Department of Defense
Family Advocacy Program (FAP)
Overview

Victim Services Subcommittee
Response Systems to Adult Sexual Assault Crimes Panel

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PURPOSE

To provide the Victim Services Subcommittee, Response Systems to Adult Sexual Assault Crimes Panel a general overview of the Department of Defense Family Advocacy Program and it’s role in the Department’s Coordinated Community Response to the prevention and response to child abuse/neglect and domestic abuse/intimate partner violence.
Coordinated Community Response for Child Abuse/Neglect and Domestic Abuse

CMD, law enforcement & SJA not involved in all DA cases (restricted reporting)
FAP Scope and Mission

• The Family Advocacy Program (FAP) is a congressionally mandated DoD program designed to be the policy proponent for and a key element of the Department of Defense’s Coordinated Community Response system to prevent and respond to reports of child abuse/neglect and domestic abuse in military families - in cooperation with civilian social service agencies and civilian law enforcement.

• FAP is located at every CONUS and OCONUS installation with command sponsored families

• FAP support, treatment and case management services are provided to individuals who are eligible for treatment in military medical treatment facilities.
Family Advocacy Program (FAP)

Goals:

• Promote prevention, early identification, reporting, and treatment of child and spouse abuse

• Strengthen family functioning in a manner that increases the competency and efficacy of military families

• Preserve families in which abuse has occurred, if possible, without compromising the health, welfare, and safety of victims

• Provide effective treatment for all family members when appropriate

• Effectively collaborate with state and local civilian social services, law enforcement and medical agencies
Family Advocacy Program Goals

• Support victims with trained domestic abuse victim advocates to include a full range of support services, such as safety planning, court accompaniment and information on civilian and military protective orders.

• Collaborate with state and local civilian social services and law enforcement agencies to provide a coordinated community response and support for service members and their families.
DoD Stance on Child Abuse and Neglect and Domestic Abuse

Child abuse and neglect and domestic abuse/intimate partner violence are serious public health issues

- Family violence negatively impacts families and mission readiness
- DoD uses a Coordinated Community Response approach towards addressing family violence; all key organizations have a role and responsibility to both prevent and respond (command, medical, law enforcement, legal, FAP...)
- Increased focus on prevention – stopping the violence before it starts, breaking the cycle, eliminating causes, addressing risk factors, promoting protective factors
- Impact of war, reunification of families, drawdown of force may impact DoD future rates of family violence
DoD Definition of Child Abuse

• The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating the child’s welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

• FAP as the DoD social service/child protection equivalent to State or County CPS uses the definitions of child abuse IAW 42 USC Section 5106g consistent with our federal partners in child protection

• In DoD the designated agency to receive allegations of child abuse under 42 USC, Section 13031 is law enforcement

• Clinical services are offered in all cases
Domestic Abuse (DA) is a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is: a current or former spouse, a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic Violence (DV) is the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person who is: a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Acts of domestic violence are addressed under the U.S. Code, the Uniform Code of Military Justice (UCMJ), and/or state law.
## Distinctions between Domestic Violence & Domestic Abuse

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Domestic Abuse</th>
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<tbody>
<tr>
<td>• <em>DV is <strong>NOT</strong> an enumerated offense, however may be prosecuted under several enumerated offenses (e.g. article 128, Assault) under UCMJ</em></td>
<td>• Includes behaviors ranging from emotional abuse/maltreatment to criminal offenses</td>
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<td>• Defined by domestic relationship of victim and offender</td>
<td>• Defined by domestic relationship of victim and offender (includes Intimate Partner Violence)</td>
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<td>• <strong>Always</strong> involves law enforcement</td>
<td>• Often does not involve law enforcement.</td>
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<td>• Offenses <strong>reported in a criminal data base</strong> and in FAP Central Registry</td>
<td>• Frequently does not meet threshold for qualification as an UCMJ offense</td>
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<td></td>
<td>• Incidents reported in the FAP Central Registry</td>
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Domestic Abuse Victim

A person who is:

(a) a current or former spouse;
(b) a person with whom the abuser shares a child in common; or
(c) a current or former intimate partner/domestic partner with whom the abuser shares or has shared a common domicile
## Distinctions between Domestic Abuse/Intimate Partner Violence and Adult Sexual Assault

<table>
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<tr>
<th>Domestic Abuse/Intimate Partner Violence</th>
<th>Sexual Assault (SAPRO)</th>
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<td>Abuse occurs in a marital or intimate partner relationship while there is an ongoing risk of further abuse</td>
<td>Offense occurs between adult non-intimate partners. However, the majority of victims “know” their abusers.</td>
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<td>Abuse may include emotional, physical and sexual maltreatment</td>
<td>Sexual assault involves rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact</td>
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<tr>
<td>Domestic Abuse/Intimate Partner Violence does not always qualify as a criminal offense</td>
<td>Sexual assault is a criminal act and a Uniform Code of Military Justice (UCMJ) offense</td>
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<td>Victims frequently elect to remain in the relationship with the offender and Family Advocacy Program (FAP) services help the victim stay safe utilizing tools such as Military and Civilian Protective Orders</td>
<td>Victim may not know or want contact with the offender. If continued contact exists, victims can request an Expedited Transfer, if they are uncomfortable.</td>
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<td>Family Advocacy Program services include safety assessments, case management, counseling and advocacy services, and education to victims on the dynamics of domestic abuse</td>
<td>Sexual Assault Prevention and Response Program (SAPR) provides advocacy to victims and case management, to include safety assessments.</td>
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<td>Family Advocacy Program provides clinical treatment to offenders and victims</td>
<td>The Sexual Assault Response Coordinator or SAPR Victim Advocate facilitates healthcare, access to off-base resources, legal services, chaplaincy services, and referrals and accompaniment to appointments</td>
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<td>Domestic Abuse Victim Advocates provide support, accompaniment to medical and court appointments, and referrals to internal and external resources. Victims also have access to 24/7 Domestic Abuse hotlines</td>
<td>Sexual Assault victims also have access to the anonymous 24/7 DoD Safe Helpline for crisis intervention and victim support</td>
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FAP Points of Entry

FAP receives referrals of suspected Child Abuse/Neglect and Domestic Abuse from many sources:

• Self-referrals
• Commanders
• Family members
• Neighbors and friends
• Military Police/Criminal Investigators*
• Chaplains**
• Military Health Care**
• Civilian Police
• Child and Youth Staff and DoDEA personnel**
• Child Protective Service agencies**

* Mandated reporters of all abuse; child abuse**
FAP Operations

- FAP is a key component of the Coordinated Community Response to incidents of child abuse and neglect and domestic abuse/intimate partner violence
- Commanders, Law Enforcement (LE) must refer ALL known/suspected child abuse and domestic abuse cases to FAP
- All child abuse and neglect cases are required to be reported to local Child Protective Services (CPS) and military law enforcement for investigation and disposition
- FAP is required to establish MOUs with civilian CPS agencies
- FAP manages child abuse cases in coordination with CPS
• Military health care staff, child and youth staff and DoDEA personnel are mandated to report all suspected cases of child abuse to FAP

• Responsible Military Criminal Investigation Office (MCIO) has the lead for all cases of child sexual abuse

• Incidents of child abuse/neglect and domestic abuse are reviewed by a multi-disciplinary team using standardized maltreatment definitions to determine if they “meet” criteria for abuse

• Alleged victims of domestic abuse are provided the option of making a “restricted report” which allows them to receive advocacy and treatment services without involving command and law enforcement
**FAP Response and Services**

**Child Victim:** (serious physical abuse and sexual abuse)

- 24/7 Assessment and *Safety planning*
- Consultation w Armed Forces Ctr for Child Protection, prn
- Info & Referral
- Support & *Advocacy
- Clinical counseling
- Case management

**Domestic Abuse Victim**

- 24/7 Assessment & Safety planning
- Info/Referral & Accompaniment
- Support & Advocacy
- Clinical counseling
- Case management

**Offender**

- Assessment & risk management
- Info & Referral
- Counseling & Case management, as appropriate

* Local child protective agency takes lead in safety planning in serious cases of CA
FAP Personnel: Competency, Training and Certification Requirements

**Clinicians**
- Masters Degree & clinical license
- Pre-selection requirements: CA/DA (advocacy/response exper.)
- Service credentialed (scope of care)
- State licensure training req.
- *Service’s annual training req.
- *Multi-disciplinary FACAT Response Trained
  *multi-victim child sexual abuse

** Victim Advocates**
- Bachelors/masters
- pre-selection requirements: (advocacy/response exper.)
- *Service’s annual training requirements
- *Victim advocate certification

**Primary Prevention Educators/outreach**
- Bachelors/masters
- pre-selection competency requirements (family service agency exper.)
- *Services required training
- *Service specific requirement
• Policy Coordination:
  ➢ Eight FAP policies - several in coordination
  ➢ New Parent Support Program DoDI released in 2012 includes protective factors

• Budget - Centralized funding to Services to cover FAP requirements: - Over 1900 staff DoD-wide
  ➢ Prevention
  ➢ New Parent Support Home Visitors
  ➢ Domestic Abuse Victim Advocates
  ➢ Clinicians – over 900
  ➢ Research & automation
  ➢ Training (CEU’s for licensure, clinical competency, policy)
FAP Policies

• **DoD Instruction 6400.3, "Family Advocacy Program Command Assistance Team," February 3, 1989** This Instruction establishes policy, assigns responsibility, and prescribes procedures for implementation of the Family Advocacy Command Assistance Team (FACAT). The FACAT helps local installation personnel in managing a case of child sexual abuse in a DoD out-of-home care program when multiple children are identified as actual or potential victims.

• **DoD 6400.1-M, "Family Advocacy Program Standards and Self-Assessment Tool," August 20, 1992** This Manual prescribes uniform standards for all installation FAPs and provides installation FAP Officers (FAPOs) with an instrument for executing their programs.

• **DoD Directive 6400.1, "Family Advocacy Program," August 23, 2004** This Directive establishes the Family Advocacy Program (FAP) and assigns responsibilities for working to prevent family violence, identifying victims of abuse, assessing families experiencing domestic and child abuse, and providing treatment for those families.


• **DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," August 21, 2007, Incorporating Change 1, September 20, 2011** This Instruction establishes, implements, and updates domestic abuse policies and identifies and assigns responsibilities for preventing and responding to domestic abuse. It includes provisions related to Military Protections Orders, Fatality Review, and other topics that are relevant in child abuse cases. Enclosures 4 and 5 of this policy also contain sample MOUs for criminal investigative and law enforcement organizations and legal officials.

• **DoD Instruction 6400.5, "New Parent Support Program (NPSP)," June 13, 2012** This Instruction implements policy, assigns responsibilities, and prescribes procedures under DoD Directive 6400.1 for the NPSP, a standardized secondary prevention program for parents who are at risk for engaging in child abuse. The NPSP uses an intensive, voluntary home visitation model developed specifically for expectant parents and parents of children from birth to three years of age to reduce the risk of child abuse.
• FAP maintains a Central Registry to track child abuse/neglect and domestic abuse incidents that *“met criteria” for maltreatment FAP statistics are aggregate; released annually
  - Statistics are aggregate and released annually

• Annual metrics (reported in the DoD Military Family Readiness Report)
  - Restricted/Unrestricted Domestic abuse reports
  - Recidivism by spouse abusers
  - Commander training
  - New Parent Support Program

• Post-mortem review: Annual Fatality Review Summit Report

Note: Incidents of child abuse & neglect and domestic abuse are reviewed by a multi-disciplinary team using standardized maltreatment definitions to determine if they “meet” criteria for abuse
New Parent Support Program
Secondary Prevention Program

• Intensive home visitation program
• Evidence-informed interventions
• Offered to expectant parents and parents of children ages 0-3 years
• Services are voluntary

• Promotes protective factors associated with decreasing the risk for child abuse and neglect
Counseling Services

SECONDARY PREVENTION (at risk)

- Counseling for Individuals, Couples and Parents
- Life Skills Classes (for example, anger management, stress management, and parenting)
- Military and Family Life Counselors
- Military OneSource
FAP Intervention Services

When abuse occurs....

• More than 900 DoD FAP licensed clinical providers available to provide treatment and case management
• Access to medical care, advocacy and clinical counseling for victims
• Clinical treatment for offenders (concurrent substance abuse, mental health services, as needed)
• Commanders may mandate treatment for active duty offenders
• Active duty victims and civilian offenders participate voluntarily
• Services for children, as appropriate
• Referral to civilian community services, if appropriate
• Option for restricted reporting
Developed a five-year strategic plan for FAP prevention in conjunction with federal partners (CDC, HHS Children’s Bureau, Family Violence Services)

Increased comprehensive cross-systems/cross program prevention efforts to reduce family violence and provide effective interventions

Adoption of approaches for prevention and intervention that are evidence-based, culture and gender sensitive, and applicable to the military population
FAP Focus on Prevention

• Targeted efforts to address post deployment stressors and family reunification
• Train spouses on “warning signs” of depression, PTSD and TBI
• Identify and promote protective factors for improving parent/child bonds and intimate partner relationships
• Pre-deployment support services for families
• Provide education to normalize re-adjustment and reunification stressors
DoD Focus on Prevention

• In September 2013 – senior DoD leadership established “The Prevention and Coordinated Community Response to Child Abuse and Neglect and Domestic Abuse/Intimate Partner Violence Working Group”

• Working Group’s mission is to provide a priority rapid review of Department of Defense processes with all key stakeholders: including medical, legal, law enforcement, FAP, command....
Center’s for Disease Control National Intimate Partner and Sexual Violence Study – Military Report released March 2013

FY2010 sample

• General Population:
  – 9,086 women

• Military Population: 2,836 women
  – 1,408 active duty women
  – 1,428 wives of active duty men
Prevalence – CDC’s National Intimate Partner and Sexual Violence Study

Results:
• General Population: ~ 4 in 10 women
• Active Duty: ~1 in 3 women*
• Wives of Active Duty Men: ~1 in 3 women

* Active duty women were significantly less likely to report experienced physical violence, rape, or stalking by an intimate partner in their lifetime compared to women in the general population

Summary:
• Intimate partner violence, sexual violence and stalking are widespread among women in the general U.S. population and in the military
• The prevalence in the military is similar to what is observed in the general population
• This report provides the first simultaneous and consistent data for the military
Current DoD Research

• Military Service Family Advocacy Programs sponsor specific studies on military family violence

• DoD FAP has requested Defense Centers of Excellence research and support:
  – Retrospective Cohort Study of Domestic Violence Among Military Service Members, 2003-2010 (pending release)
  – Literature Reviews on: Intervening & providing treatment for Interpersonal Violence (IPV) by Young (ages 18-35) Female Perpetrators and the Prevalence, Risk Factors, Assessment for IPV in Same-Sex couples (pending release)
Both will inform policy and practice
DoD Research-Based Initiatives

• FAP implemented standardized maltreatment definitions and a decision tree algorithm that was implemented Department-wide in 2010 to be used in the case review/Incident Determination Committee process

• In FY14/15, FAP will implement:

  – Severity Scales Decision Tree and training to standardize how the services determine the severity of incidents of maltreatment
  – Risk Assessment Tool – a 15-item clinical assessment instrument to assess the risk of subsequent physical violence by alleged domestic abuse offenders. The tool incorporates victim, offender, relationship and military-specific risk factors
Questions

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