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FM COMDT COGARD WASHINGTON DC//CG-112//

TO AIG 4905

AIG 11934

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SUBJ: SEXUAL ASSAULT PREVENTION AND RESPONSE UPDATE

A. Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series)

B. Coast Guard Medical Manual, COMDTINST M6000.1 (series)

C. Military Justice Manual, COMDTINST M5810.1 (series)

1. In the interest of alignment between Service policy and the procedures and guidance of Ref A, the following changes to Ref B are effective immediately:

a. Article 9.A.2.e.1(h) is amended to read as follows: (QUOTE)

A unit instruction or SOP section for the management of sexual assault cases. The document must provide policy for Health Services Division action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. It must contain directions on how to complete a Victim Reporting Preference Statement, CG-6095. Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response (SAPR) Program, COMDTINST 1754.10 (series). It must contain a prearranged mechanism for timely completion of a physical examination performed by a Sexual Assault Medical Forensic Examiner for the purpose of evidence gathering for unrestricted reports that meets requirements of all applicable law enforcement agencies. Additionally, it must define limitations that will exist if the unit is underway at the time the incident occurs. (UNQUOTE).

b. Article 9.A.3.p is amended to read as follows: (QUOTE)

Rape or Sexual Assault. All victims of rape or sexual assault must be treated in a professional, compassionate and non-judgmental manner. Examination of rape and sexual assault victims will be limited to only visual examination of any wound or injury and treated according to present standards of care. In all cases, a Medical Officer will be contacted for advice. In the event that no Medical Officer is available (underway), an IDHS may conduct the visual examination. A chaperone of the same gender as the patient will be present if such examination is conducted. All aspects of the patient encounter must be carefully documented. Physical examination to gather evidence of rape or sexual assault is strictly prohibited. The unit shall have a SOP for alleged rape and sexual assault. Refer to Sexual Assault and Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series). (UNQUOTE).

c. Article 9.C.4.a.(9) is amended to read as follows: (QUOTE) A unit instruction or SOP section for the management of sexual assault cases. The document must provide policy for Health Services Division action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. It must contain directions on how to complete a Victim Reporting Preference Statement, CG-6095. Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response (SAPR) Program, COMDTINST 1754.10 (series). (UNQUOTE).

d. Article 9.C.5.j is amended to read as follows: (QUOTE)

Rape or Sexual Assault. All victims of sexual assault must be treated in a professional, compassionate and non-judgmental manner. The unit shall have an SOP for dealing with reported cases of sexual assault.

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Refer to the Sexual Assault Prevention and Response Program (SAPRP), COMDTINST 1754.10 (series) for further guidance. (UNQUOTE).

2. The content of this AIG will be reflected in future revisions of Ref B.

3. CAPT Erica Schwartz, Chief, Office of Health Services, and Mr. Robert Skewes, Chief, Office of Work-Life, send.

4. Internet release authorized.

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