

Abbreviations and Acronyms

- AAC**—Assignment Availability Codes
ADLS—Advanced Distributed Learning System
ADC—Area Defense Counsel
AEF—Air Expeditionary Force
AETC—Air Education and Training Command
AEW—Air Expeditionary Wing
AF—Air Force
AF/A1—Deputy Chief of Staff of the Air Force, Manpower, Personnel and Services
AF/CSV—Air Force Sexual Assault Prevention and Response Office
AF/CVSO—Air Force Sexual Assault Prevention and Response Operations Division
AF/HC—Air Force Chief of Chaplains
AF/JA—Air Force Judge Advocate General
AF/SG—Air Force Surgeon General
AFCENT—Air Force Central Command
AFI—Air Force Instruction
AFOSI—Air Force Office of Special Investigations
AFPC—Air Force Personnel Center
AFPC/DPAPH—Air Force Personnel Center, Humanitarian and Exceptional Family Member Program Assignments Branch
AFPD—Air Force Policy Directive
AFRC—Air Force Reserve Command
AFRC/SG—Air Force Reserve Command Surgeon General
ANG—Air National Guard
AOR—Area of Responsibility
ARC—Air Reserve Component
ART—Air Reserve Technician
AU—Air University
BOT—Basic Officer Training
CCIR—Commander Critical Information Requirement
CDI—Commander Directed Investigation
CFACC—Combined Forces Air Component Commander
CMG—Case Management Group
COMAFFOR—Commander, Air Force Forces
COT—Commissioned Officer Training
CPO—Civilian Protection Order
DAF—Department of the Air Force
DEOCS—Defense Equal Opportunity Management Institute Organizational Climate Surveys
DJBC—Deputy Joint Base Commander
DoD—Department of Defense
DoDD—Department of Defense Directive
DoDI—Department of Defense Instruction
DoJ—Department of Justice
DRU—Direct Reporting Unit
DSAID—Defense Sexual Assault Incident Database
D-SAACP—Defense Sexual Assault Advocate Certification Program
EO—Equal Opportunity
ET—Expedited Transfer
FAP—Family Advocacy Program

FBI—Federal Bureau of Investigation
FOA—Field Operating Agency
FO—Flag Officer
FAM—Functional Area Manager
GO—General Officer
GS—General Schedule
GSU—Geographically Separated Unit
GCMCA—General Courts-Martial Convening Authority
HAF—Headquarters Air Force
HHQ—Higher Headquarters
HIV—Human Immunodeficiency Virus
HRRT—High-Risk Response Team
IAW—In accordance with
IDT—Inactive Duty Training
IPT—Integrated Product Team
JAG—Judge Advocate General's Corps
JB—Joint Base
JBC—Joint Base Commander
JET—Joint Expeditionary Tasking
JFHQ—Joint Force Headquarters
LOA—Line Of Admonishment
LOC—Line Of Counseling
LOD—Line Of Duty
LOR—Line Of Reprimand
MAJCOM—Major Command
MCIO—Military Criminal Investigation Organization
MHS—Military Health System
MLC—Medical Limitation Code
MOA—Memorandum of Agreement
MOU—Memorandum of Understanding
MPO—Military Protective Order
MRE—Military Rule of Evidence
MTF—Medical Treatment Facility
NDA—National Defense Authorization Act
NGB—National Guard Bureau
NGB/CF—Director, Air National Guard
OPR—Office of Primary Responsibility
OPREP—Operational Report
PCA—Permanent Change of Assignment
PCS—Permanent Change of Station
PII—Personally Identifiable Information
PRP—Personnel Reliability Program
PRF—Personnel Readiness Function
RCA—Report of Command Action
Reg AF—Regular Air Force (Active Duty)
RMU—Reserve Medical Unit
ROTC—Reserve Officer Training Corps
RRCN—Restricted Report Control Number
RSL—Reserve SAPR Liaison

SAAPM—Sexual Assault Awareness and Prevention Month
SAFE—Sexual Assault Forensic Examination
SAIRO Report—Sexual Assault Incident Response Oversight Report
SAF/IG—Secretary of the Air Force Office of the Inspector General
SAF/IGQ—Secretary of the Air Force Office of the Inspector General Complaints Resolution Directorate
SAF/GC—Secretary of the Air Force Office of the General Counsel
SAPR—Sexual Assault Prevention and Response
SAPRO—DoD Sexual Assault Prevention and Response Office
SAPR VA—Sexual Assault Prevention and Response Victim Advocate
SARC—Sexual Assault Response Coordinator
SART—Sexual Assault Response Team
SPCMCA—Special Court-Martial Convening Authority
SJA—Staff Judge Advocate
SOP—Standard Operating Procedure
SVC—Special Victims’ Counsel
SEI—Special Experience Identifier
STD/I—Sexually Transmitted Diseases/Infections
TDY—Temporary Duty
TFSC—Total Force Service Center
UATM—Unit Ancillary Training Monitor **106 AFI90-6001 21 MAY 2015**
UIC—Unit Identification Code
USAFA—United States Air Force Academy
UTM—Unit Training Manager
vMPF—Virtual Military Personnel Flight
VTC—Video Teleconference
VVA—Volunteer Victim Advocate
VWAP—Victim and Witness Assistance Program
WG/CC—Wing Commander
WG/CV—Vice Wing Commander
WIPT—Working Integrated Product Team

Terms

Air Reserve Component (ARC)—The Air National Guard of the United States (ANGUS), the Air National Guard (ANG) while in the service of the United States, and the Air Force Reserve.

Certification—Refers to the process by which the Department credentials SARCs and SAPR VAs, assesses the effectiveness of sexual assault advocacy capabilities using a competencies framework, and evaluates and performs oversight over SARC and SAPR VA training. The certification criteria are established by the Department in consultation with subject-matter experts.

Case Management Group (CMG)—A multi-disciplinary group that meets monthly to review individual cases of sexual assault, chaired by the installation or host wing commander, this may be delegated to the vice wing commander but no further. This group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services. For unrestricted case review the CMG shall consist of the following: Chair, SARC, SAPR VA, Chaplain, military criminal investigator, DoD law enforcement, DPH, SJA or designee if the SJA is unavailable, VWAP and victim’s commander, VVA and SVC. For restricted case review the CMG membership is limited to all SARCs assigned to the installation, victim’s SAPR VA or VVA, DPH, victims SVC and chaplain. Any deviations to this CMG for restricted cases must be approved by AF/CSV.

Collateral Misconduct—Victim misconduct that might be in time, place, or circumstance associated with the victim’s sexual assault incident. Collateral misconduct by the victim of a sexual assault is one of the most significant barriers to reporting assault because of the victim’s fear of punishment. Some reported sexual assaults involve circumstances where the victim may have engaged in some form of misconduct (e.g., underage drinking or other related alcohol offenses, adultery, fraternization, or other violations of certain regulations or orders).

Consent—Words or overt acts indicating a freely given agreement to the sexual conduct at issue by a competent person. An expression of lack of consent through words or conduct means there is no consent. Lack of verbal or physical resistance or submission resulting from the accused’s use of force, threat of force, or placing another person in fear does not constitute consent. A current or previous dating relationship or the manner of dress of the person involved with the accused in the sexual conduct at issue shall not constitute consent. There is no consent where the person is sleeping or incapacitated, such as due to age, alcohol or drugs, or mental incapacity.

Covered Communication—Verbal, written, or electronic communications of personally identifiable information concerning a sexual assault victim or alleged offender provided by the victim to the Sexual Assault Response Coordinator (SARC), SAPR Victim Advocate (SAPR VA), Volunteer Victim Advocate (VVA) or Healthcare Personnel related to his or her sexual assault.

Credible Information—Information that, considering the source and nature of the information and the totality of the circumstances, is sufficiently believable to presume that the fact or facts in question are true.

Credible Report—Either a written or verbal report made in support of an Expedited Transfer that is determined to have credible information.

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

Family Advocacy Program (FAP)—A DoD program designated to address child abuse and domestic abuse in military families and child maltreatment in DoD-sanctioned activities in cooperation with civilian social service agencies and military and civilian law enforcement agencies. Prevention, advocacy, and intervention services are provided to individuals who are eligible for treatment in military medical treatment facilities.

Final Disposition—The conclusion of any command action, including judicial, nonjudicial, and administrative action, to include separation action taken in response to the offense, whichever is later in time, or a no action determination.

Healthcare Personnel—Includes those individuals who are employed or assigned as healthcare professionals, or are credentialed to provide healthcare services, at a medical or dental treatment facility or who are providing such care elsewhere at a deployed location or otherwise in an official capacity. The term also includes individuals assigned to the Military Treatment Facility (MTF) who are directed by or assigned to assist or otherwise support healthcare professionals in providing healthcare services. Personnel who otherwise fall under this definition may perform duties that are not healthcare related such as command or supervisory duties. When doing so, they are not “Healthcare Personnel” for the purposes of receiving a restricted report unless a victim notifies them

he or she intends to make a restricted report to them as a provider not a member of their chain of command. Healthcare providers may include, but are not limited to: Licensed physicians practicing in the MHS with clinical privileges in obstetrics and gynecology, emergency medicine, family practice, internal medicine, pediatrics, urology, general medical officer, flight surgeon, psychiatrists, or those having clinical privileges to perform pelvic examinations or treat mental health conditions. Licensed advanced practice registered nurses practicing in the MHS with clinical privileges in adult health, family health, midwifery, women's health, mental health, or those having clinical privileges to perform pelvic examinations.

Licensed physician assistants practicing in the MHS with clinical privileges in adult, family, women's health, or those having clinical privileges to perform pelvic examinations.

Licensed registered nurses practicing in the MHS who meet the requirements for performing a SAFE as determined by the local privileging authority. This additional capability shall be noted as a competency, not as a credential or privilege.

A psychologist, social worker or psychotherapist licensed and privileged to provide mental health care or other counseling services in a DoD or DoD—sponsored facility.

Limited Sexual Assault Prevention and Response Services—The assistance of a Sexual Assault Response Coordinator (SARC) and a SAPR Victim Advocate (VA) while undergoing emergency care.

Non—Personally Identifying Information (non-PII)—Includes those facts and circumstances surrounding the sexual assault incident or information about the individual that enables the identity of the victim or alleged offender to remain anonymous.

Personally Identifiable Information (PII)—This term applies to the alleged victim or alleged offender in a sexual assault, and is that information which would disclose or have a tendency to disclose the person's identity. Identifying personal information includes the person's name or a particularly identifying description (e.g., physical characteristics or identity by position, rank, or organization), or other information about the person or the facts and circumstances involved that could reasonably be understood to identify the person (e.g., a female in a particular squadron or barracks when there is only one female assigned).

Qualifying Conviction—For the purposes of this Instruction, a State or Federal conviction for a felony crime of sexual assault or any general or special court-martial conviction for a UCMJ offense which otherwise meets the elements of a crime of sexual assault, even though not classified as a felony or misdemeanor.

Report—While a sexual assault victim can disclose information to many personnel, an official report is made only when a DD Form 2910 is filed with a SARC or SAPR VA, or when an MCIO begins an independent investigation. For restricted and unrestricted reporting purposes, a report can be made to healthcare personnel, but healthcare personnel then immediately contact the SARC or SAPR VA to fill out the DD Form 2910. Chaplains and military attorneys cannot take official reports.

Reprisal—Taking or threatening to take an unfavorable personnel action, or withholding or threatening to withhold a favorable personnel action, for making, preparing to make, or being perceived as making or preparing to make a protected communication.

Responders—Includes first responders, who are generally composed of personnel in the following disciplines or positions: SARCs, SAPR VAs, healthcare personnel, law enforcement, **AFI90-6001 21**
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and MCIOs. Other responders are judge advocates, chaplains, and commanders, but they are usually not first responders.

Respond, response, or response capability—All locations, including deployed areas, have a 24 hour, 7 day per week sexual assault response capability. The SARC shall be notified, respond, or direct a SAPR VA to respond, assign a SAPR VA, and offer the victim healthcare treatment and a SAFE. In geographic locations where there is no SARC onsite, the on-call SAPR VA shall respond, offer the victim healthcare treatment and a SAFE, and immediately notify the SARC of the sexual assault. The initial response is general composed of personnel in the following disciplines or positions: SARCs, SAPR VAs, healthcare personnel, law enforcement, and MCIOs. Other responders are judge advocates, chaplains, and commanders. When victims are geographically detached from a military installation, the SARC or SAPR VA will refer to local civilian providers or the DoD Safe Helpline for resources.

Retaliation—

1. The taking or threatening to take an adverse personnel action, or withholding or threatening to withhold a favorable personnel action, with respect to a military member because the member reported a criminal offense or;
2. Ostracizing a military member, to include excluding from social acceptance, privilege or friendship with the intent to discourage reporting of a criminal offense or otherwise discourage the due administration of justice or;
3. Maltreating a military member, to include treatment by peers or by other persons, that, when viewed objectively under all the circumstances, is abusive or otherwise unnecessary for any unlawful purpose, that is done with the intent to discourage reporting of a criminal offense or otherwise discourage the due administration of justice, and that results in physical or mental harm or suffering, or reasonably could have caused physical or mental harm or suffering.

Restricted Reporting—A process used by a Service member to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis. Under these circumstances, the victim's report and any details provided to the SARC, Healthcare Personnel, or a VA will not be reported to law enforcement to initiate an official investigation unless the victim consents or an established exception is exercised under DoDD 6495.01. (SAPR restricted reports require a signed DD Form 2910)

Re-victimization—A pattern wherein the victim of abuse or crime has a statistically higher tendency to be victimized again, either shortly thereafter or much later in adulthood in the case of abuse as a child. This latter pattern is particularly notable in cases of sexual abuse.

Safety Assessment—An assessment performed by personnel appointed by the CMG chair to determine if a sexual assault victim is in immediate danger of harm. The non-clinical safety assessment will evaluate the following areas from the perspective of the victim, including, but not limited to: concerns for the victim's safety; the subject's access to the victim and any concern of stalking; previous or existing relationship or friendship between the subject and the victim, the victim's spouse, or victim's children; a threat, attempt, or plan by the victim or subject to commit suicide; the use, threat, or access of a suspect to a weapon; serious injury sustained by the victim; the subject's history of law enforcement involvement regarding domestic abuse, assault, or other criminal behavior; a CPO or MPO against the subject, or violation of such an order; history of drug or alcohol abuse by either the subject or victim; the demonstration by the subject of erratic or obsessive behavior, rage, agitation, or instability; and flight risk of the suspect. **110 AFI90-6001 21 MAY 2015**

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

Sexual Assault Prevention and Response Victim Advocate (SAPR VA)—A person who, as a victim advocate, shall provide non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims. The SAPR VA, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy duties.

Sexual Assault Response Coordinator (SARC)—The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; coordinates medical treatment, including emergency care for sexual assault victims covered under this AFI; and tracks the services provided to a victim of sexual assault, covered under this AFI, from the initial report through final disposition and resolution.

Special Victims' Counsel—attorneys who are assigned to provide legal assistance to sexual assault victims through independent representation; builds and sustains victim resiliency; empowers victims; increases the level of legal assistance provided to victims.

Trauma Informed Care—An approach to engage people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Unrestricted Reporting—A process that an individual covered by this policy uses to disclose, without requesting confidentiality or restricted reporting, that he or she is the victim of a sexual assault. Under these circumstances, the victim's report and any details provided to the SARC, Healthcare Personnel, a VA, command authorities, or other persons are reported to law enforcement and may be used to initiate the official investigation process. (SAPR unrestricted reports require a signed DD Form 2910)

Victim—For the purpose of this Instruction, a victim is a person who alleges direct physical, emotional, or pecuniary harm as a result of the commission of a sexual assault and who has a connection with the installation. If the victim is incompetent or incapacitated, the term “victim” includes one of the following representatives (in preferred order): spouse, legal guardian, parent, child, sibling, another family member, or another person designated by a court. Victims will be eligible for and provided services by the Air Force consistent with their legal status. The services contemplated range from referral to the appropriate civilian or foreign agency to the provision of all services available to an AD member. Nothing in this policy shall be construed to authorize or require the provision of specific services (such as medical care or therapeutic counseling) unless the victim has an independent entitlement to such services under relevant statutes or Department of Defense directives. The terms “victim” and “alleged victim” have the same meaning and are interchangeable in this Instruction.

Volunteer Victim Advocate (VVA)—Military and DoD civilian employees who are selected, trained and credentialed to provide non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims. The VVA, on behalf of the sexual assault victim, **AFI90-6001 21**

provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the SARC when performing victim advocacy duties.

Victim and Witness Assistance Program (VWAP)—The program to mitigate the physical, psychological, and financial hardships suffered by victims and witnesses of offenses investigated by U.S. Air Force authorities; foster cooperation between victims, witnesses, and the military justice system; and ensure best efforts are extended to protect the rights of victims and witnesses.