffy, and certainly Dana Kinsey.

V. Conclusion: Leveraging your Resources

Victims of sexual assault are almost always confused, scared, unsure, and in great need of assistance. They often feel like they are trapped in a web of programs and a jumble of resources. Chances are you will meet clients like SFC Duffy, Mrs. Smith, Kayla, Trisha Miller and Dana Kinsey. When that happens you will need to help them with a number of different issues. These issues will include medical and mental health treatment options, social services and financial assistance, safety concerns, and a myriad of miscellaneous and administrative needs. While you as the SVC do not provide those services, you will likely be the person to whom the client will turn to help them understand what to do and where to go.

In order to assist SFC Duffy, Mrs. Smith, Kayla, Trisha Miller and Dana Kinsey with their needs, you must know what services are available for them. In order to do your job well you must be able to leverage partner agencies. Yet at the same time, you cannot allow yourself to fall victim to mission creep. That is, taking on the role of a partner agency and attempting to do their job for them. Each agency representative is the expert of their agency's programs. As the SVC, you are uniquely situated to talk to both the commander as well as the other support agencies to ensure

¹¹⁴ See generally AR 600-20 *id.* para. G-4.

¹¹⁵ Professional Experience, *supra* note 30.

¹¹⁶ AR 608-18, *supra* note 41, para. 2-4(r).

¹¹⁷ See generally AR 608-18, *supra* note 41, para. 2-4; see also Interview with Sara McCauley, *supra* note 43. A case review committee is intended to create a treatment plan, not to punish a Soldier. Social work services create a treatment plan, then it is up to the command to enforce it. *Id.*

Appendix: Glossary

ISG	First Sergeant
ACS	Army Community Services
CID	Criminal Investigation Command
CRC	Case Review Committee
DoD	Department of Defense
D-SAACP	Department of Defense Sexual Assault Advocate Certificate Program
FAC	Family Advocacy Committee. The Family Advocacy Committee (FAC) is multidisciplinary team that is supervised by the Family Advocacy Program Manager (FAPM). This committee advises on the installation Family Advocacy Program (FAP) and procedures, training, program evaluation efforts, and also addresses administrative details. The FAC is comprised of the FAPM, Chief, Social Work Services/Case Review Committee (CRC) chairperson, medical doctor, community health nurse, dental activity commander, provost marshal, Criminal Investigation Command, Staff Judge Advocate, VWL, Army Substance Abuse Program, Child and Youth Services, chaplain, installation command sergeant major, public affairs officer, and other consultants as needed. Unlike the Sexual Assault Review Board, the FAC meets only quarterly to review trends and analyze programs in place.
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
LTC	Lieutenant Colonel
MAJ	Major
MEDCOM	U.S. Army Medical Command
Military OneSource	<i>See</i> http://www.militaryonesource.mil/confidential-help/non-medical-counseling?content_id=282873 . Military OneSource is an online resource and 1-800 telephone number to contact for “[c]onfidential services, including non-medical counseling and specialty consultations, are available through Military OneSource. Eligible individuals may receive confidential services at no cost.” Military OneSource is limited as to which issues it can address. Military OneSource will not address sexual assault as an issue in face-to-face counseling. The issues that can be addressed are: improving relationships at home and work; stress management; adjustment difficulties (like returning from a deployment); marital problems; parenting; grief or loss. For issues other than those enumerated, the counselor may receive authorization, or he or she can assist with finding other resources, including community services, installation services, or TRICARE.
MTF	Military Treatment Facility
MP	Military Police
NCO	Non-Commissioned Officer
NOVA	National Organization of Victim Assistance
PMO	Provost Marshal’s Office
Restricted Report of Sexual Assault	<i>See SHARP Guidebook</i> , U.S. Army (Oct. 2013), https://www.us.army.mil/suite/doc/41688650 . A restricted report is where the victim can confidentially disclose a report of sexual assault to a SARC, VA, or health care provider. The victim can also confidentially communicate with a chaplain and a legal assistance attorney. The victim will have access to medical treatment,

	including emergency care, counseling, and assignment of a sexual assault response coordinator or victim advocate, without triggering an official investigation or prosecution of the alleged offender. If the victim chooses to file a restricted report, the installation commander will receive non-identifying information indicating an alleged sexual assault occurred. If the victim files a restricted report, he or she can change to an unrestricted report at any time.
SABH	Sexual Assault Behavioral Health
SACC	Sexual Assault Care Coordinator
SACP	Sexual Assault Clinical Provider
SAFE	Sexual Assault Forensic Exam. <i>See</i> U.S. Army <i>SHARP Guidebook</i> , https://www.us.army.mil/suite/doc/41688650 (last visited Sept. 1, 2016). A SAFE kit, or Sexual Assault Forensic Examination, is “[t]he medical and forensic examination of the 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.” <i>See also</i> MEDCOM REG. 40-36, SUPP. 1. MEDCOM SHARP protocol require that once a victim of sexual assault presents in an emergency room, the individual is triaged in accordance with emergency room protocols. If the assault occurred less than seven days prior to the victim presenting in the emergency room, a Sexual Assault Medical Forensic Examiner (SAMFE) is contacted to come perform a SAFE. If the assault occurred greater than seven days prior to the victim coming to the emergency room, evidence usually is not collected. In both cases, follow up appointments are made and medications are provided, as needed.
SAMD	Sexual Assault Medical Director
SAMFE	Sexual Assault Medical Forensic Examiner
SARB	Sexual Assault Review Board
SARC	Sexual Assault Response Coordinator
SARP	Sexual Assault Response and Prevention
SART	Sexual Assault Response Team
SFC	Sergeant First Class
SGT	Sergeant
SHARP	Sexual Harassment/Assault Response Prevention
SJA	Staff Judge Advocate
SVC	Special Victim Counsel
SVWAP	Special Victim Witness Assistance Program
SVWL	Special Victim Witness Liaison
Transitional Compensation	<i>See</i> AR 27-10, para. 17-24. “The Transitional Compensation Program provides financial support . . . for Family members of Soldiers who are discharged or sentenced to total forfeitures by court-martial or administrative separation proceedings for charges that include dependent abuse offenses.”
Unrestricted Report of Sexual Assault	<i>See</i> U.S. Army <i>SHARP Guidebook</i> , (Oct. 2013) https://www.us.army.mil/suite/doc/41688650 . An unrestricted report is where the victim discloses, “without requesting confidentiality or restricted reporting, to a sexual assault response coordinator, victim advocate, health care provider, command authorities and others, that he or she is the victim of a sexual assault. If the

	<p>victim chooses to file an unrestricted report, the sexual assault response coordinator (SARC), victim advocate (VA), health care provider, chain of command and law enforcement will be notified of the assault. All unrestricted reports must be forwarded to the Criminal Investigation Command (CID). Once the victim files an unrestricted report, he or she cannot change to a restricted report. There are numerous ways a victim can make an unrestricted report of a sexual assault. For example they could report directly to law enforcement, the chain of command, medical provider or chaplain. In addition, every installation maintains a hotline that is staffed twenty-four hours per day, seven days per week. This hotline is called the SHARP hotline.</p>
VA	<p>Victim Advocate. <i>See</i> AR 600-20, para 8-3. Each brigade typically has one full-time victim advocate. At a minimum this individual holds the rank of staff sergeant, chief warrant officer 2, first lieutenant, or Department of the Army civilian GS-9. In addition, each battalion will have a collateral duty VA assigned, which are military personnel. Like the SARC, the battalion and brigade VAs have to undergo extensive background checks. They also receive the same training and certification as the brigade and battalion SARC. In addition, some companies have what are called Company Advisors. These individuals are all military personnel who have gone to the 80-hour Sexual Harassment/Assault Response and Prevention (SHARP) course. The Company Advisor is allowed to train units and advise the command on SHARP procedures and policies, but are not allowed to intake a case or have contact with victims.</p>
VWAP	<p>Victim Witness Assistance Program. <i>See</i> AR 27-10, ch. 17. The VWAP is designed to mitigate the hardships suffered by victims and witnesses; to foster full cooperation of victims and witnesses; and to ensure victims and witnesses are advised of and provided the rights associated with being a victim of or witness to a crime. The VWAP program establishes Victim/Witness Liaisons.</p>
VWL	<p>Victim Witness Liaison. <i>See</i> AR 27-10. The VWL is a facilitator and a coordinator. Victim Witness Liaisons are the primary point of contact through which victims and witnesses may obtain information and assistance in securing available victim/witness services. They are able to link victims or witnesses up with other necessary resources both inside and outside the military. Unlike the SVWL, the VWL is not limited to assisting victims of sexual assault. The VWL's role remains the same for both victims of and witnesses to crimes, regardless of the nature of the crime. The VWL is also a coordinator. The VWL is responsible for the coordination of witness interviews with both the government and the defense. The VWL may also coordinate with a victim/witness employer; arrange for victim/witness travel; and will process transitional compensation requests.</p>