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Information Sheet

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Number: 1752.3A
TITLE: FAMILY ADVOCACY PROGRAM
Date: 11 SEP 95
Purpose: Provides the Department of the Navy's policy on Family Advocacy and assigns responsibility for the Family Advocacy Program (FAP).
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DEPARTMENT OF THE NAVY
Office of the Secretary
1000 Navy Pentagon
Washington DC 20350-1000

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SECNAVINST 1752.3A
DASN(FSF)
11 September 1995

SECNAV INSTRUCTION 1752.3A

From: Secretary of the Navy
To: All Ships and Stations

Subj: FAMILY ADVOCACY PROGRAM

- Ref: (a) DOD Directive 6400.1 of 23 Jun 92 (NOTAL)
(b) DOD Directive 6400.2 of 10 Jul 87 (NOTAL)
(c) DOD 6400.1-M of Aug 92 (NOTAL)
(d) Public Law 101-647, Crime Control Act of 1990 (NOTAL)
(e) 10 U.S.C. § 1058 (NOTAL)
(f) SECNAVINST 1910.4A (NOTAL)
(g) SECNAVINST 1920.6A
(h) DOD Directive 1030.1 of 23 Nov 94 (NOTAL)
(i) DOD Instruction 1030.2 of 23 Dec 94 (NOTAL)
(j) BUMEDINST 6320.3B
(k) SECNAVINST 5211.5D
(l) SECNAVINST 5820.7B
(m) SECNAVINST 6401.2A
(n) SECNAVINST 6320.23
(o) BUMEDINST 6320.66A (NOTAL)
(p) DOD Directive 6400.3 of 3 Feb 89 (NOTAL)
(q) SECNAVINST 5520.3B

- Encl: (1) Definitions
(2) Reporting, Notification and Crisis Intervention
(3) DD 2404 (Oct 86), "DOD Child and Spouse Abuse Report"

1. **Purpose.** To revise the Department of the Navy (DON) policy on Family Advocacy and assign responsibility for the Family Advocacy Program (FAP).

2. **Discussion.** The DON FAP addresses prevention, evaluation, identification, intervention, rehabilitation/behavioral education and counseling, follow-up, and reporting of child and spouse abuse. DON policy is consistent with the

requirements of reference (a) and in consonance with references (b) through (q). This instruction is a complete revision and should be reviewed in its entirety.

3. **Cancellation.** SECNAVINST 1752.3.

4. **Definitions.** Terms relating to the FAP used in this instruction are defined in enclosure (l) and references (a), (b) and (c).

5. **Background.** The DON FAP has been in effect since 1976. Changes in the law, new and revised Department of Defense (DOD) regulations, and advances in knowledge concerning abuse dynamics and rehabilitation/education and counseling have occurred since the inception of the program. New requirements and procedures pertain to assistance to victims and witnesses of abuse, reporting of child abuse incidents in areas under Federal jurisdiction, and transitional assistance to eligible abused family members. The DON remains committed to using its best efforts to assist victims and to reducing the occurrence of child and spouse abuse.

6. **Policy**

a. Family Advocacy is a leadership issue. As part of the tradition of "taking care of our own," it is the responsibility of each Navy and Marine Corps service member to ensure the safety, health and well-being of his/her family members. Additionally, each member is expected to exemplify Navy and Marine Corps leadership core values of honor, courage and commitment. Child and spouse abuse are unacceptable and incompatible with these high standards of professional and personal discipline. Abusive behavior by DON personnel destroys milies, detracts from military performance, negatively affects the efficient functioning and morale of military units, and diminishes the reputation and prestige of the military service in the civilian community. A continuous effort to reduce and eliminate child and spouse abuse shall be actively pursued at every level of command.

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b. Child and spouse abuse are serious behavioral, social and community problems which require a comprehensive, community-based response. The most effective response to family violence results when individuals, families, commands and community agencies respond effectively to victim blaming and keep victim safety as the primary focus for all subsequent actions; share responsibility and accountability for taking appropriate steps in response to acts of family violence; consistently enforce family violence policies; and work collaboratively as a community to achieve common goals.

c. The five primary goals of the DON FAP are: prevention; victim safety and protection; offender accountability; rehabilitative education and counseling; and community accountability/responsibility for a consistent, appropriate response.

d. In order to achieve DON FAP goals, the DON shall:

(1) Conduct programs and activities that contribute to a healthy family life, prevent the occurrence of abuse and neglect, and seek to restore affected families to a healthy, non-violent status.

(2) Identify cases of child and spouse abuse promptly and provide early intervention to break patterns of abusive behaviors.

(3) Ensure that all victims and witnesses of child and spouse abuse in DON families have access to appropriate protection, safety, care, support, case management and educational rehabilitation services as needed, to the extent allowable by law and resources.

(4) Ensure victims of abuse are not re-victimized through actions such as unnecessary removal from housing, repeated or coercive interviews, or other negative interventions.

(5) Ensure all commands hold military offenders accountable by applying a range of disciplinary or administrative sanctions, as appropriate, for acts or omissions constituting child

and spouse abuse. Sanctions can be highly effective external leverage to motivate offenders to enter and complete a program of educational rehabilitation and to subsequently eliminate abuse behaviors.

(6) Provide rehabilitation and behavioral education and counseling to offenders as appropriate to stop child and spouse abuse in DON families, recognizing that offenders can be both service members and family members.

(7) Ensure community responders (e.g., medical, legal, base security and law enforcement, educators, counselors, advocates, chaplains, etc.) are trained in family violence risk factors and dynamics, basic community information and referral, safety planning, and appropriate responses for their discipline which may include screening procedures, identification, assessment, and sensitive interviewing of suspected victims; notification and reporting procedures to military and civilian authorities; collection of evidence (see section 6g); case management; and specialized discharge planning. These training elements are essential for ensuring victim safety and the protection of offender rights.

e. This instruction provides only internal DON guidance to protect and assist actual or alleged victims of child and spouse abuse. It is not intended to and does not create any rights, substantive or procedural, enforceable at law by any victim, witness, suspect, accused, or other person in any matter, civil or criminal. No limitations are placed on the lawful prerogatives of the DON or its officials.

7. Program Guidance

a. Organizational Structure. The FAP is a line managed (Navy)/command managed (Marine Corps), multidisciplinary program requiring support and cooperation by all DON commands, responding agencies and personnel for the program to be effective. The commanding officer of each installation shall appoint a Family Advocacy (Program) Officer (FAPO-USMC/FAO-USN) and ensure both a Family Advocacy Committee (FAC) and a Case Review Committee (CRC) are

established. Key officials who should participate in local FAPs are generally members of the FAC, as defined in enclosure (1), (e.g., FAP leaders, representatives from responding agencies, etc.) and active-duty personnel in leadership positions in installation and tenant commands. The installation FAC chairperson (who shall be an O-4 or above) shall assist participants in identifying their roles and responsibilities in the local FAP and assure maximum participation in the program.

b. Program Components. Key individuals and functional groups, who together form the components of the FAP, are the FAPO/FAO, Family Advocacy Program Manager (FAPM-USMC), Family Advocacy Representative (FAR-USN), the FAC, and CRC. Roles and responsibilities for these program components are defined in enclosure (1). Participation, understanding, active support and involvement of cognizant commanders and commanding officers in the FAP are essential to accomplishment of the policy goals and objectives stated in this instruction.

c. Prevention. The primary goal of the FAP is the prevention of abuse. The FAP shall establish education, support, and awareness programs aimed at fostering greater understanding of the risk factors and dynamics of child and spouse abuse. It shall emphasize prevention, recognition, prompt notification and reporting, and availability of responsive services. Special attention should be placed on training military and civilian leaders and supervisors in identifying signs of child and spouse abuse and appropriately using FAP referral procedures to address the needs of victims of family violence. Prevention may also include education and counseling programs aimed at deterring future abuse or neglect.

d. Self-Referral. Early intervention can be achieved by encouraging offenders and potential offenders to seek assistance. At the command and installation level, members may voluntarily refer themselves to a FAR/FAPM, medical officer, or FSC/FAP counselor. Self-referral for abusive behavior does not insulate a member from initiation of disciplinary and administrative action and does not limit the use of a member's statements in such

proceedings. Statements made by a member pursuant to self-referral are not privileged or protected from use as evidence, except when made to a chaplain, if such communications are made as a formal act of religion (e.g., or as a matter of conscience), or to an attorney, when the lawyer-client privilege applies. Commanding officers may consider voluntary self-referral and acceptance of responsibility as factors in mitigation when determining appropriate case disposition.

e. Reporting and Notification Requirements. Incidents involving child and spouse abuse must be reported pursuant to references (b), (d) and (e). Enclosure (2) provides detailed guidance on reporting, notification and crisis intervention requirements.

f. Suspected Criminal Conduct. The appropriate law enforcement agency must be notified immediately in all cases of child or spouse abuse in which there is major physical injury or indication of a propensity or intent by the offender to inflict major physical injury (see reference (b)) and in all cases of child sexual abuse. In such cases, interviews of suspected offenders shall not be conducted without the knowledge and consent of cognizant law enforcement agents. Law enforcement agents will provide information about the actions of FAP clients to the FAR/FAPM and commanding officers as soon as circumstances reasonably permit and will assist in obtaining investigative reports from other geographic areas or jurisdictions. Copies of investigative reports should be provided to the CRC as early as possible.

g. Collection of Evidence. In cases that occur within Federal or concurrent jurisdiction, it is imperative that DON law enforcement officials establish and follow clear and consistent guidelines for the investigation, collection of evidence, documentation and reporting of child and spouse abuse incidents which are determined to be criminal in nature. Evidence (e.g., medical records; 911 tapes; statements from witnesses; emergency/rescue personnel and offenders; and photographs of injuries and property damage, etc.) shall be collected and documented for the purpose of providing the FAP CRC and commanding officers with the information needed to determine if

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destructive acts of family violence have occurred. In child and spouse abuse cases arising at installations where there is Federal and concurrent jurisdiction, DON law enforcement officials shall respond to calls immediately where imminent danger is reported.

h. Case Management

(1) Victim Safety and Protection. Critical goals following allegations of abuse are protection of victims, assurance of their continued safety, and prevention of further abuse. Actions that must be taken include medical assessment and care for family members as appropriate, risk assessment, safety planning, providing access to shelters and safe houses, issuance of military protective orders and child removal orders if appropriate and other crisis intervention services.

(2) Case Review Committees (CRCs). All incidents of child and spouse abuse involving DON members which result in the initiation of FAP cases will **R)** be reviewed by the local multidisciplinary CRC. The CRC will review all available case material and make a case status determination of "substantiated," "suspected," "unsubstantiated-unresolved," or "unsubstantiated-did not occur" as defined in reference (c). If abuse is substantiated, an individual case intervention plan will be developed in accordance with reference (c). The FAR/FAPM will inform the member's commanding officer of the CRC findings and recommendations. Interventions recommended by the CRC in abuse cases should be related to the assessed significant risk factors and type and severity of abuse. The CRC, in conjunction with the FAR/FAPM, shall also be responsible for monitoring and advising the member's command of progress in the case. If the case is unsubstantiated, the case will be closed. Any services offered to the family in such cases will be voluntary. Suspected cases are those still in process of assessment/investigation.

(3) Disciplinary Action. Offenders must be held accountable for their actions. The possibility or imposition of disciplinary action is strong and often a necessary motivating factor for offenders to attend and complete rehabilitation/behavioral education and counseling programs. The decision to proceed with

disciplinary action is solely at the discretion of the member's commanding officer, but commanding officers should consider risk assessment and CRC recommendations if available when deciding on disposition of offenses. Access to rehabilitation/behavioral education and counseling services to offenders is not a right or requirement, but can be an important link in protecting victims and preventing future abuse if commands and offenders are fully committed to the elimination of abusive behavior.

(4) Rehabilitation/Behavioral Education and Counseling. Offenders who are determined to be good candidates for rehabilitation should be counseled and offered FAP services as appropriate. Factors that affect this determination include military performance and potential for productive service; prognosis for successful completion of education and counseling programs, as determined by a provider with expertise in family violence issues; extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for education, support and assistance; and other factors considered to be appropriate by the command. Education and counseling programs do not preclude timely and appropriate action by the member's commanding officer.

(5) Rehabilitation Failure and Administrative Processing. Repetition of an offense for which rehabilitation/behavior education and counseling services had previously been afforded, or failure to meet the conditions of court-orders or terms of probation, should normally result in processing for administrative separation. Additionally, military members who have admitted or have been found guilty at CO's mast, office hours, or a criminal trial of child or spouse abuse and thereafter refuse rehabilitation, refuse to cooperate with or complete behavior modification programs, or who are not able to cease their abusive behavior during or after an education or counseling program, should be processed for separation pursuant to reference (f) or (g). Commanding officers who convene administrative discharge proceedings in child sexual abuse cases shall, in all cases, assign a judge advocate as the recorder unless there is a compelling reason not to

do so. In cases of spouse abuse and other types of child abuse, commanding officers shall, where available, assign judge advocates as recorders. Nothing in this paragraph limits the right of the commanding officer to take appropriate measures under the Uniform Code of Military Justice.

(6) Temporary Protective Measures. During the investigative and processing of FAP cases and any associated disciplinary actions, the command must take reasonable actions to ensure the safety of members under their command and family members of assigned personnel. Responsive actions could include issuing a military protective order (MPO) or an order barring persons from DON installations, directing a military offender to leave the home in overseas locations or areas under the exclusive military control, early return from overseas, revocation of security clearance, and removal from the Personnel Reliability Program. Commanding officers are specifically authorized to issue MPOs. Specific guidance regarding MPOs and child removal orders are contained in Service directives.

(7) Rights of Alleged Offenders. Participants in the FAP will ensure that the applicable rights of the alleged offender are observed. A review process shall be available to victims and alleged offenders under certain conditions as specified in Service directives.

(8) Victim and Witness Assistance. Victims of abuse must be notified of their rights and the services available to them in accordance with references (d), (h), and (i). Victim services shall be coordinated under the Victim Witness Assistance Program at each installation to assure crisis intervention as may be necessary and referral to appropriate service providers.

(9) Abusive Family Members and DOD Civilians. Abusive family members of active-duty members and DOD civilian employees, particularly in overseas locations, should be encouraged to enter rehabilitation/behavioral education and counseling programs voluntarily. Referral of such individuals to local civil authorities, issuance of orders barring them from naval installation, and issuance of orders returning them from overseas or geographically

isolated duty locations are other options available to commanding officers.

(10) Family Member Compensation and Assistance. Family members of active-duty and retired members who require family violence rehabilitative education and counseling services beyond the scope of FAP or the services that can be provided by a military medical treatment facility (MTF) may be referred to a local civilian service provider. For victims of child and spouse abuse, costs associated with civilian services may be partially reimbursable through victim compensation funds available through state agencies or the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Transitional compensation assistance for abused family members of discharged members may be made available under reference (e). Commands should make every effort to assure abused family members are informed of the services and resources available to assist them.

(11) Supplemental Care. Active-duty victims and, in appropriate cases, active-duty offenders who require specialized rehabilitative education and counseling unavailable through military provides may be referred to a civilian service provider. When provided, care will be paid for by the referring MTFs using supplemental care funds in accordance with reference (j). Eligibility criteria and procedures for client referral for supplemental care will be developed within each Service.

(12) Privacy Considerations. FAP records are covered by the Privacy Act and are identified under Privacy Act Systems Notice # N06320-2. FAP records should be maintained in accordance with the system notice and upon receipt of a Privacy Act request, considered for disclosure under reference (k).

i. Cooperation with State, Local, and Foreign Officials. In accordance with references (a) and (d), area coordinators and installation commanders shall cooperate with civilian agencies and observe local laws pertaining to child and spouse abuse incident notifications and reporting. Memoranda of Understanding (MOU) will be

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entered into as appropriate. DON officials should work closely with state and local governments to minimize the possibility of gaps in FAP services that may exist due to variances in State and Federal jurisdiction on the various installations. Cooperative efforts shall not exceed the limits set forth in reference (l). At overseas locations, installation commanders, after consideration of applicable treaties, Status of Forces Agreements (SOFAs), and the objectives of this instruction, will determine the nature and extent of cooperation with host nation authorities that is appropriate.

j. Personnel Selection. Personnel involved in the rehabilitation education and counseling of individuals and families as part of the FAP shall meet DOD-approved standards as defined in reference (c).

8. Action

a. The Assistant Secretary of the Navy, Manpower and Reserve Affairs (ASN(MRA)) shall:

(1) Formulate and oversee implementation of DON FAP policy.

(2) Appoint the Deputy Assistant Secretary of the Navy (Force Support and Families) as the senior official to represent DON on external and DOD FAP policy committees and sub-committees, planning and evaluation meetings and special working groups. The Services shall assist the DASN(FSF) in this role by representing their respective Service and fully participating in DOD policy and program activities. The DASN(FSF) shall keep the ASN(MRA) informed of all policies, programs and actions which have an impact on the DON FAP.

b. The Chief of Naval Operations (CNO) and the Commandant of the Marine Corps (CMC) shall:

(1) Implement the policies of this instruction.

(2) Notify the Assistant Secretary of the Navy (Manpower and Reserve Affairs) of substantive changes to Service policies not less than 30 days prior to implementation of those changes.

(3) Ensure the operation of the FAP is consistent with the policy guidance contained here. Specific attention shall be given to the functional areas of prevention, education/training, safety and protection, intervention, case management, reporting, enforcement, discipline, and accountability.

(4) Ensure the FAP addresses the various forms of spouse and child abuse as defined in references (a), (b) and (c), including physical spouse abuse; psychological spouse abuse, spouse sexual abuse, child physical abuse, child neglect, child emotional abuse and child sexual abuse. Ensure appropriate intervention options are provided for each identified type of abuse for offenders, victims, and witnesses. This includes eligible military families living in the civilian community and on military installations.

(5) Identify and provide the fiscal and personnel resources necessary to implement the FAP.

(6) Designate a FAP Manager at the Headquarters level.

(7) In accordance with references (m) and (o), establish standardized criteria for the selection and certification of health care and social service personnel who educate and counsel individuals and families as part of FAP. Additionally, establish standards for rehabilitation education and counseling programs and services provided for offenders to ensure that the focus of behavioral change interventions does not encompass any form of victim blaming or further endanger victims and witnesses.

(8) Provide education and training to commands, service and family members, chaplains, FAC and CRC members and other key personnel on family violence and the community's FAP response.

(9) Ensure area coordinators and installation commanders develop MOUs with appropriate civilian authorities as may be necessary to provide for cooperation and reciprocal reporting

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of information and development of a community-based approach to family violence.

(10) Ensure base security personnel and military law enforcement officers are effectively trained to respond appropriately and immediately to calls for assistance in child and spouse abuse cases and that they develop clear, consistent guidance for the collection, documentation and reporting of such evidence (see paragraph 6g) in FAP cases.

(11) Ensure the development of guidelines for assembling complete case information, managing cases, and monitoring the FAP, including policy enforcement, case recommendations, dispositions, outcomes, recidivism and victim needs.

(12) Establish a review process for cases of child and spouse abuse that will assure fair treatment and observance of the applicable rights of victims and alleged offenders.

(13) Develop specific criteria and procedures for identifying members who have been involved in an incident of substantiated abuse, who will be considered for rehabilitation/behavioral education, counseling and retention. Ensure Child/Spouse Abuse Incident Reports (DD 2486) and Department of Defense Child and Spouse Abuse Report(s) (DD 2404) are prepared and forwarded according to paragraph 9 of this instruction.

(14) Ensure representatives of appropriate disciplines, including victim advocates, law enforcement officials, judge advocates and medical officers, participate as members of the installation FAC and CRCs.

(15) Ensure judge advocates are assigned as recorders on all administrative separation boards for child sexual abuse cases absent compelling reasons. Direct commanding officers to assign judge advocates as recorders for all other types of child and spouse abuse cases when they are available.

(16) Ensure staff judge advocates are appointed as active, permanent members of installation FACs and CRCs.

(17) Report required data to the Secretary of the Navy as directed and pursuant to references (a) and (b)

c. DON Headquarters FAP Managers shall:

(1) Manage, monitor, and coordinate implementation of policy and guidance for their FAPs.

(2) Represent the Navy and Marine Corps on the DOD Family Advocacy Committee. Advise and keep the Assistant Secretary of the Navy, Manpower and Reserve Affairs (ASN(MRA)) apprised, via the CNO and the CMC, of actions, program plans and administrative guidance which would impact upon DON policies and implementation of guidance in this instruction. Support and coordinate with DASN(FSF) who shall serve as the senior DON official representing DON on the DOD FAC and its subcommittees, task forces and policy forums.

(3) Coordinate with all applicable Federal and civilian organizations which address issues included in the FAP.

(4) Prepare budget submissions and staffing requirements. Administer and report execution of FAP funding to senior officials as required via the chain of command.

(5) Ensure the operation of a Service-specific, automated Central Registry system for collecting and analyzing data on child and spouse abuse per reference (b). Implement procedures for completion and timely forwarding of the Child and Spouse Abuse Report (DD 2486) to the Central Registry and submit reports as required by references (a) and (b) via the chain of command.

(6) Ensure key community responders (including military, civilian and contracted

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personnel) are trained in family violence risk factors and dynamics, and appropriate community responses.

d. The Chief, Bureau of Medicine and Surgery (BUMED), is responsible for medical aspects of the FAP. Chief, BUMED will provide the resources, professional services, and technical assistance required to support these medical requirements. In addition, Chief, BUMED, shall:

- (1) Establish and supervise the medical aspects of the FAP.
- (2) Ensure accomplishment of regular training for medical department personnel in family violence risk factors, dynamics, basic community information and referral, safety planning and appropriate medical responses.
- (3) Designate medical representatives to serve as members of the DOD Family Advocacy Command Assistance Team (FACAT), as described in reference (p).
- (4) Designate a Medical Service Corps social worker as the headquarters level FAP manager to administer and coordinate the program within DON MTFs (located on Navy installations); represent Chief, BUMED on the DOD FAC and subcommittees; coordinate with DON FAP Managers; and assist to the extent possible in the provision of multidisciplinary training and program evaluation DON-wide.
- (5) Designate medical representatives to serve as members of DON headquarters FAP assistance teams and assist as requested in providing multidisciplinary FAP training and technical assistance.
- (6) Ensure that either an MTF physician or MTF commanding officer with medical experience is assigned as an active, permanent member of installation FACs and CRCs. Ensure medical representatives receive both initial and continuing training in this area.

e. Area coordinators, installation commanders and the Director, Naval Criminal Investigative

Service (NCIS) shall provide law enforcement and criminal investigative support as required by reference (q). In addition, Director, NCIS shall:

- (1) Ensure NCIS agents receive training in family violence risk factors, dynamics, basic community information and referral, safety planning and appropriate law enforcement/investigative responses.
- (2) Designate NCIS agents to serve as members of the DOD FACAT, per reference (p).
- (3) Designate an NCIS agent to serve as a member of DON headquarters FAP assistance teams and to assist as requested in providing multidisciplinary FAP training.
- (4) Ensure NCIS agents regularly participate in installation CRCs and FACs and that a NCIS agent is assigned as an active permanent member of each DON installation CRC. Ensure NCIS representatives receive both initial and continuing training in this area.

f. The Judge Advocate General of the Navy shall:

- (1) Ensure judge advocates who participate in installation FACs and CRCs receive training in family violence risk factors, dynamics, basic community information and referral, safety planning and appropriate legal responses.
- (2) Designate judge advocates to serve as members of the DOD FACAT, per reference (p).
- (3) Designate judge advocates to serve as members of DON headquarters FAP assistance teams and to assist as requested in provision of multidisciplinary FAP training.
- (4) Ensure judge advocates are made available to be appointed as recorders of all administrative separation boards for child sexual abuse cases absence compelling reasons and as recorders for all other types of child and spouse abuse cases when they are available.

9. Reports and Forms

a. Report requirements are described in paragraph 8b(17) above. DD 2486 (Jul 86) "Child/Spouse Abuse Incident Report" is assigned symbol RCS DD-FM&P(W)1738. For Navy cases, this report shall be submitted to Commanding Officer, Naval Medical Information Management Center (NAVMEDINFOMGMTCCEN), Building 27, Code 43, 8901 Wisconsin Avenue, Bethesda, MD 20889-5066. For Marine Corps cases, this report shall be submitted to CMC (MHF). DD 2404 (Oct-86) "Department of Defense Child and Spouse Abuse Report" is assigned symbol RCS DDFM&P(SA)1617. This report shall be submitted to the Office of the Secretary of Defense (OSD) via the Secretary of the Navy.

b. DD 2404 (Oct 86), "DOD Child and Spouse Abuse Report" form is contained as enclosure (3).

c. DD 2486 (Jul 86), "Child/Spouse Abuse Incident Report" form, S/N 0102-LF-002-4860, is available in the Navy supply system and may be ordered from CD ROM NAVSUP-PUB-600(NLL).

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JOHN H. DALTON

11 SEP 1995

DEFINITIONS

The following definitions are intended solely for the administration of the DON Family Advocacy Program.

1. Case. A case is a single victim who may be involved in multiple abuse incidents. Individual cases of members of the same family shall be linked in some manner for cross-referencing purposes.
2. Case Review Committee (CRC). The multi-disciplinary team responsible for reviewing and approving case assessments, determining the status of a case, and monitoring case progress. Acts as an advisory body for the Family Advocacy Committee (FAC).
3. Family Advocacy Committee (FAC). The policy-making, coordination, recommending, and overseeing body for the installation FAP. Generally includes representatives from victim/witness services, family support programs, medical, law enforcement, legal, chaplains, youth and child services, shelters, installation and tenant commands.
4. Family Advocacy Program Manager (FAPM-USMC) and Family Advocacy Representative (FAR-USN). A licensed doctoral-level psychologist or master's level clinical social worker, or other clinical counselor eligible for independent provider status under the current DON guidelines, and who serves as the point of contact for identification, rehabilitation/behavioral counseling, and intervention. The FAR/FAPM shall provide recommendations to the installation commander and assist the command in coordinating actions to ensure the safety and protection of victims and witnesses. The FAR/FAPM, in conjunction with the CRC, ensures the case status determination, disposition, and management of each reported case.
5. Family Advocacy (Program) Official (FAPO-USMC, FAO-USN). A designated official who is responsible for administrative management and implementation of the installation FAP. The installation FAO/FAPO shall facilitate the development, oversight, coordination, administration, and evaluation of the FAP in accordance with installation and Service directives. The FAO/FAPO shall be responsible for maintaining clear lines of authority and accountability in the FAP to ensure coordination of the FAP functions and the integration of services. This includes drafting installation instructions, coordinating MOUs with civilian agencies, and ensuring there are written case protocols.

Enclosure (1)

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A FAP official does not decide clinical issues but might, for example, ensure that CRCs meet regularly. He or she does not become involved in case intervention plans.

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REPORTING, NOTIFICATION AND CRISIS INTERVENTION1. Spouse Abuse

a. If a spouse abuse report, involving physical injury or the use of a dangerous or deadly weapon, is received by the installation law enforcement/security department, verbal notification will be made immediately to the FAR/FAPM and to the service member's command. A written report shall be made to the member's command and the FAR/FAPM within 24 hours (reference (d) refers).

b. Following a report of spouse abuse, the member's command and law enforcement/security department are obligated to take immediate steps to provide appropriate and reasonable assurances of safety and protection for victims and witnesses. Such actions could include providing victim advocacy services, issuance of a military protection order or child removal order, removal of an offending service member from the family home, temporary debarment of an offending civilian spouse from the military installation and/or military housing, etc. Such efforts provide a safer condition under which additional safety planning and a proper investigation can occur.

c. If a victim of spouse abuse comes to an MTF seeking treatment for injuries related to abuse, the case shall be referred to the FAR/FAPM immediately. In the case of major physical injury or indication of a propensity or intent by the offender to inflict major physical injury (see reference (b)), the appropriate law enforcement/security department officials shall be notified. The FAR/FAPM will notify the member's command as soon as possible to ensure victim protection and safety and shall assist victims with risk assessment, safety planning and access to shelter/safe housing as needed. The FAP standards in reference (e) provide additional guidance. Spouse abuse incidents, including fatalities, require submission of a DD 2486 (Child/Spouse Abuse Incident Report) to the Central Registry.

d. In an effort to appropriately respond to the immediate and longer term safety and protection needs of all suspected spouse abuse victims, MTFs shall establish and train personnel in emergency and ambulatory care units to follow family violence and crisis intervention protocols which include at a minimum screening for family violence; sensitive and protective patient interviewing; military and civilian reporting requirements; proper collection and transfer of evidence; referral and/or provision of victim advocacy services; provision of basic family

Enclosure (2)

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violence information and community referrals; safety planning; and specialized family violence discharge planning.

2. Child Physical Abuse. All DON personnel must report any incident or suspected incident of child abuse occurring on a military installation or involving persons eligible for FAP services to the local FAR/FAPM. (Exceptions are described in paragraph 5, below.) Depending on the outcome of the initial assessment of the report, the FAR/FAPM will notify the member's command and, consistent with applicable laws, the appropriate state and civilian agency having child protective service functions. In cases of major physical injury or an indication of an offender's propensity or intent to inflict major physical injury, the FAR/FAPM shall also notify appropriate law enforcement/security department personnel. For overseas installations, notification will be made in accordance with applicable treaties or Status of Forces Agreements (SOFA). In the absence of a FAR/FAPM, incidents shall be reported directly to the civilian agency having child protective service functions and to military law enforcement/security department officials in the case of imminent danger to the child. Child abuse incidents, including fatalities, require submission of a DD 2486 to the Central Registry.

3. Child Sexual Abuse. Incidents or suspected incidents of child sexual abuse must be reported to military law enforcement/security department officials, the FAR/FAPM and to the alleged offender's commanding officer. Appropriate reports to Bureau of Personnel (BUPERS 82/83) in accordance with the MILPERSMAN, or higher authority in accordance with the OPREP-3 reporting system, should be made. The FAR/FAPM must report, within 5 working days, all cases to the Bureau of Naval Personnel BUPERS-661 or the Commandant of the Marine Corps (CMC) (MHF-20).

4. Out-of-home Child Sexual Abuse. Cases of child sexual abuse alleged to have occurred in DOD-sanctioned, out-of-home care settings, such as child care centers, schools, recreation programs, or family day care, must be reported immediately to the cognizant installation commanding officer, law enforcement/security department officials, the FAR/FAPM, and FAPO/FAO. Within 24 hours of the initial report, the FAR/FAPM will report by message to BUPERS (Pers-65 and 66) or CMC (MHF-20).

a. The message, with information copies to the chain of command, should include the following:

- (1) Date of alleged incident (YY/MM/DD);
- (2) Date case reported (YY/MM/DD);

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(3) Date incident reported to Child Protective Services (CPS) (YY/MM/DD);

(4) Installation location;

(5) Activity where alleged abuse occurred;

(6) Alleged offender's employment position within activity;

(7) Alleged victim's age, DOB (YY/MM/DD), and sex;

(8) Agencies, both military and civilian, involved in conducting the investigation;

(9) Brief incident description;

(10) Current status of the case;

Family Advocacy status:

Police/NCIS status:

Legal Status:

(11) Current status of alleged offender within the activity (e.g., removed from position pending investigation);

(12) Military point of contact name and telephone number (DSN);

(13) Navy Criminal Investigative Service (NCIS)/Criminal Investigative Division (CID) investigation case number.

b. A written closeout report is required by DOD, pursuant to reference (b), after all investigations have been completed (command initiated, law enforcement, grand jury). The submission of a closeout report should not be delayed until completion of related judicial proceedings or appellate reviews. The closeout report should be forwarded to either BUPERS-66 or CMC (MHF-20) and include the following information:

(1) A summary of all investigative findings and recommendations;

(2) The determination and recommendation of the FAP Case Review Committee;

(3) A summary of command, administrative, and discharge proceedings, and legal actions;

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(4) Lessons learned, including recommendations for policy changes;

(5) A list of corrective actions (planned and completed).

5. A reporting exception for all types of abuse is made for privileged communications between a victim or offender and a chaplain when such communication is made either as a formal act of religion or as a matter of conscience. A like exception is made for privileged communications to an attorney when the lawyer-client privilege applies. As part of victim protection and restitution, chaplains are strongly encouraged to recommend to offenders that they voluntarily self-refer to the FAP so that appropriate educational counseling and behavioral rehabilitation can commence immediately and planning for victim safety can be initiated. Likewise, when they believe it to be in the interests of their clients, attorneys are strongly encouraged to advise offenders that self-referral to the FAP is an option that can help prevent future assaults, end the cycle of escalating abuse and eliminate other criminal acts that destroy families and careers. Additionally, victims should be advised by chaplains and attorneys as appropriate regarding available support resources; legal options in military and civilian judicial and administrative proceedings; and transitional compensation and other benefits that may be available should the offending service member be separated from military service for reason of family violence.

1. NAME OF REPORTING MILITARY SERVICE

REPORT CONTROL SYMBOL
DD-FM&P(SA)1617

DEPARTMENT OF DEFENSE
CHILD AND SPOUSE ABUSE REPORT

Enter actual number of new cases reported this reporting period in appropriate category.
If none, enter zero.

2. PERIOD OF REPORT (x one)

a. OCTOBER - MARCH FY
b. APRIL - SEPTEMBER FY

B. CASELOAD DATA

A. ALL NEW CASES REFERRED THIS REPORTING PERIOD

SOURCE OF REFERRAL	CASE STATUS						CHILD (1)	SPOUSE (2)
	SUBSTANTIATED		SUSPECTED		UNSUBSTANTIATED			
	Child (1)	Spouse (2)	Child (3)	Spouse (4)	Child (5)	Spouse (6)		
1. MILITARY ORGANIZATION								
a. Law Enforcement								
b. Medical/Dental (MTF)								
c. Family Centers								
d. Other								
2. CIVILIAN ORGANIZATION								
a. Law Enforcement								
b. Medical/Dental								
c. Social Services								
d. Other								
3. NON-AFFILIATED								
a. Self								
b. Neighbor/Friend/Relative								
c. Other								
4. TOTAL NUMBER OF CASES (A.1. + 2. + 3.)								
5. OVERSEAS CASES								

1. NUMBER OF OPEN CASES "CARRIED OVER" FROM PREVIOUS REPORTING PERIOD

2. DETERMINATION OF SUSPECTED CASES FROM PREVIOUS REPORTING PERIOD

a. Cases changed to Substantiated

b. Cases changed to Unsubstantiated

c. Cases remaining Suspected

3. CASE CLOSURE

a. Cases closed for No Recurrence

b. Cases closed at release from active duty

4. CASES TRANSFERRED

5. REOPENED CASES

Number of cases closed and reopened

C. VICTIM INFORMATION

1. INCIDENT DATA												2. CASE DATA		
TYPE OF CHILD MALTREATMENT	CHILD AGE AND SEX											Child (1)	Spouse (2)	
	0 - 2		3 - 5		6 - 11		12 - 17		TOTAL NO. OF INCIDENTS (9)					
	Male (1)	Female (2)	Male (3)	Female (4)	Male (5)	Female (6)	Male (7)	Female (8)	Male (9)	Female (10)				
a. Physical Injury														
b. Sexual Maltreatment														
c. Deprivation of Necessities														
d. Emotional Maltreatment														
e. TOTAL CHILD INCIDENTS (C.1.a. + b. + c. + d.)														
SPOUSE AGE AND SEX														
SPOUSE ABUSE	17 AND YOUNGER		18 - 24				25 - 45				46 AND OLDER		TOTAL NO. OF INCIDENTS (18)	
	Male (10)	Female (11)	Male (12)	Female (13)	Male (14)	Female (15)	Male (16)	Female (17)	Male (18)	Female (19)	Male (20)	Female (21)	Male (22)	Female (23)
f. TOTAL SPOUSE INCIDENTS														
g. Total Cases (a + b = g) (e + f = g)														

D. OFFENDER INFORMATION

MALTREATMENT	OFFENDER AGE AND SEX										TYPE OF MALTREATMENT	OFFENDER RELATIONSHIP TO CHILD				
	17 AND YOUNGER		18-24		25-45		46 AND OLDER		TOTAL	PARENT (1)		OTHER RELATIVE (2)	TEACHER/CHILD-CARE (3)	NEIGHBOR/FRIEND (4)	OTHER (5)	TOTAL (6)
	Male (1)	Female (2)	Male (3)	Female (4)	Male (5)	Female (6)	Male (7)	Female (8)								
1. CHILD																
a. Physical Injury																
b. Sexual Maltreatment																
c. Deprivation of Necessities																
d. Emotional Maltreatment																
e. Multiple Maltreatment																
f. TOTAL CASES (D.1.a. + b. + c. + d. + e.)																
2. SPOUSE ABUSE																
TOTAL CASES																

CURRENT STATUS	OFFENDER PAY GRADE														12. RELATIONSHIP TO CHILD VICTIM	PREVIOUS HISTORY AND RELATIONSHIP					
	E1-E3		E4-E6		E7-E9		WO		O1-O3		O4-O10		TOTAL	NO. KNOWN HISTORY (1)		CHILD ABUSE (2)	SPOUSE ABUSE (3)	ALCOHOL REHAB (4)	DRUG REHAB (5)		
	C (1)	S (2)	C (3)	S (4)	C (5)	S (6)	C (7)	S (8)	C (9)	S (10)	C (11)	S (12)								C (13)	S (14)
3. ACTIVE DUTY																					
a. Army																					
b. Navy																					
c. Air Force																					
d. Marine Corps																					
e. Coast Guard																					
f. Other																					
9. TOTAL (D.3. a. + b. + c. + d. + e. + f.)																					
4 OTHER THAN ACTIVE MIL PERSONNEL																					
5 TOTAL (D.3.g. + D.4.)																					

