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**ABUSE VICTIMS STUDY FINAL REPORT**

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## I. BACKGROUND AND PURPOSE OF THE STUDY

The Department of Defense (DoD) and Service Family Advocacy Programs are designed to help prevent child and spouse abuse in military families and to encourage reporting and effective intervention when abuse occurs. Congress has expressed concern that spouses may not report abuse by their active-duty sponsors out of fear that the sponsor may be discharged from the military as a result, causing the family to lose its means of economic support. The National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484) required DoD to conduct a study to provide statistics and other information relating to the reporting of spouse and child abuse and its consequences, as well as a report on "actions taken and planned to be taken in the Department of Defense to reduce or eliminate disincentives for a dependent of a member of the Armed Forces abused by the member to report the abuse to appropriate authorities." The Abuse Victims Study was conducted for the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD (P&R)), Personnel Support, Families, and Education (PSF&E) to respond to this legislative requirement.

The Abuse Victims Study was designed to examine both perceptions of the consequences of reporting abuse as well as actual system responses to reported abuse by military sponsors. It included four major tasks, including three separate study components and a final study report:

- Task 1, Installation Process Study--a qualitative study to assess factors that affect reporting and the nature of assistance provided to victims of abuse
- Task 2, Victim Intake Survey--a brief survey of victims or non-offending parents to determine their perspectives on the nature and availability of assistance and factors that affect reporting abuse
- Task 3, Personnel Records Analysis--an analysis of military career status and outcomes using automated personnel files to compare a sample of active-duty abusers (substantiated cases) and a matched sample of non-abusers
- Task 4, Final Report--an integrated report of findings from the three study components which will identify and discuss implications for DoD and the Services.

The overall objective of these tasks is to provide DoD and the Services with information to guide the development of strategies and plans to reduce disincentives to report abuse and ensure that needed forms of assistance are available to abuse victims.

The legislative requirement, and hence this study, focused on cases in which the active-duty service member commits abuse against a dependent spouse or child. Although the Family Advocacy Programs also deal with many cases of abuse other than those in which an active-duty member is the abuser (e.g., sibling abuse, out-of-home abuse, abuse committed by the spouse), these situations are beyond the scope of the study and therefore not addressed.

This final report summarizes the key findings from the Installation Process Study, the Victim Intake Survey, and the Personnel Records Analysis. It also includes a description of actions taken by the Services and recommendations for others that could be taken to reduce disincentives to report abuse. More detailed findings can be found in the reports on the three study tasks.

The following chapter presents an overview of the DoD and Service Family Advocacy Programs in order to provide the reader with a programmatic context for understanding the study findings and recommendations.



## II. OVERVIEW OF THE DOD AND SERVICE FAMILY ADVOCACY PROGRAMS

In the mid-1970's, following passage of the Child Abuse Prevention and Treatment Act in 1974 (P.L. 93-247), the Services began to organize child advocacy programs, establishing them officially in a series of regulations, instructions, directives, and orders. Although the late 1970's was a period of increasing awareness and response to the problems of child abuse, the military effort was fragmented among the Services and varied from one installation to another. A 1979 General Accounting Office (GAO) Report, *Military Child Advocacy Programs--Victims of Neglect*, criticized the inconsistency which existed and recommended centralized efforts at the Department of Defense level, particularly a single policy for collection of incidence data, as well as increased staffing and education and training of military personnel in the child abuse area.

In May, 1981, DoD issued policy Directive 6400.1 establishing a Family Advocacy Program (FAP) and Family Advocacy Committee (FAC). The directive assigned "responsibility for and explain[ed] DoD policy on the establishment and operation of programs designed to address...child abuse and neglect and spouse abuse..." It emphasized a coordinated approach at several levels:

- Among the Services
- Between the Services and civilian agencies/authorities
- Between the FAP and "similar medical and/or social programs, such as those dealing with substance abuse."

The term "family," rather than "child," advocacy used by DoD reflected the incorporation of spouse abuse into the program. In both the civilian and military sectors, awareness of the magnitude of physical violence between spouses followed the earlier emphasis on child abuse. Since its original promulgation in 1981, DoD Directive 6400.1 has undergone two updates, the most recent one on June 23, 1992.

The Directive outlines the following policy objectives of the Family Advocacy Program:

- Prevent child and spouse abuse in military families and respond to allegations of such abuse

- Direct the development of programs and activities that contribute to healthy family lives
- Provide a coordinated and comprehensive DoD-wide child and spouse abuse program
- Promote early identification and intervention in cases of alleged child and spouse abuse
- Provide programs of rehabilitation and treatment for child and spouse abuse problems (which, however, do not prevent appropriate administrative or disciplinary action)
- Cooperate with responsible civilian authorities in efforts to address the prevention and treatment of child and spouse abuse problems.

In addition, the Directive defines key terms, establishes roles and responsibilities, specifies uniform reporting requirements, and outlines training and other informational resources to be provided.

It also directs the Services to "establish broad policies on the development of FAPs." Within the policy framework of the DoD Directive, each of the Services has developed and implemented a Service-wide Family Advocacy Program. By direction, all contain certain core program elements, including prevention, identification, assessment, standardized reporting, command notification, intervention and treatment, coordination with local authorities, and follow-up. Incident reporting is standardized across the Services. Although each Service maintains a Central Registry of abuse case data, they all use the same report form, DD 2486, Child/Spouse Abuse Incident Report, to report incidents of abuse.

There are, however, notable organizational differences and varying programmatic emphases among the Service FAPs. The Army and Navy FAPs divide program responsibilities between the line and medical staffs, with overall program management falling to the line side. In the Air Force, FAP is a hospital-based program. Marine Corps Family Advocacy, on the other hand, is fully line-managed. Following are brief summary descriptions of the four Services' programs based on their respective regulations, orders, and instructions.

The Army Family Advocacy Program is established in Army Regulation 608-18. Overall responsibility for management of the Army's FAP rests with Army Community Service (ACS). Each installation is required to develop an installation-

level operating procedure for local use. Installation FAPs are directed and administered by the FAP manager (FAPM) who serves on the Family Advocacy Case Management Team (FACMT) and is responsible for a number of other functions including community education and prevention programs, needs assessments, coordination of civilian and military resources, and liaison with the installation commander. Prevention is considered a primary thrust of the Army FAP. Treatment services are coordinated and/or provided by the local military medical treatment facility (MTF) through the Social Work Service. Treatment providers can include MTF staff, civilian community service providers, military chaplains, and other helping resources such as alcohol and drug abuse treatment programs. Incident reports are made to the Army Central Registry maintained by the Health Services Command in San Antonio, TX.

The Navy Family Advocacy Program is established in SECNAV Instruction 1752.3A and policy and program guidance is published in OPNAV Instruction 1752.2. An additional instruction from the Bureau of Medicine and Surgery (BUMED Instruction 6320.22) outlines the Family Advocacy responsibilities of Navy medical and dental facilities. Overall program management of the FAP at the installation level rests with the Family Advocacy Officer (FAO), who, according to the OPNAVINST, is normally the Director of the Family Service Center (FSC). MTFs are required to appoint a Family Advocacy Representative (FAR) who is responsible for all program activities and coordination at the MTF, including case management and reporting. Treatment services are coordinated through the FAR and can include MTF staff, civilian community service providers, military chaplains and other helping resources such as alcohol and drug abuse treatment programs. The Navy FAP emphasizes consistency and a balanced approach to child sexual abuse cases. Incest cases are managed at the headquarters level, and a standardized treatment option is available for incest offenders who are determined to be treatable. A variety of prevention programs are offered, including new parent support teams which provide home visitor services at 17 Navy installations, and counseling groups for adults molested as children. Incident reporting for Navy Family Advocacy is made by the FARs to the Navy Central Registry maintained by BUMED in Washington, D.C.

The Air Force Family Advocacy Program, unlike that of the Army or Navy, is managed from the Office of the Surgeon General of the Air Force. AF Regulation 160-38 establishes the FAP, assigns program responsibilities and explains policies and procedures. The Air Force FAP includes three components: Outreach, Family Maltreatment, and the Exceptional Family Member Program (EFMP), the latter

designed to address the needs of families with children who have special medical or educational needs. At the installation level, the commander of the medical facility is responsible for oversight of the program and chairs the installation Family Advocacy Committee. A social work officer serves as the Family Advocacy Officer (FAO), who has day-to-day responsibility for program operations. The outreach component includes dedicated staff responsible for primary and secondary prevention and education services. Treatment services for maltreatment cases are provided by FAP staff or other service providers on base or locally, as appropriate. The AF FAP also includes a research component designed to study treatment efficacy. Incident reports are made to the Air Force Central Registry maintained at the Surgeon General's office at Brooks AFB in San Antonio, TX.

The Marine Corps Family Advocacy Program, like the Navy's, is established by SECNAV Instruction 1752.3A; Marine Corps Order 1752.3A provides policies, procedures, and guidance for operation of the program. Family Advocacy is a component of Marine Corps Family Programs. At the installation level, FAP is an organizational component of the Family Service Center (FSC) and managed by a FAPM. The Marine Corps has instituted a Coordinated Community Response to cases of abuse which encourages sharing information among the various organizations represented on the installation Family Advocacy Committee (FAC) to increase the efficiency and effectiveness of case handling. The Marine Corps FAP places special emphasis on the role of commander in abuse cases, from initial identification through final disposition of the case. Treatment services are provided by FAP staff or other service providers on base or locally, as appropriate. The FAP also includes a New Parent Support Team which provides home-visitor prevention services to new parents. Incident reports are made to the Marine Corps Central Registry maintained at the Headquarters FAP office in Washington D.C.

In 1992, DoD implemented uniform program standards for all installation Family Advocacy Programs (DoD 6400.1-M). These standards outline detailed program and personnel requirements for installation FAPs and provide a self-assessment tool for FAP officers (FAPO) to assess and monitor the execution of their programs. The DoD standards address the following program components:

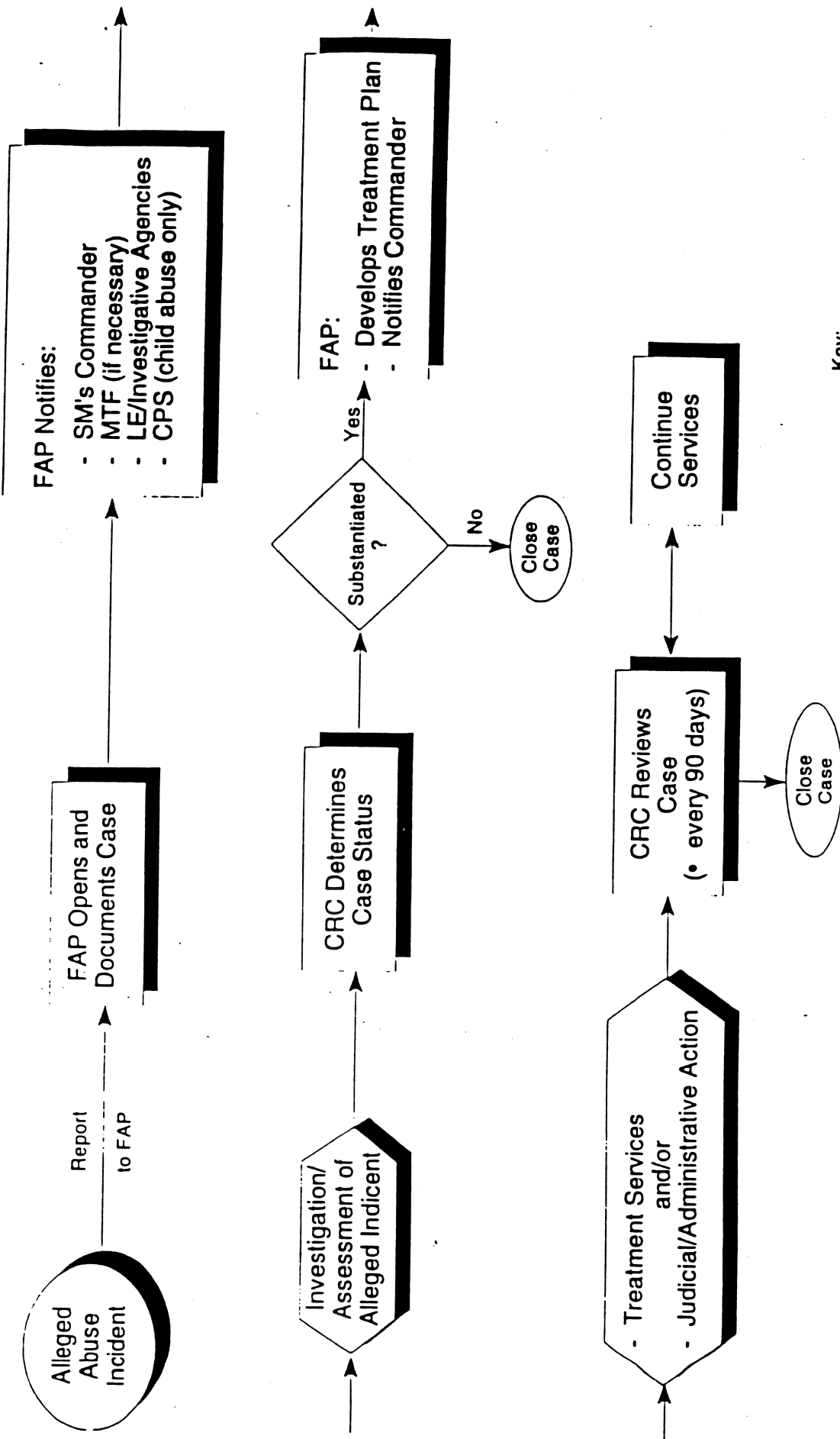
- Organization and management of the FAP
- Family support (prevention) services
- Investigation, assessment of the complaint, and disposition of FAP cases

- **Intervention and treatment in child abuse and neglect cases**
- **Intervention and treatment in spouse abuse cases**
- **Case accountability in FAP cases**
- **Staffing for the FAP services**
- **Program planning and program evaluation.**

Encompassed in these eight areas are specific requirements for handling Family Advocacy cases, from receipt of the initial report of abuse and opening a case through case closure. An overview of this process is depicted in Exhibit 1 on the following page. The DoD standards were used as a basis for assessing the services provided by Family Advocacy Programs.

The following chapter briefly describes the methodologies used in conducting the three study tasks and summarizes key findings from each.

**EXHIBIT 1**  
**OVERVIEW: FAMILY ADVOCACY PROGRAM CASE HANDLING PROCESS**



Key:  
 FAP = Family Advocacy Program  
 SM = Service Member  
 CPS = Child Protective Services  
 MTF = Medical Treatment Facility  
 LE = Law Enforcement  
 CRC = Case Review Committee

### III. KEY FINDINGS FROM THE ABUSE VICTIMS STUDY

This chapter presents a summary of key findings from each of the three study tasks: Installation Process Study, Victim Intake Survey, and Personnel Records Analysis. Conclusions and implications of these findings are discussed in the final section.

#### 1. INSTALLATION PROCESS STUDY FINDINGS

The Installation Process Study was a qualitative study that focused on identifying disincentives to report abuse in the military, documenting Family Advocacy Program processes and services, and exploring Program users' perceptions of these processes and services. The study was based on site visits to eight military installations, two from each Service; two were overseas installations, the rest in CONUS. The methodologies used at each site included:

- Interviews with commanders, FAP staff and other service providers in the military and civilian communities
- Focus groups with spouses, both victims and non-victims
- Review of a sample of case records for both child and spouse abuse cases.

The key findings from this study component are summarized below.

##### 1.1 Disincentives to Report Abuse

- Adverse career impact -- Almost all interviewees indicated that potential adverse impact on the service member's career was the major disincentive to report abuse. The range of perceived negative impacts included:
  - Being "labeled" or stigmatized in the unit
  - Lowered performance evaluations
  - Being passed over for promotion
  - Curtailed or changed assignments
  - Ineligibility to re-enlist
  - Loss of security clearance

- Non-judicial punishment (e.g., fines, reductions in rank, letters of reprimand)
- Involuntary separation
- Court martial.

Commanders believe, however, that these fears are somewhat exaggerated.

- Other disincentives -- In addition to the fear of negative career impacts, several other reasons for not reporting abuse were identified:
  - Fear of further abuse or intimidation
  - Financial concerns
  - Shame and embarrassment
  - Sense of isolation
  - Loss of privacy
  - Perceived lack of appropriate services
  - Distrust of the military
  - Fear of family break-up
  - Cultural norms and values (including varying definitions of "abuse").
- Under-reporting -- Most FAP staff indicated that under-reporting is a problem, more for spouse abuse than for child abuse, and particularly among the officer corps. This perception was reinforced by two other findings: first, many abused spouses reported that abuse was ongoing for some time before it was reported, and second, that there are relatively few self-reports of child or spouse abuse to the FAP.

## 1.2 Installation Family Advocacy Practices

While the installation Family Advocacy Programs appeared to be operating generally in accordance with DoD and Service directives and the recently implemented Program Standards, several program issues surfaced that may affect reporting and the consequences of reporting for families:

- Confusion over definitions of abuse -- The FAP definitions of "abuse" are not widely understood or commonly accepted, and may not be the definitions applied by commanders, senior NCOs, the clergy, or the diverse population of families that comprise the military. Firm discipline to one is abuse to another. Couples yelling and shoving are considered abusive by some but normal to others. These definitions affect reporting behavior and influence decisions about how to respond when "abuse" is reported. Many commanders feel especially



vulnerable to this definitional dilemma when trying to frame an appropriate response to a report of abuse.

- Commanders' use of discretion -- The decision to take legal or disciplinary action rests solely with the service member's commanding officer; FAP staff rarely even make recommendations. Lacking training or uniform guidelines for dealing with abuse cases, commanders handle each incident on a "case-by-case basis," weighing various factors in their decisions. Because commanders have considerable discretion in how they respond to abuse cases, the overall military response to abuse incidents appeared to many to be arbitrary and inconsistent.
- Limited assistance and treatment -- Several concerns were raised that the FAP process focuses more on legal investigation than on assistance in resolving family abuse problems, thus inhibiting reporting. Key concerns included:
  - In most cases, it was not possible to determine from the review of case records what services actually were received by the client victims and abusers.
  - Treatment services appear to be recommended far more frequently for abusers than for victims.
  - Family Advocacy Program staff are limited in the extent to which they provide direct services to FAP clients, spending the majority of their time on case management and referring much of the service delivery to other sources.
  - Types of treatment options are limited. Groups and classes are the most widely offered treatment option at all installations for both victims and abusers.

### 1.3 Perceptions of the Family Advocacy Program

- Spouse perceptions -- Roughly half of the spouses interviewed in focus groups said they were aware of and understood the role of the Family Advocacy Program. Many expressed confusion between the Family Advocacy Program and other military agencies that address family needs and did not know that FAP deals specifically with issues related to spouse and child abuse, believing instead that it was a resource for general marriage and family counseling.
- Client perceptions -- The FAP clients interviewed were generally satisfied with the services they had received and, for the most part,

felt that FAP staff had been supportive and helpful to them. Their major sources of dissatisfaction were: over- and under-reaction of "the system" (FAP and the military in general), the overall length of the process, and the lack of confidentiality.

- Leadership perceptions -- Unit commanders and senior enlisted personnel generally were aware of the role of Family Advocacy and viewed it as a valuable tool for dealing with incidents of familial abuse. Where FAP staff established on-going relationships with the units and educated them about Family Advocacy and their respective roles in the program, unit leaders were better informed and more positive about the program.
- Perceptions of career impacts -- Although decisions to discipline or punish abusers rest solely with commanders, many service members and families perceive the Family Advocacy Program as a "career breaker." Often this perception stems from the unwanted and unpleasant attention that results whenever the Family Advocacy process is set in motion--even if the allegation ultimately is not substantiated.

## 2. VICTIM INTAKE SURVEY FINDINGS

The Victim Intake Survey was distributed to 283 military installations worldwide with a FAP and administered over a 4- to 12-week period, depending on the Service. A total of 482 surveys were completed by victims of spouse abuse, and 103 surveys were completed by non-offending spouses of service members who abused their children. The survey covered: demographic characteristics, extent of abuse, communication of the problem, disincentives to report the problem, and perceptions of the Family Advocacy Program. Key findings are presented separately below for spouse abuse and child abuse cases.

### 2.1 Spouse Abuse Findings

- The majority of offenders (69 percent) were in paygrades E4 to E6. Only 2 percent were officers.
- Almost all of the victims were female, and more than half of both victims and offenders were 25 years old or younger.
- Over three quarters (78 percent) of spouse abuse victims have children and more than half have been married for 2 years or less.

- More than half (60 percent) of spouse abuse victims had some form of income: 42 percent were working in paid civilian jobs, either full or part-time, and 18 percent were active-duty.

### **Extent of Abuse**

- The majority of spouse abuse cases were characterized by FAP staff as mild physical abuse; one-third were described as moderate abuse, and only 3 percent were victims of severe abuse.
- According to the FAP staff, four in five spouse abuse cases were "likely" or "very likely" to be substantiated.
- Six percent of the spouses surveyed denied that there was a problem.
- Of those spouses who admitted being abused, nearly one quarter (23 percent) of the victims said this was the first incident of abuse they had experienced, and more than half (59 percent) had been abused 12 months or less. One quarter (26 percent) had been abused for 2 years or longer, including 9 percent for 5 years or longer.
- Those who had been abused more than once were considerably more likely than first time victims to have experienced moderate or more severe abuse.

### **Communicating the Problem**

- Three quarters (75 percent) of the spouses said they had previously talked to someone about their abuse problem. Of those, the majority did so because the problem was getting worse (53 percent), they did not want it to happen again (51 percent), or because they wanted help for themselves (47 percent), their spouse (42 percent), or their family (40 percent):
- Respondents who had talked to someone were most likely to have confided in a friend or family member (85 percent). Slightly more than a third said they had talked to the police or a lawyer (37 percent), and about a quarter (24 percent) said they had gone to their husband's supervisor.
- Less than half of spouse abuse victims who had been abused for the first time had told someone else about the abuse, whereas 86 percent of ongoing spouse abuse victims had talked to someone about their problem.

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\* These differences are significant at  $p \leq .05$ .

## Disincentives to Report the Problem

- Almost three-fourths (74 percent) of victims indicated that they were afraid of what the military would do to their spouse if they knew about the abuse. The most frequently cited consequences were:
  - Their spouse's military career would be in trouble (68 percent)
  - Their spouse would be punished by the military (64 percent)
  - It would be unpleasant for their spouse at work (56 percent)
  - Their spouse would be kicked out of the military (56 percent).

Victims were more than twice as likely to fear that something would happen to their spouse's career than that their spouse would hurt them.

- The fear of what would happen if the military knew about the abuse differed for those working for pay and those not working for pay. Unemployed spouse abuse victims were more likely than employed victims to fear that things would get worse at home, that their spouse would hurt them, that they would not be able to support themselves or their kids, and that their family and friends would think badly about them.
- At least a third of active-duty military victims were fearful that: their own military career would be in trouble, they would be punished by the military, things would be unpleasant at their jobs, and they would be kicked out of the military.

## Perceptions of the Family Advocacy Program

- More than half (59 percent) of the spouse abuse victims previously had heard of FAP. Of these, two thirds (67 percent) knew of the program through information provided by the military.
- Of spouse abuse victims who felt there was a problem, 90 percent felt that FAP could help them with their problem. Fewer (77 percent) thought that FAP involvement would improve their home situation.
- Victims of ongoing abuse were more likely than first incident abuse victims not to know who to tell or where to go for help with their problem.

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\* These differences are significant at  $p \leq .05$ .

## Current Desires and Needs

- The majority (61 percent) of spouse abuse victims wanted to remain with their spouse and work out their problems; 10 percent wanted to separate for a little while, and 12 percent wanted to separate forever (the rest weren't sure what they wanted to do).
- The number of spouse abuse victims who wanted to stay with their spouse decreased dramatically as the duration of the abuse increased, from 81 percent of first incident victims to 34 percent of victims who were abused for more than two years. Victims of mild abuse (68 percent) were more likely than victims of moderate abuse (50 percent) to want to remain with their spouse.\* The desire for a safe place to live also increased as the duration and severity of the abuse increased.\*
- Over half (55 percent) of all victims wanted marriage counseling. Victims' desire for counseling for themselves, their spouses and family increased as the duration and severity of the abuse increased.\*

## 2.2 Child Abuse Findings

- The majority of military child abuse offenders were in paygrades E4 to E6. Almost half (49 percent) had been in the military 10 years or more.
- Almost all (92 percent) of the non-offending parents were female. Approximately two thirds (68 percent) of both parents were 26 or older.
- More than half of the non-offending parents had some form of income: 48 percent were working in paid civilian jobs either full- or part-time, and 11 percent were active-duty.

## Extent of Abuse

- The majority of child abuse cases were described by FAP staff as mild physical abuse. Only 8 percent of the cases involved severe abuse. According to the FAP staff, less than half of the cases (47 percent) were "likely" or "very likely" to be substantiated.

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\* These differences are significant at  $p \leq .05$ .

- Fifteen percent of the parents surveyed said there was no child abuse problem.
- Over half (52 percent) of the parents who acknowledged a problem said that this was the first abuse incident their child had experienced. Overall, over two thirds said their child had been abused 12 months or less, but 21 percent said the abuse had been going on for over 2 years.

### **Communicating the Problem**

- Nearly three quarters of these parents said they had previously talked to someone about their abuse problem. Parents' reasons for talking about the problem included:
  - They wanted help for the family (40 percent)
  - Their child had been hurt (34 percent)
  - The problem was getting worse (31 percent)
  - They did not want it to happen again (31 percent).
- Respondents who had talked to someone were most likely to have confided in a friend or family member (76 percent). A third said they had talked to the police or a lawyer, and 17 percent said they had gone to their husband's supervisor.

### **Disincentives to Report the Problem**

- When asked about their concerns in deciding whether to talk to someone about the problem, over a quarter (29 percent) of these non-offending parents said they did not think there was a problem, and 18 percent said they did not think the problem was that serious. Between 11 percent and 15 percent of the parents indicated that: they didn't know who to tell or where to go for help, they were afraid of what might happen, they thought they could handle it best themselves, that it was nobody else's business, or they were afraid of being blamed.
- Overall, over half (53 percent) of the non-offending parents were afraid of the military's reaction and the effect of that reaction on their spouse. Specific concerns were that:
  - Their spouse's military career would be in trouble (44 percent)
  - Their spouse would be punished by the military (36 percent)
  - Their spouse would be kicked out of the military (35 percent)
  - It would be unpleasant for their spouse at work (32 percent).

## Perceptions of the Family Advocacy Program

- Approximately half of the non-offending parents had heard of FAP before. Of those who had heard of FAP, half knew of the program through information provided by the military.
- Of non-offending parents who felt there was a problem, 93 percent felt that FAP could help them with their problem. When asked what FAP involvement would do for their home situation, somewhat fewer (77 percent) thought that FAP involvement would make the situation better.

## Current Desires and Needs

- Non-offending parents felt that it would help them the most to know that their spouse would not get in trouble (27 percent). Additionally, parents expressed a need for money (26 percent), counseling for the whole family (25 percent) and a friend to talk to (24 percent).
- Almost two thirds (62 percent) of these non-offending parents wanted to remain with their spouse. Approximately 8 percent wanted to separate from their spouse for a while, and 9 percent wanted to separate forever.

## 3. PERSONNEL RECORDS ANALYSIS

The Personnel Records Analysis was designed to help determine what actually happens to the careers of service members after a substantiated report of abuse. Samples of substantiated abuse cases in which the active-duty member was the offender were drawn from each of the Service Central Registries. For enlisted personnel, all cases of abuse substantiated in FY89 were selected, and for officers, all cases for FY88 through FY90 were included, for a total sample of 14,394 abusers.\*\* Outcomes on the abuser sample were tracked through December 1993 and compared with a sample of their peers, carefully matched for Service, rank, gender, marital and family status, and military occupational specialty (MOS). Three outcome measures were examined: separation (whether or not the service member was still in the military), type of separation (honorable discharge vs. general, "other-than-honorable" or dishonorable), and promotion rate (based on rank attained as of the end of 1993).

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\*\* Sample sizes by Service: Army, 7775; Navy, 2260; Air Force, 3492; Marine Corps, 867.

### 3.1 Likelihood of Separation

- Abusers were 23 percent more likely than their peers to have separated from the Service. (This difference may be partially explained by the lower educational level of the abuser group.) This trend held for both enlisted and officers in all Services of the military, although the differences were not statistically significant for Navy and Marine Corps officers (see Exhibit 2).
- Severity and type of abuse affected the probability of separation:
  - Most cases involved minor physical injuries (see Exhibit 3).
  - Among enlisted personnel in the Army, Navy, and Air Force separation rates were 15 to 18 percent higher for child sexual abusers and 13 to 18 percent lower for minor physical abusers when compared to other types of child abuse offenders. There were no differences by type of child abuse in the Marine Corps.
  - Otherwise, there were few differences in separation rates based on type of abuse.

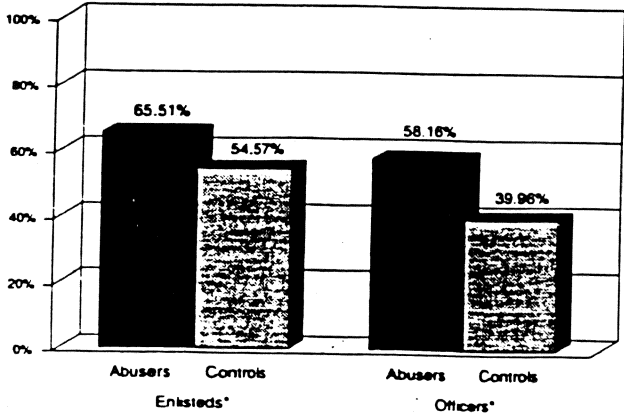
### 3.2 Type of Discharge

- Of those who had separated, the majority of enlisted service members in all Service, both abusers and controls, received honorable discharges (Exhibit 4). Members of the control group, however, were more likely than abusers to have been discharged honorably:
  - Between 75 and 84 percent of abusers were discharged honorably.
  - Over 90 percent of the control groups received honorable discharges.
- Enlisted abusers in all Services were more likely than the controls to have received general and other-than-honorable (OTH) discharges (Exhibit 5).
- All of the dishonorable discharges for enlisted personnel in the Navy (3) and Air Force (20) were given to abusers, and nearly all (90 percent) went to abusers in the Army (38). In the Marine Corps, only four dishonorable discharges were issued, all to members of the control group.

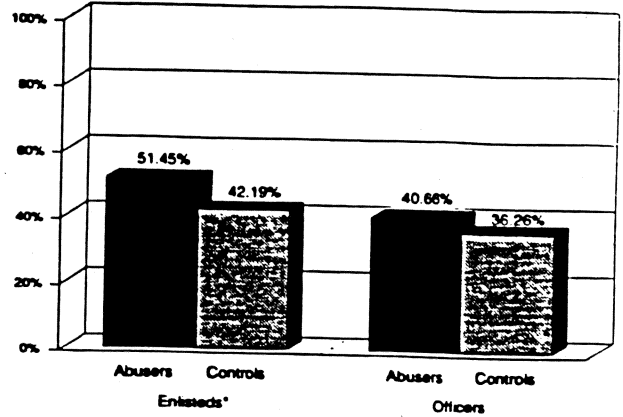


# EXHIBIT 2 SEPARATION RATES OF ABUSERS AND CONTROLS

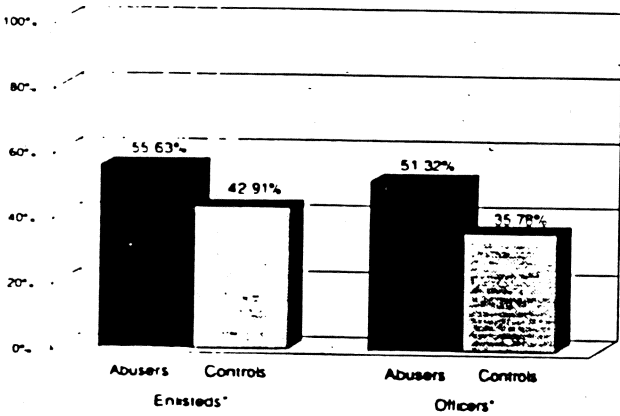
**ARMY**



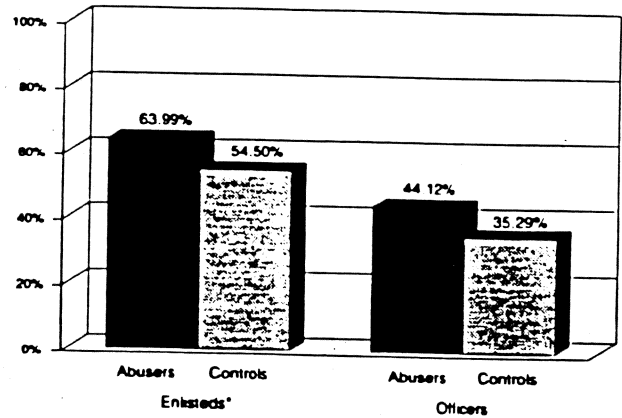
**NAVY**



**AIR FORCE**



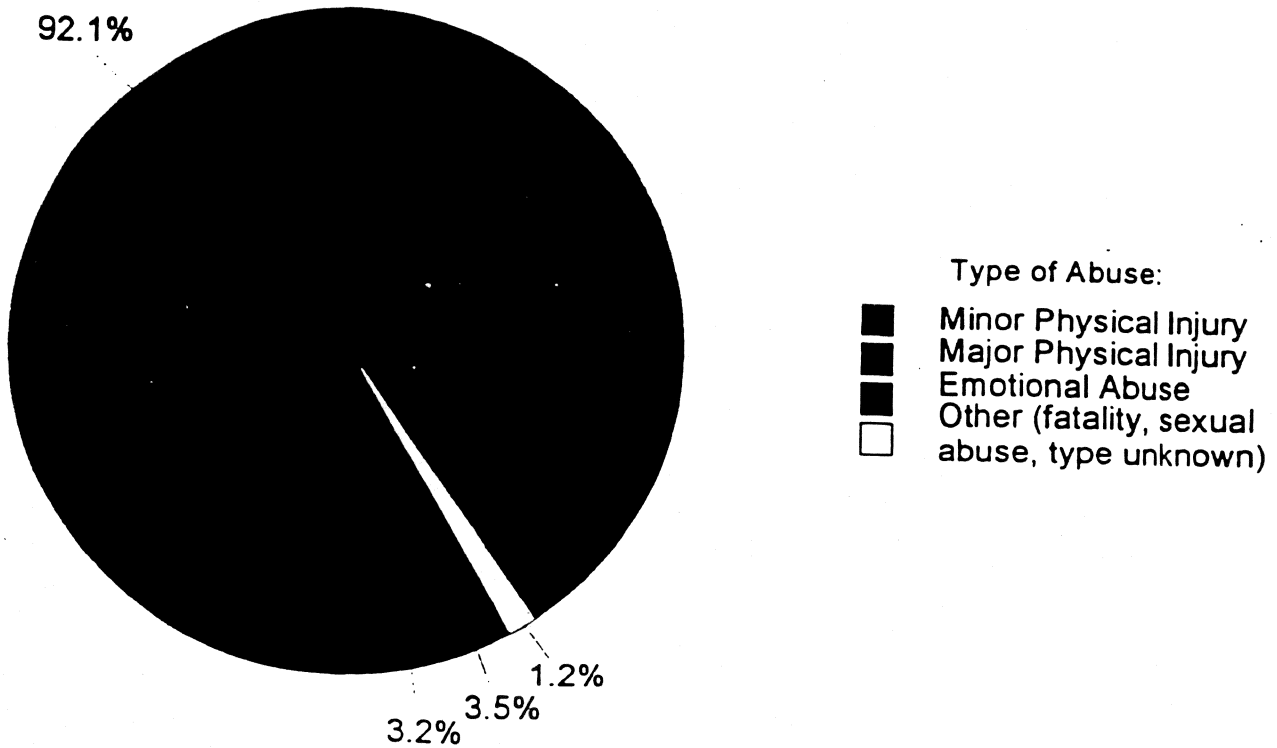
**MARINE CORPS**



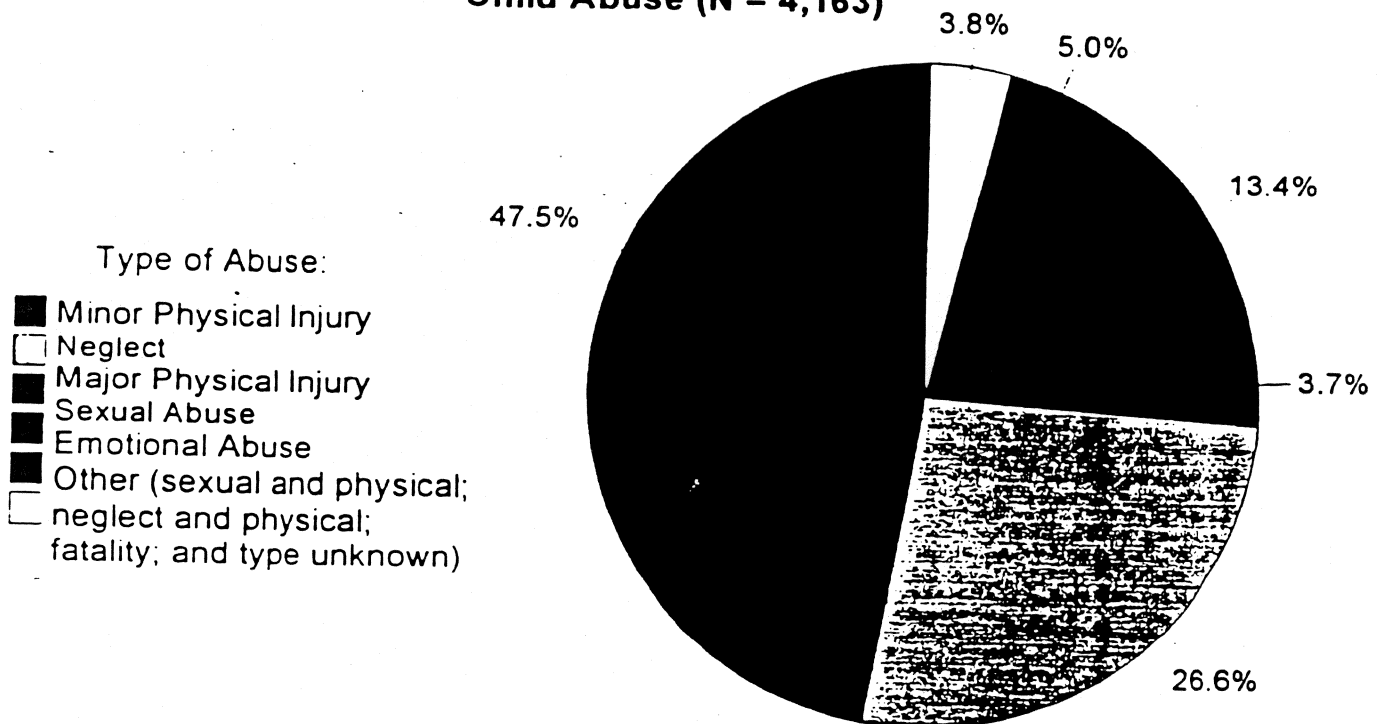
\* p < .05

# EXHIBIT 3 TYPES OF ABUSE CASES ACROSS ALL SERVICE BRANCHES

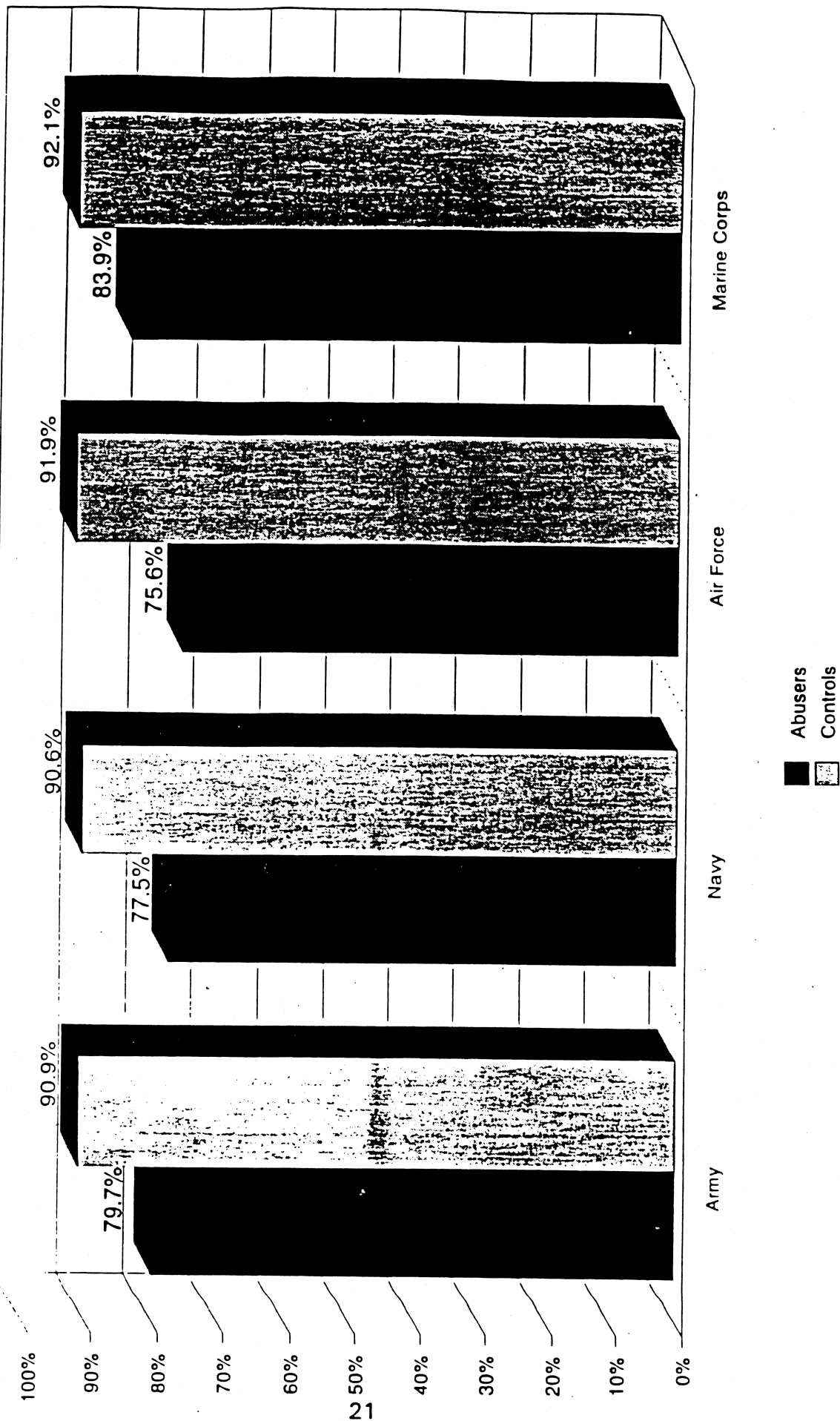
## Spouse Abuse (N = 10,231)



## Child Abuse (N = 4,163)

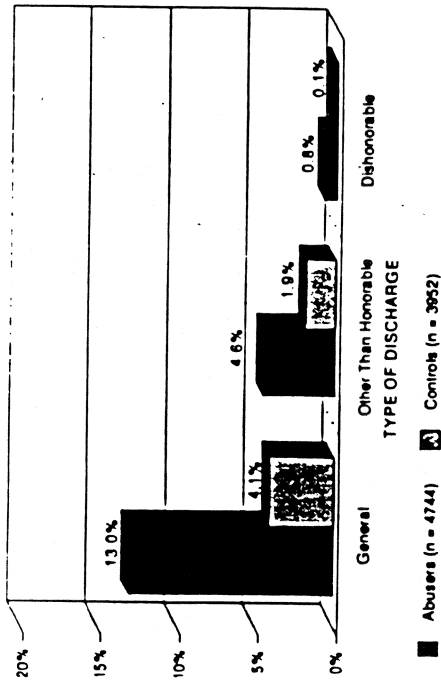


**EXHIBIT 4**  
**RATES OF HONORABLE DISCHARGE FOR ENLISTED ABUSERS AND**  
**CONTROLS WHO HAD BEEN DISCHARGED FROM THE SERVICE**

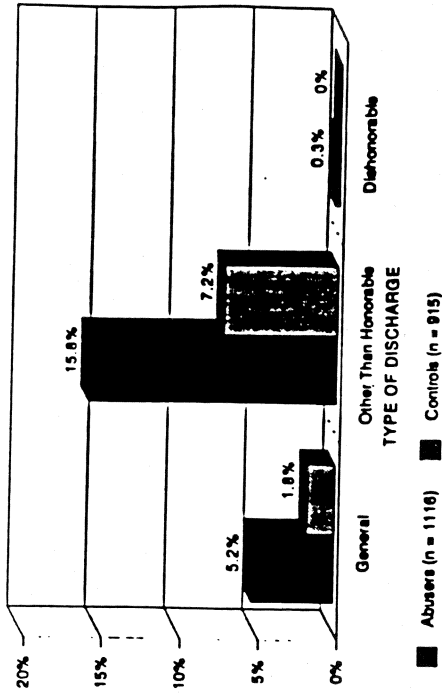


# EXHIBIT 5 RATES OF LESS THAN HONORABLE DISCHARGES FOR ENLISTED ABUSERS AND CONTROLS WHO HAD BEEN DISCHARGED

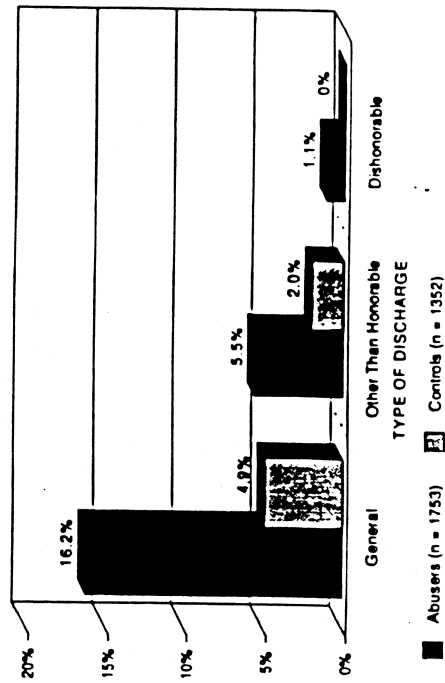
## ARMY



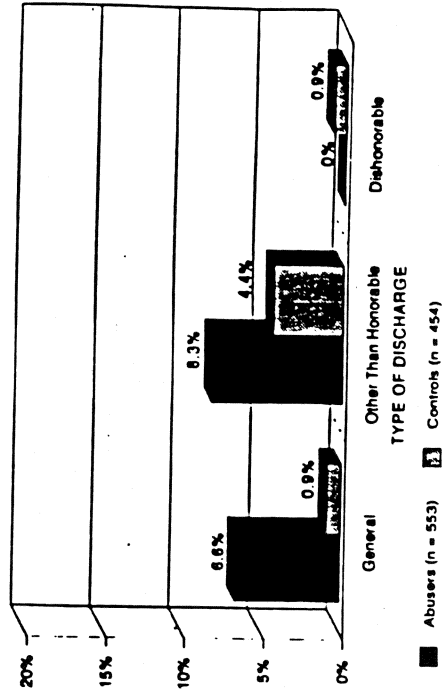
## NAVY



## AIR FORCE



## MARINE CORPS



Note: In each Service, a small percentage of discharges (less than 3%) was classified as "Unknown" or "Uncharacterized"

- **Type of abuse was not consistently related to type of discharge across the Services:**
  - **Major physical abuse of a spouse decreased the likelihood of an honorable discharge for Army enlisted only.**
  - **There was a higher likelihood of receiving a dishonorable discharge in child sexual abuse cases in the Air Force and in major physical injury child abuse cases in the Marine Corps.**

### **3.3 Promotion Rates**

- **In general, abusers who remained in the military were not promoted as quickly as their peers: 65 percent of enlisted non-abusers had been promoted one paygrade or more by December, 1993 as compared to 54 percent of abusers. (Lower education levels among the abuser group may account for some of this difference.)**
- **Differences in promotion rates varied somewhat by rank and Service.**

## **4. CONCLUSIONS**

Taken together, these three studies shed considerable new light on the dilemmas faced by both families and the military in responding to cases of abuse by a service member. The findings suggest that most spouses want help but many are afraid to report the abuse to the military; furthermore, they may not be able to get the help they are seeking through the Family Advocacy Program.

### **4.1 Desire for Help**

Most spouses of abusers wanted to stay married and to get counseling and help working out their problems. Very few wanted their spouse to be punished. These positive attitudes towards their spouses may be due in part to the fact that the majority of cases of abuse involved minor physical injury and were identified by the military within a year of the onset of abuse. When abuse went on longer before being reported, there was more severe abuse, greater fear of the consequences of reporting, and less desire to stay with one's spouse.

## 4.2 Fear of Consequences

Despite their desire for help and the considerable outreach and identification and referral efforts by the military, very few spouses reported their abuse directly to the Family Advocacy Program. A substantial minority of those who acknowledged an abuse problem said they didn't know who to tell or where to go for help.

Fear of negative career consequences, however, was the largest disincentive for spouses to report abuse, and these fears were not totally unfounded. Although only a tiny fraction of cases led to a court martial and dishonorable discharge, abusers were somewhat less likely to be promoted and somewhat more likely to be separated from the Service over a 4-year period than were their non-abusing peers. While these career consequences are real, the fear of negative consequences is probably out of proportion to the true impact. Commander discretion appears to play a major role in determining the extent of the impact, as does the service member's performance and amenability to treatment.

Spouses who were not working for pay were more likely than those who were employed to fear that their personal and economic situation would worsen if the military knew about their spouse's abuse.

## 4.3 Adequacy of Assistance to Victims

There are several reasons for concern about the adequacy of assistance available from the FAP, despite its high degree of professionalism. First of all, current record-keeping practices provide very little information on the services actually received by victims or abusers or on the outcomes of those services. Treatment *recommendations*, which are better documented, address services for abusers far more frequently than services for victims. Because of limited resources, FAP staff indicate that they often have a very limited range of treatment options to offer, especially to victims. Finally, commanders and senior enlisted leaders, who can have a significant impact on the efficacy of treatment, appear to vary widely in their responses to abuse cases.

Overall these findings raise concerns about the dilemmas confronting spouses of abusers in the military, but they also provide a basis for optimism about the potential to mitigate the negative consequences of reporting. The Services are aware of many of these issues and are already taking a number of steps to address

them. The next chapter describes these activities; the fifth and final chapter identifies strategies that appear to have the greatest promise for reducing disincentives to report abuse.

#### IV. DOD FAMILY ADVOCACY PROGRAM ACTIONS AND PLANS

The Department of Defense and Service Family Advocacy Programs (FAP) have a number of management, program, and research initiatives planned or in place which are designed to prevent abuse among military families, and to make it easier for families to come forward to report abuse when it does occur and get the help they need.

At the DoD level, the largest management initiative is a major workload study to gather detailed data on the time and resources required to provide quality FAP services to military families and installations. The nature and complexity of most family abuse cases requires substantial effort by FAP staff not only to manage and serve the families, but also to coordinate with the service members' commanders and others involved in FAP cases. Traditional client-hour staffing standards have been found inadequate to support the extensive time demands of FAP cases. The need to reexamine the staffing levels and develop standards based on empirical information derives from the recently published DoD Family Advocacy Program Standards that mandate adequate staffing to perform the Family Advocacy mission and deliver high quality services. Implementation of these Standards, (DoD Directive 6400.1-4M ) began in FY93. The Standards are being phased in over a 3-year period, with implementation of the first 47 required in FY93, an additional 89 in FY94, and the final 79 in FY95. Results of the workload study are expected in early summer, 1994.

Foremost among Family Advocacy's program initiatives is prevention. The long term benefits associated with preventing abuse include not only healthier, functional military families but also the ultimate savings to DoD and the Service components in the averted costs of responding to and treating cases of abuse. In response to the 1990 U.S. General Accounting Office (GAO) report, *Home Visiting, A Promising Early Intervention Strategy for At-Risk Families*, each of the Service FAPs has initiated a new parent support program modeled after promising home visitor programs throughout the United States. Although program structures and processes vary slightly across the Services, all have the same basic goals of preventing child abuse by providing perinatal support and services to new parents and providing high risk parents with assistance and referral to additional supportive services.



The Services also have a number of other program, research, and evaluation initiatives under way, each with the goal of preventing or treating abuse, improving overall FAP functioning, and reducing the disincentives to report abuse and seek help. Concerns about confidentiality, for example, are being addressed through reduced membership on the Case Review Committees to limit the number of people involved in each FAP case. More positive perceptions of Family Advocacy are being fostered through primary and secondary prevention efforts that heighten the perception of FAP as helping rather than "hammering" service members and their families. Concerns that the commanders' responses to abuse cases are unpredictable are being addressed through ongoing command education and training and guidelines for responding to various types and levels of abuse.

DoD has attempted to foster a cooperative approach among the Services. Through the DoD Family Advocacy Committee (FAC), which includes the Program Managers from each Service, programs, ideas, research findings and other initiatives are routinely shared among the Service FAPs. The Services have been very willing to share and borrow ideas and successful programs. The Marine Corps, for example, plans to adopt the Prevention Resource Manual (described in the next section) which the Army FAP recently developed. To address the problem of disincentives to report abuse, the FAC has included this issue as a principal topic at the DoD Family Advocacy Program strategic planning conference scheduled for the end of June, 1994.

Summaries of each of the Service's key Family Advocacy Program initiatives and activities are provided in the following sections.

## 1. ARMY FAMILY ADVOCACY PROGRAM INITIATIVES

- Prevention Resource Manual -- The Army Family Advocacy Program recently developed a substantial resource manual to help FAP Managers to plan, coordinate, market and implement programs and services. The manual includes sample briefing and publicity materials, sample instruments for conducting needs assessments and other evaluations, descriptions of a variety of different types of programs (parenting education, stress management, relationship support, etc.), and other resource and reference materials to support effective program operations.
- Commander's Desk Guide -- As a companion document to the "Prevention Resource Manual," Army FAP also developed the Commander's Desk Guide for distribution to commanders and first

sergeants throughout the Army. This small binder provides resource information about the Family Advocacy Program and the dynamics of abuse, emphasizing the commander's role in prevention. For example, the manual suggests: "Build trust within the unit by acknowledging that everyone experiences 'hard times.' Then, follow up by supporting and recommending the use of services." It encourages commanders to dispel the myth that "involvement with the Family Advocacy Program will adversely affect a soldier's career" with the fact that "commanders support soldiers who are committed to improving unstable personal and family situations."

- New Parent Support -- The new parent support program has been implemented in approximately 20 Army locations. The program provides for an initial visit and basic parenting handbook for all new parents. Families identified as high risk receive continued support and home visits from para-professional staff, both paid and volunteer. Army FAP is targeting its new parent support resources at installations with a high percentages of young soldiers and new families.
- Treatment Triage -- Army FAP is developing intervention standards that reflect the differential treatment needs of different types of abuse. Treatment standards will contribute to more uniformity in FACMT decision-making about treatment recommendations.
- Increased Accessibility to Treatment Services -- One goal in the Army FAP's five-year plan is to increase accessibility to treatment services by trying new approaches like Amnesty Programs to help reduce spouses' fear of coming forward to seek help. One Army installation in Germany, for example, is testing a program in which couples must meet three criteria (no current injuries, no recent MP blotter reports of abuse, both must agree to getting help) and sign a "contract" to get counseling, but Family Advocacy does not report a case of substantiated abuse.
- Spouse Abuse Prevention Needs Assessment Survey -- A spouse abuse prevention needs assessment survey is being conducted which will help the Army FAP design and target spouse abuse prevention programs and also provide much needed incidence data through the use of the modified Conflict Tactics Scale in the survey instrument.
- FACMT Video -- The Army is reducing membership on the installations' Family Advocacy Case Management Teams (FACMT), and developing a video to clarify the roles of the various FACMT members (e.g., legal, medical, law enforcement representatives).

- Safety Education Materials -- State-of-the-art safety education materials for child sexual abuse prevention are being developed for distribution to the field.

## 2. NAVY FAMILY ADVOCACY PROGRAM INITIATIVES

- New Parent Support Teams -- The Navy Family Advocacy Program includes a network of New Parent Support Teams (NPST) at 17 bases worldwide. Each NPST includes a community health nurse, home visitor, and program assistant who provide services to new parents on a voluntary basis.
- Navy Incest Treatment Option -- The Navy's centrally managed Incest Treatment Option attempts to balance the traditionally dichotomous response to child sexual abuse--either prosecution *or* treatment--through an employee assistance program approach. Incest offenders are carefully evaluated for their suitability for treatment and retention in the Navy. Case decisions are made and managed by senior headquarters personnel to ensure a consistent response from one case and location to the next. Navy program managers view the higher number of sexual abuse cases in the Navy as a positive indication that offenders and their families perceive that treatment options are available to them, not that the Navy has a higher proportion of sex offenders.
- Navy Family Advocacy Risk Assessment Project -- Navy FAP is currently testing a comprehensive risk assessment model for reported child and spouse abuse incidents. The protocol is designed to assist FAP staff in gathering information and making decisions about: the appropriateness of the case for FAP referral, the risk of harm, the nature and immediacy of the required response, and safety planning for the victim(s). The risk assessment protocol will contribute to more consistent and appropriate differential responses based on the seriousness of abuse.
- Waiver of Command Notification -- To address spouse concerns about confidentiality and command involvement, the Navy FAP is examining the possibility of permitting abused spouses to sign a waiver requesting that the service member's command not be notified of the report of abuse, provided the victim is not in imminent danger of further abuse. The proposed consent waiver would include full disclosure to the spouse of the expanded treatment and sanction options available if the command is notified, as well as the potential risks of not notifying the commander.

- Research and Evaluation Studies -- The Navy is conducting three research and evaluation projects designed to support the development and targeting of Family Advocacy services to sailors and their families:
  - "Spouse Assault/Treatment Study," in San Diego follows abusive couples who received different treatment interventions for 1 year after the intervention to determine which treatment model is more effective in reducing abusive behaviors
  - "Incestuous Abuser Follow-up Study," scheduled to begin in Fall, 1994, with three objectives: 1) to describe what happens to sexual abusers several years after disclosure; 2) to analyze whether participation in the Navy's incest treatment option program affects post-disclosure outcomes; and 3) to examine whether the perpetrators' background, personality, and offense are predictive of these outcomes
  - "Survey of Recruits' Behaviors," to investigate the extent of the historical incidence of abuse (a primary predictor of future abuse behavior).

### 3. AIR FORCE FAMILY ADVOCACY PROGRAM INITIATIVES

- U.S. Air Force Family Advocacy Program Standards -- were revised and updated in November 1993. The AF Program Standards, which incorporate and cross-reference the DoD Standards, serve as operating instructions for the installation level FAPs. Areas covered in the Standards include Administration, the Exceptional Family Member Program (EFMP), Maltreatment, Sexual Abuse, Nursing, and Prevention. An expected benefit of the Standards is more consistent response to abuse cases across Air Force installations.
- Integrated Treatment Research and Evaluation -- At approximately half of its program sites, the Air Force FAP has an integrated research and evaluation component that collects baseline and follow-up data in maltreatment cases. The research effort is designed to provide ongoing information on treatment outcomes to help FAP staff select services that have been demonstrated effective for treating different types of abuse cases.
- Outreach Program Management Teams -- Outreach Program Management Teams (OPMT) have been established at all major Air Force bases to provide coordinated maltreatment prevention services. Intensive training of these multi-disciplinary teams has been ongoing

since September, 1992; all teams will be trained by the end of August, 1994, after which OPMT training will be offered twice a year.

- Expanded Prevention Programs -- Air Force Family Advocacy prevention efforts have been expanded through two key program initiatives:
  - Support to new parents through Family Advocacy Nurse Specialists (FANS). FANS services, including home visits, are provided to families in the perinatal period (from pregnancy up to 1 year after the birth of the child) to prevent poor perinatal outcomes in general and family maltreatment in particular. The FANS program includes baseline and follow-up assessments of the families that receive services to track reduction in risk factors for child abuse.
  - The Boystown Common Sense Parenting Program. Air Force trainers are being trained by Boystown trainers in the Common Sense Parenting model in order to provide effective parenting training to non-abusing parents. The program has recently been expanded from three to 18 bases. This program includes a built-in evaluation component.
- Family Advocacy Needs Assessment -- The Air Force Family Advocacy Program is collaborating with the Air Force Family Matters Office (AFFAM) to add FAP-related questions to the annual world-wide needs assessment conducted by AFFAM to help installations better identify local problems and address them at the local level.

#### 4. MARINE CORPS FAMILY ADVOCACY PROGRAM INITIATIVES

- Coordinated Community Response Project -- Marine Corps Family Advocacy has adopted a Coordinated Community Response (CCR) model to respond to cases of spouse abuse among Marine families. CCR, which emphasizes linkages with other military and civilian agencies, is based on three key principles: there is no justification for family violence; the entire community is responsible for preventing and responding to family violence; only when everyone participates in preventing and responding to family violence can its incidence be reduced and the families receive the services they need. A handbook is being developed which describes the project and provides training materials to support its implementation. Among the project's goals is to ensure a uniform and appropriate response by all involved parties when violence occurs, based on a single policy and clearly defined roles. Two key components of the CCR are:

- **Victim Advocates -- Considered the "linchpin" of the program, Victim Advocates provide support, information and, if necessary, a voice to victims of spouse abuse. Victim Advocate services are expected to help overcome many of the disincentives to report abuse and ultimately lead to increased reporting and decreased withdrawal of complaints after reporting.**
  
- **Matrix of Abuse Levels and Possible Commanding Officer's Sanctions -- This matrix is provided to help standardize command response to different types and severity of abuse. It describes five levels of abuse and appropriate sanctions/ command interventions and rehabilitation options for each level.**
  
- **New Parent Support Program -- New Parent Support Teams are provided at all Marine Corps installations to prevent child and spouse abuse through interventions such as parent education, increased support services to new parents, early identification of families at high risk for abuse, and counseling/treatment services. Pre- and post-partum home visiting services are provided by community health nurses and social workers. The program also includes a strong, family-focused research component.**

## V. RECOMMENDATIONS FOR REDUCING DISINCENTIVES TO REPORT ABUSE

Ultimately, the goals of the Department of Defense with respect to abuse by a member of the Service are to identify the abuse early, protect the victim(s), and prevent or stop the abuse with minimal disruption to the member's duty performance and career development. This study identified a number of barriers to the accomplishment of these goals, but also revealed several promising approaches for overcoming them. This chapter presents a series of recommendations to help encourage self-reporting of abuse and to further enhance Family Advocacy Program treatment services offered through each Service of the military to its members. Some of these recommendations would require expanded funding to accomplish, but there are also many that would not.

### 1. EXPAND PRIMARY AND SECONDARY PREVENTION EFFORTS

The primary goal of any prevention effort is, of course, to ensure that abuse or neglect never occurs. Stepped up primary prevention efforts (general education about abuse and the creation of positive family relationships) may result in both the prevention of abuse and the disclosure of some that previously had gone unreported. Secondary prevention efforts (services targeted at high-risk groups) provide an effective means to nip potential problems in the bud. Some of the most minor abuse cases could be redefined as secondary prevention and diverted from the processing and treatment caseload, potentially eliminating the need for command notification (as discussed in the next section).

### 2. ENCOURAGE SELF REPORTING

Among the reasons victims are reluctant to come forward to report abuse are their concerns about confidentiality, fear and uncertainty about what will happen if they do come forward, and confusion or lack of awareness about what assistance is available to help them. Recommendations to help encourage self-reporting include the following:

- Enhance Confidentiality Protections for FAP Clients, Both Victims and Abusers

The exposure and visibility of abuse cases can be reduced through several means:

- Limit membership on Case Review Committees (CRC), and thus the total number people who know about each case, as some installations already have begun to do, by eliminating members who have no valid "need to know" or substantive input to offer to the assessment and rehabilitative process.
- Develop and test programs that allow families to get help without activating the full FAP response mechanism. These could include "Amnesty Programs" with different thresholds or criteria for command notification. Couples with minor or emerging abuse problems, for example, could commit to receiving services during non-duty hours, with command notification contingent on compliance with the treatment recommendation and a clean record of no subsequent abuse incidents. Similarly, in cases of benign or simple child neglect, parents could receive parenting education without command notification. Not only would such programs help preserve the families' dignity and privacy, but they would help promote the FAP goal of making abusers take responsibility for their behavior. Such programs also would significantly reduce the number of cases that require the full FAP assessment, review and substantiation process.
- When command notification is necessary, ensure that communication with commanders about individual service members remains confidential. Mail and messages from the Family Advocacy Program to commanders should be labeled and treated as "eyes only" communication.
- Provide More Education to Members and Spouses

Both abusers and victims are more likely to come forward if they understand the options available to them and the ramifications of their report. Service members and spouses need more information about:

- The military's policies on abuse, what the Family Advocacy Program is and what it can do to help military families who are experiencing abuse.
- What the likely career consequences of abuse really are and the factors that affect those consequences (e.g., nature and severity of the abuse; the service member's performance record and amenability to treatment).
- The full range of resources available to spouses in worst case scenarios. For example, even though the risk of a dishonorable discharge is very low, there are provisions in recent legislation



for spouses to receive transitional financial assistance in such cases. (See also the next section on expanded assistance.)

Such information could be distributed through unit training, installation newspapers, public service announcements, wives clubs, schools, day-care centers, hospitals and numerous other publicity and outreach mechanisms.

- Provide More Education to Commanders

- Given their role and responsibilities in abuse cases, commanders need more information about the Family Advocacy Program in general, and the definitions and dynamics of abuse in particular, to help them reach consistent and fair decisions that are beneficial to both the family and the Service. In particular, there needs to be more emphasis on outreach and education for new commanders, that is, those who are assuming command for the first time. The Army FAP "Commander's Desk Guide" offers an extremely promising tool for accomplishing the goal of heightened commander awareness and education.
- Commanders also need more guidance on when and what types of legal or administrative action to take in abuse cases. Concerns and complaints of arbitrary and inconsistent punitive responses could be addressed by providing commanders with guidelines to apply when taking disciplinary action. Such a model is currently being tested by the Marine Corps with their "Matrix of Abuse Levels and Possible Commanding Officer's Sanctions."

### 3. EXPAND AND IMPROVE TREATMENT SERVICES

Improving family well-being and retaining high-performing service members is largely dependent on the availability and quality of the services provided to abusers and their families. There is an incentive to report only if appropriate help is forthcoming. To improve both the quality and extent of Family Advocacy services, the following actions are recommended:

- Put More Emphasis on Victim Assistance

Victim assistance and service recommendations should always be included in the recommended treatment plans. Recommendations for victim services should include not only "therapeutic" assistance, but also, when necessary and desired, legal aid, and help in gaining increased economic independence (e.g., job training and job search

preparation and support). In those rare cases where members are court martialed and separated as a result of abuse, access to medical and mental health benefits would be helpful during the transition period (in addition to the financial support allowed now).

- ✖ Provide More Differentiated Treatment Options

Treatment resources should be expanded to include a range of treatment options appropriate for different types and severity of abuse cases. Currently, many installations are extremely limited in the range of treatment options they can offer to abusive or neglectful families, with groups being the most common treatment modality.

- ✖ Provide Treatment During Evening and Off-Duty Hours

One of the primary reasons cited for commander notification in abuse cases is to ensure that abusers can get time off during duty hours to attend treatment sessions. These absences, however, often preclude a service member from participating in important operations or receiving career enhancing assignments, both of which can adversely impact his/her career. Providing services during non-duty hours would help alleviate the need in some cases for command notification (as recommended above) and would help reduce duty conflicts, including the possibility of missed duty opportunities for service members.

- Expand FAP Service Delivery Resources

In order to provide differential treatment options, treatment services during non-duty hours, and expanded targeted prevention services, FAP would require more staffing and/or additional purchase-of-service funding. Analysis of the DoD workload study data will help determine what types of additional service providers and how many would be required in each Service.

#### 4. STRENGTHEN RECORD-KEEPING AND RESEARCH

Improvements in self-reporting and services can only be documented with the benefit of sound record-keeping systems; and both good records and targeted research can help enormously in determining if improvements are effective and which ones are most likely to be beneficial.

- Upgrade FAP Case Record-Keeping

As a practical matter, good record-keeping may not reflect the *quality* of FAP services provided; but good case records are essential to be

able to document actions taken and services provided and to assess the extent to which various interventions achieve the desired outcomes. FAP case records should be standardized within each Service, and ideally, between them. Critical case data (e.g., type and age of victim, type and severity of abuse, type of report) should be easily retrievable and a systematic record of actions taken and services provided should be maintained.

- Improve the FAP Reporting System

Related to the recommended improvements in case record-keeping, the FAP reporting system also needs to be strengthened. Reports to the Service Central Registries are made on a common report form (DD Form 2486), but the quality, timeliness and accuracy of these reports vary within Service and between the Services. The challenges experienced in conducting the Personnel Records Analysis are testament to the need to rehabilitate this reporting process. To some extent the deficiencies can be attributed to staffing levels and staff accountability issues, both of which need to be addressed if an accurate system of case reporting is to be maintained and used for budgeting and program planning. It is also strongly recommended that DoD efforts to revise the current DD Form 2486 reporting form be coordinated with Defense Manpower Data Center (DMDC) data base managers to ensure that the coding systems adopted are logical, unambiguous, mutually exclusive where necessary, and appropriate for later manipulation and analysis. On-line data entry should be considered.

- Conduct Additional Analyses on Central Registry Data

Despite past reporting problems, the four Central Registries provide a rich source of historical data on abuse cases that can be used to help profile abusers, victims, types of abuse, overall patterns of abuse, locations of heavy abuse activity, patterns of abuse by Service, rank, location, etc., to support program planning and targeting of services. By virtue of the recent agreement with DMDC to provide data base support, additional information about the active-duty abusing population will be readily accessible, and cross-service analyses can and should be supported to help address FAP goals.

- Conduct More Research and Evaluation on "What Works" to Prevent and Treat Abuse

Information on the outcomes of FAP intervention is currently unavailable and desperately needed. DoD Family Advocacy Programs have an opportunity to play a leadership role in conducting studies to determine what types of interventions are most effective for treating

different types of abuse among different population groups. The Air Force program's integrated research component and the Navy's current study on the effectiveness of different spouse abuse treatment models are examples of the type of research and evaluation that should be an integral part of DoD Family Advocacy Programs. In addition, the effectiveness of different levels and types of prevention efforts should be evaluated, including, for example, the new parent support programs for reducing the risk of child abuse among first-time parents and the Marine Corps Victim Advocate position for assisting victims of spouse abuse.

- Follow Up on the Families of Service Members Dishonorably Discharged

Little is known about the true socio-economic impact on spouses when the service member has been dishonorably discharged because of abuse. Assuming the data on cases from FY89 are representative of other years, there are approximately 60 cases per year of abuse-related dishonorable discharge. Follow-up with a sample of these cases, though potentially time consuming and expensive, would yield valuable information on the true outcomes and economic needs of these families, and would respond to issues raised in Section 653(e) of P.L. 102-484.

- Consider Changes in the Uniform Code of Military Justice (UCMJ)

DoD should investigate the possibility of changing the UCMJ to make it easier to identify abuse of a dependent as the primary reason for discharge from the Service. Such a change offers two potential benefits: 1) it will make it easier to determine who is eligible for assistance under Sec. 554 of P.L. 103-160 (Transitional Compensation for Dependents of Members of the Armed Forces Separated for Dependent Abuse); and 2) it will help clarify for commanders and service members abuse-related behaviors that are, in fact, subject to action under the UCMJ.



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**ABUSE VICTIMS STUDY FINAL REPORT  
EXECUTIVE SUMMARY**

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## **ABUSE VICTIMS STUDY FINAL REPORT EXECUTIVE SUMMARY**

### **BACKGROUND AND PURPOSE OF THE STUDY**

The National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484) required DoD to conduct a study to provide statistics and other information relating to the reporting of spouse and child abuse and its consequences, as well as a report on "actions taken and planned to be taken in the Department of Defense to reduce or eliminate disincentives for a dependent of a member of the Armed Forces abused by the member to report the abuse to appropriate authorities." The Abuse Victims Study was conducted for the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)), Personnel Support, Families, and Education (PSF&E) to respond to this legislative requirement. The study was designed to examine both perceptions of consequences of reporting abuse as well as actual system responses to reported abuse. It included three independent study components which provided input to the final study report: Installation Process Study, Victim Intake Survey, and Personnel Records Analysis. This final report summarizes the key findings from these three studies and includes a description of actions taken by the Services as well as recommendations for others that could be taken to reduce disincentives to report abuse.

### **OVERVIEW OF THE DOD AND SERVICE FAMILY ADVOCACY PROGRAMS**

This chapter summarizes the history of the Family Advocacy Program in the Department of Defense, from its inception in 1981 with the issuance of DoD Directive 6400.1, and provides a brief description of the four Service programs. Within the overall policy framework of the DoD Directive, each of the Services has developed and implemented a Service-wide Family Advocacy Program (FAP). By direction, all contain certain core elements, including prevention, identification, assessment, standardized reporting, command notification, intervention and treatment, coordination with local authorities, and follow-up. Incident reporting is standardized across the four Services. There are, however, notable organizational differences and varying programmatic emphases among the four Service FAPs. Army and Navy FAPs divide program responsibilities between the line and medical staffs, with overall program management falling to the line side. In the Air Force, FAP is a hospital-based program. Marine Corps Family Advocacy, on the other hand, is fully line-managed. The chapter also provides an overview of the FAP case handling process, from initial report of abuse through case closure, as specified in the recently implemented DoD uniform program standards for installation FAPs.

## KEY FINDINGS FROM THE ABUSE VICTIMS STUDY

This chapter of the report presents a brief methodological overview and summary of key findings from each of the three study components as well as conclusions and implications of these findings.

The Installation Process Study was a qualitative study that focused on identifying disincentives to report abuse in the military, documenting FAP processes and services, and exploring Program users' perceptions of them. The study was based on a series of interviews and case record reviews conducted during site visits to eight military installations, two from each Service; two were overseas installations, and the rest were in CONUS.

The Victim Intake Survey was distributed to 283 military installations worldwide and administered to victims of spouse abuse and non-offending spouses of service members who abused their children. A total of 482 surveys were completed by spouse abuse victims and 103 by non-offending parents. The survey addressed nature and extent of the abuse, communication of the problem, disincentives to report the problem, and perceptions of the Family Advocacy Program.

The Personnel Records Analysis examined three key outcomes for a sample of abusers and non-abusers: separation from the military (whether or not the service member was still in the military), type of separation (honorable discharge vs. general, "other-than-honorable" or dishonorable), and promotion rate (based on rank attained as of the end of 1993). The abuser sample included 14,394 cases of substantiated abuse in FY89 (FY88-90 for officers) drawn from the four Service Central Registries in which the active duty service member was the abuser. The non-abuser sample consisted of the same number of service members carefully matched for Service, rank, gender, marital and family status, and military occupational specialty.

Taken together, these three studies shed considerable light on the dilemmas faced by both families and the military in responding to cases of abuse by a service member. The findings suggest that most spouses want help but many are afraid to report the abuse to the military; furthermore, they may not be able to get the help they are seeking through the Family Advocacy Program.

### Desire for Help

Most spouses of abusers wanted to stay married and get help working out their problems. Very few wanted their spouse to be punished. These positive attitudes towards their spouses may be due in part to the fact that the majority of cases of abuse involved minor physical injury (over 90 percent for spouse abuse and almost half of child abuse) and were identified by the military within a year of onset of the abuse. When abuse went on longer before being reported, there was



more severe abuse, greater fear of the consequences of reporting, and less desire to stay with one's spouse.

### **Fear of Consequences**

Despite their desire for help and the considerable outreach and identification and referral efforts by the military, very few spouses reported their abuse directly to the Family Advocacy Program. A substantial minority of those who acknowledged an abuse problem said they didn't know who to tell or where to go for help.

Fear of negative career consequences--especially during this period of military downsizing--was the largest disincentive for spouses to report abuse, and these fears were not totally unfounded. Although only a tiny fraction of cases led to a dishonorable discharge (a total of 61 among all abusers in this sample), abusers were somewhat *less* likely to be promoted and somewhat *more* likely to be separated from the Service over a 4-year period than were their non-abusing peers (54 percent of enlisted abusers who were still in the Service were promoted compared to 65 percent of non-abusers; and 60 percent of abusers overall had separated compared to 49 percent of non-abusers). While these career consequences are real, the fear of negative consequences is probably out of proportion to the true impact. Commander discretion appears to play a major role in determining the extent of the impact, as does the service member's performance record and amenability to treatment.

Spouses who were not working for pay were more likely than those who were employed to fear that their personal and economic situation would worsen if the military knew about their spouse's abuse.

### **Adequacy of Assistance to Victims**

There are several reasons for concern about the adequacy of assistance available from the FAP, despite its high degree of professionalism. First, current record-keeping practices provide limited information on the services actually received by victims or abusers or on the outcomes of those services. Treatment *recommendations*, which are better documented, address services for abusers far more frequently than services for victims. Because of limited resources, FAP staff indicate that they often have a very limited range of treatment options to offer, especially to victims. Finally, commanders and senior enlisted leaders, who can have a significant impact on the efficacy of treatment, appear to vary widely in their responses to abuse cases.

## **DOD FAMILY ADVOCACY PROGRAM ACTIONS AND PLANS**

This chapter describes a number of FAP management, program and research initiatives planned or in place which are designed to prevent abuse among military families and to make it easier for families to come forward to report abuse when it does occur and get the help they need. At the DoD level, the key management initiative is a workload study to provide data on the time and resources required to provide quality FAP services since traditional client-hour staffing standards have been found inadequate to support the extensive time demands of FAP cases. Foremost among the program initiatives is prevention. Each of the Service FAPs has initiated new parent support programs to prevent child abuse by providing perinatal support and services to new and high-risk parents.

The Services also have a number of other program, research, and evaluation initiatives under way, each with the goal of preventing or treating abuse, improving overall FAP functioning, and reducing disincentives to report. These efforts address: concerns about the confidentiality of FAP cases, improving the image of FAP as helping rather than "hammering" service members and their families, concerns that commanders' responses to abuse cases are unpredictable, and providing differential treatment options. Examples of key Service program initiatives include: The Army is distributing a newly developed FAP *Prevention Resource Manual* and a companion *Commander's Desk Guide*; The Navy's centrally managed Incest Treatment Option attempts to balance the traditionally dichotomous response to child sexual abuse--either prosecution *or* treatment--through an employee assistance program approach for valued and treatable service members; the Air Force is enhancing its prevention components through installation-level Outreach Program Management Teams and providing the Boystown Common Sense Parenting Program to non-abusing parents; the Marine Corps is implementing a Coordinated Community Response model for responding to abuse, the "linchpin" of which are Victim Advocates at each installation.

## **RECOMMENDATIONS FOR REDUCING DISINCENTIVES TO REPORT ABUSE**

This chapter presents a series of recommendations in four areas to help encourage self-reporting of abuse and to further enhance Family Advocacy Program treatment services offered. Some of these recommendations would require expanded program funding to accomplish, but there are also many that would not.

### **Expand Primary and Secondary Prevention Efforts**

Stepped up primary prevention efforts may result in both the prevention of abuse and the disclosure of some that previously had gone unreported. Secondary prevention provides an effective means to identify and avert early problems; and further, some of the most minor cases could be redefined as secondary prevention and diverted from the processing and treatment caseload, thus also potentially eliminating the need for command notification.

## **Encourage Self Reporting**

Recommendations to help encourage more self reporting of abuse include:

- Enhance confidentiality protections for FAP clients, both victims and abusers by limiting the total number of people with knowledge of or involved in the case; developing and testing programs that allow families to get help without activating the full FAP response (e.g., "Amnesty Programs"); and ensure that all communication with commanders is strictly confidential.
- Provide more education to members and spouses about the military's policies about abuse, what FAP is, likely career consequences and the factors that affect them, and the full range of assistance and resources available.
- Provide more education to commanders, especially new ones, about FAP and the dynamics of abuse.

## **Expand and Improve Treatment Services**

Recommendations to improve both the quality and extent of FAP services include:

- Put more emphasis on victim assistance by ensuring that treatment plans always include assistance and service recommendations for victims, both "therapeutic" and, when necessary, practical advice, including referrals for legal aid, job training and job search preparation, etc.
- Provide more differentiated treatment options by expanding treatment resources to include options appropriate for different types and severity of abuse cases.
- Provide treatment during evening and off-duty hours to help minimize the need for service members to miss duty time and often career enhancing duty assignments
- Expand FAP service delivery resources through more staffing and/or additional purchase-of-service funding.

## **Strengthen Record-Keeping and Research**

The following recommendations are made to help document improvements in self-reporting and services and determine through targeted research which improvements are effective which are most likely to be beneficial:

- Upgrade FAP record-keeping to ensure that key case data are readily available and, ideally, standardized within each Service.
- Improve the FAP reporting system by addressing staffing and accountability issues, as well as improvements in the actual reporting form and the process by which it is submitted, if an accurate system of case reporting is to be maintained and used for budgeting and program planning.
- Conduct additional analyses on Central Registry data which are a rich source of historical information on abuse cases that can be used to support program planning and targeting of services.
- Conduct more research and evaluation on “what works” to prevent and treat abuse.
- Follow up on the families of service members who have been dishonorably discharged to determine the true socio-economic impact of such discharges on spouses.
- Consider changes in the Uniform Code of Military Justice (UCMJ) to make it easier to identify abuse of a family member as the primary reason for discharge and to clarify for commanders and service members the abuse-related behaviors subject to action under the UCMJ.