Department of Defense
MANUAL

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SUBJECT: Family Advocacy Program (FAP): FAP Standards

References: See Enclosure 1

1. PURPOSE

a. Manual. This manual is composed of several volumes, each containing its own purpose. The purpose of the overall manual, in accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (a)) and DoD Instruction (DoDI) 6400.01 (Reference (b)), is to implement policy, assign responsibilities, and provide procedures for addressing child abuse and domestic abuse in military communities.

b. Volume. This volume reissues DoD 6400.1-M (Reference (c) and prescribes uniform program standards (PSs) for all installation FAPs.

2. APPLICABILITY. This volume applies to OSD, the Military Departments, the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the DoD (referred to collectively in this volume as the "DoD Components").

3. POLICY. According to Reference (b), it is DoD policy to:

a. Promote early identification; reporting; and coordinated, comprehensive intervention, assessment, and support to victims of child abuse and domestic abuse.

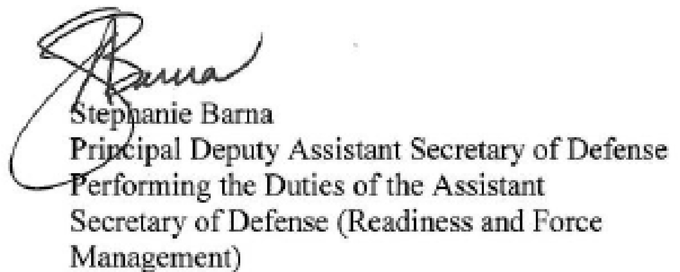
b. Ensure that personally identifiable information (PII) collected in the course of FAP activities is safeguarded to prevent any unauthorized use or disclosure and that the collection, use, and release of PII is in compliance with section 552a of Title 5, United States Code (U.S.C.) (Reference (d)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This volume is available on the Internet from the DoD Issuances Website at http://www.dtic.mil/whs/directives.

7. EFFECTIVE DATE. This volume is effective March 3, 2015.



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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
(b) DoD Instruction 6400.01, "Family Advocacy Program (FAP)," February 13, 2015
(c) DoD 6400.1-M, "Family Advocacy Program Standards and Self-Assessment Tool," August 20, 1992 (hereby cancelled)
(d) Section 552a of Title 5, United States Code
(e) DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," August 21, 2007, as amended
(f) Section 13031 of Title 42, United States Code
(g) Part 81.2 of Title 28, Code of Federal Regulations
(h) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
(i) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007, as amended
(j) DoD Instruction 6400.05, "New Parent Support Program (NPSP)," June 13, 2012
(k) DoD Instruction 1402.5, "Criminal History Background Checks on Individuals in Child Care Services," January 19, 1993
(l) DoD 6400.1-M-1, "Manual for Child Maltreatment and Domestic Abuse Incident Reporting System," July 15, 2005, as amended
(m) DoD Instruction 6400.03, "Family Advocacy Command Assistance Team," April 25, 2014
(n) DoD Instruction 1342.24, "Transitional Compensation for Abused Dependents," May 23, 1995, as amended
(o) Title 20, United States Code
(p) Manual for Courts-Martial, United States, current edition
(q) Chapter 47 of Title 10, United States Code (also known as "The Uniform Code of Military Justice")
(r) DoD Instruction 5015.02, "DoD Records Management Program," February 24, 2015
(s) DoD Instruction 6490.06, "Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members," April 21, 2009, as amended

ENCLOSURE 2

RESPONSIBILITIES

1. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY COMMUNITY AND FAMILY POLICY (DASD(MC&FP)). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness through the Assistant Secretary of Defense for Readiness and Force Management, the DASD(MC&FP):

a. Monitors compliance with this volume.

b. Collaborates with the Secretaries of the Military Departments to develop policies and procedures for monitoring compliance with the PSs in Enclosure 3 of this volume.

c. Convenes an annual DoD Accreditation and Inspection Summit to review and respond to the findings and recommendations of the Military Departments' accreditation or inspection results.

2. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Develop Service-wide FAP policy, supplementary standards, and instructions to provide for unique requirements within their respective installation FAPs to implement the PSs in this volume as appropriate.

b. Require all installation personnel with responsibilities in this volume receive appropriate training to implement the PSs in Enclosure 3 of this volume.

c. Conduct accreditation and inspection reviews outlined in Enclosure 3 of this volume.

ENCLOSURE 3

PROCEDURES

1. PURPOSES OF THE STANDARDS

a. Quality Assurance (QA) to Address Child Abuse and Domestic Abuse. The FAP PSs provide DoD and Service FAP headquarters QA guidelines for installation FAP-sponsored prevention and clinical intervention programs. Therefore, the PSs presented in this enclosure and cross referenced in the Index of FAP Topics in the Appendix to Enclosure 3 represent the minimal necessary elements for effectively dealing with child abuse and domestic abuse in installation programs in the military community.

b. Minimum Requirements for Oversight, Management, Logistical Support, Procedures, and Personnel Requirements. The PSs set forth minimum requirements for oversight, management, logistical support, procedures, and personnel requirements necessary to ensure all military personnel and their family members receive family advocacy services from the installation FAPs equal in quality to the best programs available to their civilian peers.

c. Measuring Quality and Effectiveness. The PSs provide a basis for measuring the quality and effectiveness of each installation FAP and for systematically projecting fiscal and personnel resources needed to support worldwide DoD FAP efforts.

2. INSTALLATION RESPONSE TO CHILD ABUSE AND DOMESTIC ABUSE

a. Family Advocacy Committee (FAC)

(1) PS 1: Establishment of the FAC. The installation commander must establish an installation FAC and appoint a FAC chairperson in accordance with Reference (b) and Service FAP headquarters implementing policies and guidance to serve as the policy-making, coordinating, and advisory body to address child abuse and domestic abuse at the installation.

(2) PS 2: Coordinated Community Response and Risk Management Plan. The FAC must develop and approve an annual plan for the coordinated community response and risk management of child abuse and domestic abuse, with specific objectives, strategies, and measurable outcomes. The plan is based on a review of:

(a) The most recent installation needs assessment.

(b) Research-supported protective factors that promote and sustain healthy family relationships.

(c) Risk factors for child abuse and domestic abuse.

(d) The most recent prevention strategy to include primary, secondary, and tertiary interventions.

(e) Trends in the installation's risk management approach to high risk for violence, child abuse, and domestic abuse.

(f) The most recent accreditation review or DoD Component Inspector General inspection of the installation agencies represented on the FAC.

(g) The evaluation of the installation's coordinated community response to child abuse and domestic abuse.

(3) PS 3: Monitoring Coordinated Community Response and Risk Management Plan. The FAC monitors the implementation of the coordinated community response and risk management plan. Such monitoring includes a review of:

(a) The development, signing, and implementation of formal memorandums of understanding (MOUs) among military activities and between military activities and civilian authorities and agencies to address child abuse and domestic abuse.

(b) Steps taken to address problems identified in the most recent accreditation review of the FAP and evaluation of the installation's coordinated community response and risk management approach.

(c) FAP recommended criteria to identify populations at higher risk to commit or experience child abuse and domestic abuse, the special needs of such populations, and appropriate actions to address those needs.

(d) Effectiveness of the installation coordinated community response and risk management approach in responding to high risk for violence, child abuse, and domestic abuse incidents.

(e) Implementation of the installation prevention strategy to include primary, secondary, and tertiary interventions.

(f) The annual report of fatality reviews that Service FAP headquarters fatality review teams conduct. The FAC should also review the Service FAP headquarters' recommended changes for the coordinated community response and risk management approach. The coordinated community response will focus on strengthening protective factors that promote and sustain healthy family relationships and reduce the risk factors for future child abuse and domestic abuse-related fatalities.

b. Coordinated Community Response

(1) PS 4: Roles, Functions, and Responsibilities. The FAC must ensure that all installation agencies involved with the coordinated community response to child abuse and

domestic abuse comply with the defined roles, functions, and responsibilities in DoDI 6400.06 (Reference (e)) and the Service FAP headquarters implementing policies and guidance.

(2) PS 5: MOUs. The FAC must verify that:

(a) Formal MOUs are established as appropriate with counterparts in the local civilian community to improve coordination on: child abuse and domestic abuse investigations; emergency removal of children from homes; fatalities; arrests; prosecutions; and orders of protection involving military personnel.

(b) Installation agencies established MOUs setting forth the respective roles and functions of the installation and the appropriate federal, State, local, or foreign agencies or organizations (in accordance with status-of-forces agreements (SOFAs)) that provide:

1. Child welfare services, including foster care, to ensure ongoing and active collaborative case management between the respective courts, child protective services, foster care agencies, and FAP.

2. Medical examination and treatment.

3. Mental health examination and treatment.

4. Domestic abuse victim advocacy.

5. Related social services, including State home visitation programs when appropriate.

6. Safety shelter.

(3) PS 6: Collaboration Between Military Installations. The installation commander must require that installation agencies have collaborated with counterpart agencies on military installations in geographical proximity and on joint bases to ensure coordination and collaboration in providing child abuse and domestic abuse services to military families. Collaboration includes developing MOUs, as appropriate.

(4) PS 7: Domestic Abuse Victim Advocacy Services. The installation FAC must establish 24 hour access to domestic abuse victim advocacy services through personal or telephone contact in accordance with Reference (e) and Service FAP headquarters implementing policy and guidance for restricted reports of domestic abuse and the domestic abuse victim advocate services.

(5) PS 8: Domestic Abuse Victim Advocate Personnel Requirements. The installation commander must require that qualified personnel provide domestic abuse victim advocacy services in accordance with Reference (e) and Service FAP headquarters implementing policy and guidance.

(a) Such personnel may include federal employees, civilians working under contract for the DoD, civilians providing services through a formal MOU between the installation and a local civilian victim advocacy service agency, volunteers, or a combination of such personnel.

(b) All domestic abuse victim advocates are supervised in accordance with Service FAP headquarters policies.

(6) PS 9: 24-Hour Emergency Response Plan. An installation 24-hour emergency response plan to child abuse and domestic abuse incidents must be established in accordance with Reference (e) and the Service FAP headquarters implementing policies and guidance.

(7) PS 10: FAP Communication with Military Law Enforcement. The FAP and military law enforcement reciprocally provide to one another:

(a) Within 24 hours, FAP will communicate all reports of child abuse involving military personnel or their family members to the appropriate civilian child protective services agency or law enforcement agency in accordance with Reference (b), section 13031 of Title 42, U.S.C. (Reference (f)), and part 81.2 of Title 28, Code of Federal Regulations (Reference (g)).

(b) Within 24 hours, FAP will communicate all unrestricted reports of domestic abuse involving military personnel and their current or former spouses or their current or former intimate partners to the appropriate civilian law enforcement agency in accordance with References (b), (f), and (g).

(8) PS 11: Protection of Children. The installation FAC in accordance with Service FAP headquarters implementing policies and guidance must set forth the procedures and criteria for:

(a) The safety of child victim(s) of abuse or other children in the household when they are in danger of continued abuse or life-threatening child neglect.

(b) Safe transit of such child(ren) to appropriate care. When the installation is located outside the continental United States, this includes procedures for transit to a location of appropriate care within the United States.

(c) Ongoing collaborative case management between FAP, relevant courts, and child welfare agencies when military children are placed in civilian foster care.

(d) Notification of the affected Service member's command when a dependent child has been taken into custody or foster care by local or State courts, or child welfare or protection agencies.

c. Risk Management

(1) PS 12: Primary Managing Authority (PMA). When an installation FAP receives a report of a case of child abuse or domestic abuse in which the victim is at a different location than the abuser, PMA for the case must be:

(a) In child abuse cases:

1. The sponsor's installation when the alleged abuser is the sponsor; a non-sponsor DoD-eligible family member; or a non-sponsor, status unknown.

2. The alleged abuser's installation when the alleged abuser is a non-sponsor active duty Service member; a non-sponsor, DoD-eligible extrafamilial caregiver; or a DoD-sponsored out-of-home care provider.

3. The victim's installation when the alleged abuser is a non-DoD-eligible extrafamilial caregiver.

(b) In domestic abuse cases:

1. The alleged abuser's installation when both the alleged abuser and the victim are active duty Service members.

2. The alleged abuser's installation when the alleged abuser is the only sponsor.

3. The victim's installation when the victim is the only sponsor.

4. The installation FAP who received the initial referral when both parties are alleged abusers in bi-directional domestic abuse involving dual military spouses or intimate partners.

(2) PS 13: Risk Management Approach

(a) All installation agencies involved with the installation's coordinated community risk management approach to child abuse and domestic abuse must comply with their defined roles, functions, and responsibilities in accordance with References (f) and (g) and Service FAP headquarters implementing policies and guidance.

(b) When victim(s) and abuser(s) are assigned to different servicing FAPs or are from different Services, the PMA is assigned according to PS 12 (paragraph 2c(1) of this enclosure), and both serving FAP offices and Services are kept informed of the status of the case, regardless of who has PMA.

(3) PS 14: Risk Assessments. FAP conducts risk assessments of alleged abusers, victims, and other family members to assess the risk of re-abuse, and communicate any increased levels of risk to appropriate agencies for action, as appropriate. Risk assessments are conducted:

(a) At least quarterly on all open FAP cases.

(b) Monthly on FAP cases assessed as high risk and those involving court involved children placed in out-of-home care, child sexual abuse, and chronic child neglect.

(c) Within 30 days of any change since the last risk assessment that presents increased risk to the victim or warrants additional safety planning.

(4) PS 15: Disclosure of Information in Risk Assessments. Protected information collected during FAP referrals, intake, and risk assessments is only disclosed in accordance with DoD 6025.18-R (Reference (h)) when applicable, DoDD 5400.11 (Reference (i)), and the Service FAP headquarters implementing policies and guidance.

(5) PS 16: Risk Management and Deployment. Procedures are established to manage child abuse and domestic abuse incidents that occur during the deployment cycle of a Service member, in accordance with References (b) and (e), and Service FAP headquarters implementing policies and guidance, so that when an alleged abuser Service member in an active child abuse or domestic abuse case is deployed:

(a) The forward command notifies the home station command when the deployed Service member will return to the home station command.

(b) The home station command implements procedures to reduce the risk of subsequent child abuse and domestic abuse during the reintegration of the Service member into the FAP case management process.

d. Incident Determination Committee (IDC)

(1) PS 17: IDC Established. An installation IDC must be established to review reports of child abuse and unrestricted reports of domestic abuse.

(2) PS 18: IDC Operations. The IDC reviews reports of child abuse and unrestricted reports of domestic abuse to determine whether the reports meet the criteria for entry into the Service FAP headquarters central registry of child abuse and domestic abuse incidents in accordance with Reference (b) and Service FAP headquarters implementing policies and guidance.

(3) PS 19: Responsibility for Training FAC and IDC Members. All FAC and IDC members must receive:

(a) Training on their roles and responsibilities before assuming their positions on their respective teams.

(b) Periodic information and training on DoD policies and Service FAP headquarters policies and guidance.

(4) PS 20: IDC QA. An IDC QA process must be established for monitoring and QA review of IDC decisions in accordance with Service FAP headquarters implementing policy and guidance.

3. ORGANIZATION AND MANAGEMENT OF THE FAP

a. General Organization of the FAP

(1) PS 21: Establishment of the FAP. The installation commander must establish a FAP to address child abuse and domestic abuse in accordance with DoD policy and Service FAP headquarters implementing policies and guidance.

(2) PS 22: Operations Policy. The installation FAC must ensure coordination among the following key agencies interacting with the FAP in accordance with Reference (b) and Service FAP headquarters implementing policies and guidance:

(a) Family center(s).

(b) Substance abuse program(s).

(c) Sexual assault and prevention response programs.

(d) Child and youth program(s).

(e) Program(s) that serve families with special needs.

(f) Medical treatment facility, including:

1. Mental health and behavioral health personnel.

2. Social services personnel.

3. Dental personnel.

(g) Law enforcement.

(h) Criminal investigative organization detachment.

(i) Staff judge advocate or servicing legal office.

(j) Chaplain(s).

(k) Department of Defense Education Activity (DoDEA) school personnel.

(l) Military housing personnel.

(m) Transportation office personnel.

(3) PS 23: Appointment of an Installation Family Advocacy Program Manager (FAPM). The installation commander must appoint in writing an installation FAPM to implement and manage the FAP. The FAPM must direct the development, oversight, coordination, administration, and evaluation of the installation FAP in accordance with Reference (b) and Service FAP headquarters implementing policy and guidance.

(4) PS 24: Funding. Funds received for child abuse and domestic abuse prevention and treatment activities must be programmed and allocated in accordance with the DoD and Service FAP headquarters implementing policies and guidance, and the plan developed under PS 3, described in paragraph 2a(2) of this enclosure.

(a) Funds that OSD provides for the FAP must be used in direct support of the prevention and intervention for domestic abuse and child maltreatment; including management, staffing, domestic abuse victim advocate services, public awareness, prevention, training, intensive risk-focused secondary prevention services, intervention, record keeping, and evaluation as set forth in this volume.

(b) Funds that OSD provides for the New Parent Support Program (NPSP) must be used only for secondary prevention activities to support the screening, assessment, and provision of home visitation services to prevent child abuse and neglect in vulnerable families in accordance with DoDI 6400.05 (Reference (j)).

(5) PS 25: Other Resources. FAP services must be housed and equipped in a manner suitable to the delivery of services, including but not limited to:

(a) Adequate telephones.

(b) Office automation equipment.

(c) Handicap accessible.

(d) Access to emergency transport.

(e) Private offices and rooms available for interviewing and counseling victims, alleged abusers, and other family members in a safe and confidential setting.

(f) Appropriate equipment for 24/7 accessibility.

b. FAP Personnel

(1) PS 26: Personnel Requirements. The installation commander is responsible for ensuring there are a sufficient number of qualified FAP personnel in accordance with References (b), (e), and (j), and Service FAP headquarters implementing policy and guidance. FAP

personnel may consist of military personnel on active duty, employees of the federal civil service, contractors, volunteers, or a combination of such personnel.

(2) PS 27: Criminal History Record Check. All FAP personnel whose duties involve services to children require a criminal history record check in accordance with DoDI 1402.5 (Reference (k)).

(3) PS 28: Clinical Staff Qualifications. All FAP personnel who conduct clinical assessment of or provide clinical treatment to victims of child abuse or domestic abuse, alleged abusers, or their family members must have all of the following minimum qualifications:

(a) A Master in Social Work, Master of Science, Master of Arts, or doctoral-level degree in human service or mental health from an accredited university or college.

(b) The highest licensure in a State or clinical licensure in good standing in a State that authorizes independent clinical practice.

(c) Two years of experience working in the field of child abuse and domestic abuse.

(d) Clinical privileges or credentialing in accordance with Service FAP headquarters policies.

(4) PS 29: Prevention and Education Staff Qualifications. All FAP personnel who provide prevention and education services must have the following minimum qualifications:

(a) A Bachelor's degree from an accredited university or college in any of the following disciplines:

1. Social work.

2. Psychology.

3. Marriage, family, and child counseling.

4. Counseling or behavioral science.

5. Nursing.

6. Education.

7. Community health or public health.

(b) Two years of experience in a family and children's services public agency or family and children's services community organization, 1 year of which is in prevention, intervention, or treatment of child abuse and domestic abuse.

(c) Supervision by a qualified staff person in accordance with the Service FAP headquarters policies.

(5) PS 30: Victim Advocate Staff Qualifications. All FAP personnel who provide victim advocacy services must have these minimum qualifications:

(a) A Bachelor's degree from an accredited university or college in any of the following disciplines:

1. Social work.

2. Psychology.

3. Marriage, family, and child counseling.

4. Counseling or behavioral science.

5. Criminal justice.

(b) Two years of experience in assisting and providing advocacy services to victims of domestic abuse or sexual assault.

(c) Supervision by a Master's level social worker.

(6) PS 31: NPSP Staff Qualifications. All FAP personnel who provide services in the NPSP must have qualifications in accordance with Reference (j).

c. Safety and Home Visits

(1) PS 32: Internal and External Duress System Established. The installation FAPM must establish a system to identify and manage potentially violent clients and to promote the safety and reduce the risk of harm to staff working with clients and to others inside the office and when conducting official business outside the office.

(2) PS 33: Protection of Home Visitors. The installation FAPM must:

(a) Issue written FAP procedures to ensure minimal risk and maximize personal safety when FAP or NPSP staff perform home visits.

(b) Require that all FAP and NPSP personnel who conduct home visits are trained in FAP procedures to ensure minimal risk and maximize personal safety before conducting a home visit.

(3) PS 34: Home Visitors' Reporting of Known or Suspected Child Abuse and Domestic Abuse. All FAP and NPSP personnel who conduct home visits are to report all known or suspected child abuse in accordance with References (b) and (f), and domestic abuse in

accordance with Reference (e) and the Service FAP headquarters implementing policy and guidance.

d. Management Information System

(1) PS 35: Management Information System Policy. The installation FAPM must establish procedures for the collection, use, analysis, reporting, and distributing of FAP information in accordance with References (b), (h), (i), DoD 6400.1-M-1 (Reference (l)) and Service FAP headquarters implementing policy. These procedures ensure:

(a) Accurate and comparable statistics needed for planning, implementing, assessing, and evaluating the installation coordinated community response to child abuse and domestic abuse.

(b) Identifying unmet needs or gaps in services.

(c) Determining installation FAP resource needs and budget.

(d) Developing installation FAP guidance.

(e) Administering the installation FAP.

(f) Evaluating installation FAP activities.

(2) PS 36: Reporting of Statistics. The FAP reports statistics annually to the Service FAP headquarters in accordance with Reference (b) and the Service FAP headquarters implementing policies and guidance, including the accurate and timely reporting of:

(a) FAP Metrics

1. The number of new commanders at the installation whom the Service FAP headquarters determined must receive the FAP briefing, and the number of new commanders who received the FAP briefing within 90 days of taking command.

2. The number of senior noncommissioned officers (NCOs) in pay grades E-7 and higher whom the Service FAP headquarters determined must receive the FAP briefing annually, and the number of senior NCOs who received the FAP briefing within the year.

(b) NPSP Metric

1. The number of high risk families who began receiving NPSP intensive services (two contacts per month) for at least 6 months in the previous fiscal year.

2. The number of these families with no reports of child maltreatment incidents that met criteria for abuse for entry into the central registry (formerly, "substantiated reports") within 12 months after their NPSP services ended, in accordance with Reference (j).

(c) Domestic Abuse Treatment Metric

1. The number of allegedly abusive spouses in incidents that met FAP criteria for domestic abuse who began receiving and successfully completed FAP clinical treatment services during the previous fiscal year.

2. The number of these spouses who were not reported as allegedly abusive in any domestic abuse incidents that met FAP criteria within 12 months after FAP clinical services ended.

(d) Domestic Abuse Victim Advocacy Metrics. The number of domestic abuse victims:

1. Who receive domestic abuse victim advocacy services, and of those, the respective totals of domestic abuse victims who receive such services from domestic abuse victim advocates or from FAP clinical staff.

2. Who initially make restricted reports to domestic abuse victim advocates and the total of domestic abuse victims who initially make restricted reports to FAP clinical staff, and of each of those, the total of domestic abuse victims who report being sexually assaulted.

3. Whose initially restricted reports to domestic abuse victim advocates became unrestricted reports, and the total of domestic abuse victims whose initially restricted reports to FAP clinical staff became unrestricted reports.

4. Initially making unrestricted reports to domestic abuse victim advocates and making unrestricted reports to FAP clinical staff and, of each of those, the total of domestic abuse victims who report being sexually assaulted.

4. PUBLIC AWARENESS, PREVENTION, NPSP, AND TRAINING

a. Public Awareness Activities

(1) PS 37: Implementation of Public Awareness Activities in the Coordinated Community Response and Risk Management Plan. The FAP public awareness activities highlight community strengths; promote FAP core concepts and messages; advertise specific services; use appropriate available techniques to reach out to the military community, especially to military families who reside outside of the military installation; and are customized to the local population and its needs.

(2) PS 38: Collaboration to Increase Public Awareness of Child Abuse and Domestic Abuse. The FAP partners and collaborates with other military and civilian organizations to conduct public awareness activities.

(3) PS 39: Components of Public Awareness Activities. The installation public awareness activities promote community awareness of:

(a) Protective factors that promote and sustain healthy parent/child relationships.

1. The importance of nurturing and attachment in the development of young children.

2. Infant, childhood, and teen development.

3. Programs, strategies, and opportunities to build parental resilience.

4. Opportunities for social connections and mutual support.

5. Programs and strategies to facilitate children's social and emotional development.

6. Information about access to community resources in times of need.

(b) The dynamics of risk factors for different types of child abuse and domestic abuse, including information for teenage family members on teen dating violence.

(c) Developmentally appropriate supervision of children.

(d) Creating safe sleep environments for infants.

(e) How incidents of suspected child abuse should be reported in accordance with References (b), (e), (g), and DoDI 6400.03 (Reference (m)) and the Service FAP headquarters implementing policy and guidance.

(f) The availability of domestic abuse victim advocates.

(g) Hotlines and crisis lines that provide 24/7 support to families in crisis.

(h) How victims of domestic abuse may make restricted reports of incidents of domestic abuse in accordance with Reference (e).

(i) The availability of FAP clinical assessment and treatment.

(j) The availability of NPSP home visitation services.

(k) The availability of transitional compensation for victims of child abuse and domestic abuse in accordance with DoDI 1342.24 (Reference (n)) and Service FAP headquarters implementing policy and guidance.

b. Prevention Activities

(1) PS 40: Implementation of Prevention Activities in the Coordinated Community Response and Risk Management Plan. The FAP implements coordinated child abuse and domestic abuse primary and secondary prevention activities identified in the annual plan.

(2) PS 41: Collaboration for Prevention of Child Abuse and Domestic Abuse. The FAP collaborates with other military and civilian organizations to implement primary and secondary child abuse and domestic abuse prevention programs and services that are available on a voluntary basis to all persons eligible for services in a military medical treatment facility.

(3) PS 42: Primary Prevention Activities. Primary prevention activities include, but are not limited to:

(a) Information, classes, and non-medical counseling as defined in the Glossary to assist Service members and their family members in strengthening their interpersonal relationships and marriages, in building their parenting skills, and in adapting successfully to military life.

(b) Proactive outreach to identify and engage families during pre-deployment, deployment, and reintegration to decrease the negative effects of deployment and other military operations on parenting and family dynamics.

(c) Family strengthening programs and activities that facilitate social connections and mutual support, link families to services and opportunities for growth, promote children's social and emotional development, promote safe, stable, and nurturing relationships, and encourage parental involvement.

(4) PS 43: Identification of Populations for Secondary Prevention Activities. The FAP identifies populations at higher risk for child abuse or domestic abuse from a review of:

(a) Relevant research findings.

(b) One or more relevant needs assessments in the locality.

(c) Data from unit deployments and returns from deployment.

(d) Data of expectant parents and parents of children 3 years of age or younger.

(e) Lessons learned from Service FAP headquarters and local fatality reviews.

(f) Feedback from the FAC, the IDC, and the command.

(5) PS 44: Secondary Prevention Activities. The FAP implements secondary prevention activities that are results-oriented and evidence-supported, stress the positive benefits of seeking help, promote available resources to build and sustain protective factors for healthy family

relationships, and reduce risk factors for child abuse or domestic abuse. Such activities include, but are not limited to:

(a) Educational classes and counseling to assist Service members and their family members with troubled interpersonal relationships and marriages in improving their interpersonal relationships and marriages.

(b) The NPSP, in accordance with Reference (j) and Service FAP headquarters implementing policy and guidance.

(c) Educational classes and counseling to help improve the parenting skills of Service members and their family members who experience parenting problems.

(d) Health care screening for domestic abuse.

(e) Referrals to essential services, supports, and resources when needed.

c. NPSP

(1) PS 45: Referrals to NPSP. The installation FAPM ensures that expectant parents and parents with children ages 0-3 years may self-refer to the NPSP or be encouraged to participate by a health care provider, the commander of an active duty Service member who is a parent or expectant parent, staff of a family support program, or community professionals.

(2) PS 46: Informed Consent for NPSP. The FAPM ensures that parents who ask to participate in the NPSP are provided informed consent in accordance with References (b) and (j) and Service FAP headquarters implementing policy and guidance to be:

(a) Voluntarily screened for factors that may place them at risk for child abuse and domestic abuse.

(b) Further assessed using standardized and more in-depth measurements if the screening indicates potential for risk.

(c) Receive home visits and additional NPSP services as appropriate.

(d) Assessed for risk on a continuing basis.

(3) PS 47: Eligibility for NPSP. Pending funding and staffing capabilities, the installation FAPM ensures that qualified NPSP personnel offer intensive home visiting services on a voluntary basis to expectant parents and parents with children ages 0-3 years who:

(a) Are eligible to receive services in a military medical treatment facility.

(b) Have been assessed by NPSP staff as:

1. At-risk for child abuse or domestic abuse.

2. Displaying some indicators of high risk for child abuse or domestic abuse, but whose overall assessment does not place them in the at-risk category.

3. Having been reported to FAP for an incident of abuse of a child age 0-3 years in their care who have previously received NPSP services.

(4) PS 48: Review of NPSP Screening. Results of NPSP screening are reviewed within 3 business days of completion. If the screening indicates potential for risk, parents are invited to participate in further assessment by a NPSP home visitor using standardized and more in-depth measurements.

(5) PS 49: NPSP Services. The NPSP offers expectant parents and parents with children ages 0-3, who are eligible for the NPSP, access to intensive home visiting services that:

(a) Are sensitive to cultural attitudes and practices, to include the need for interpreter or translation services.

(b) Are based on a comprehensive assessment of research-based protective and risk factors.

(c) Emphasize developmentally appropriate parenting skills that build on the strengths of the parent(s).

(d) Support the dual roles of the parent(s) as Service member(s) and parent(s).

(e) Promote the involvement of both parents when applicable.

(f) Decrease any negative effects of deployment and other military operations on parenting.

(g) Provide education to parent(s) on how to adapt to parenthood, children's developmental milestones, age-appropriate expectations for their child's development, parent-child communication skills, parenting skills, and effective discipline techniques.

(h) Empower parents to seek support and take steps to build proactive coping strategies in all domains of family life.

(i) Provide referral to additional community resources to meet identified needs.

(6) PS 50: NPSP Protocol. The installation FAPM ensures that NPSP personnel implement the Service FAP headquarters protocol for NPSP services, including the NPSP intervention plan with clearly measurable goals, based on needs identified by the standard screening instrument, assessment tools, the NPSP staff member's clinical assessment, and active input from the family.

(7) PS 51: Frequency of NPSP Home Visits. NPSP personnel exercise professional judgment in determining the frequency of home visits based on the assessment of the family, but make a minimum of two home visits to each family per month. If at least two home visits are not provided to a high risk family enrolled in the program, NPSP personnel will document what circumstance(s) occurred to preclude twice monthly home visits and what services/contacts were provided instead.

(8) PS 52: Continuing NPSP Risk Assessment. The installation FAPM ensures that NPSP personnel assess risk and protective factors impacting parents receiving NPSP home visitation services on an ongoing basis to continuously monitor progress toward intervention goals.

(9) PS 53: Opening, Transferring, or Closing NPSP Cases. The installation FAPM ensures that NPSP cases are opened, transferred, or closed in accordance with Service FAP headquarters policy and guidance.

(10) PS 54: Disclosure of Information in NPSP Cases. Information gathered during NPSP screening, clinical assessments, and in the provision of supportive services or treatment that is protected from disclosure under References (d), (h), and (i) is only disclosed in accordance with References (d), (h), (i), and the Service FAP headquarters implementing policies and guidance.

d. Training

(1) PS 55: Implementation of Training Requirements. The FAP implements coordinated training activities for commanders, senior enlisted advisors, Service members, and their family members, DoD civilians, and contractors.

(2) PS 56: Training for Commanders and Senior Enlisted Advisors. The installation commander or senior mission commander must require that qualified FAP trainers defined in accordance with Service FAP headquarters implementing policy and guidance provide training on the prevention of and response to child abuse and domestic abuse to:

(a) Commanders within 90 days of assuming command.

(b) Annually to NCOs who are senior enlisted advisors.

(3) PS 57: Training for Other Installation Personnel. Qualified FAP trainers as defined in accordance with Service FAP headquarters implementing policy and guidance conduct training (or help provide subject matter experts who conduct training) on child abuse and domestic abuse in the military community to installation:

(a) Law enforcement and investigative personnel.

(b) Health care personnel. .

(c) Sexual assault prevention and response personnel.

(d) Chaplains.

(e) Personnel in DoDEA schools.

(f) Personnel in child development centers.

(g) Family home care providers.

(h) Personnel and volunteers in youth programs.

(i) Family center personnel.

(j) Service members.

(4) <u>PS 58: Content of Training</u>. FAP training for personnel, as required by PS 56 and PS 57, located at paragraphs 4d(2) and (3) of this enclosure, includes:

(a) Research-supported protective factors that promote and sustain healthy family relationships.

(b) Risk factors for and the dynamics of child abuse and domestic abuse.

(c) Requirements and procedures for reporting child abuse in accordance with References (b), (f), (g), and (m).

(d) The availability of domestic abuse victim advocates and response to restricted and unrestricted reports of incidents of domestic abuse in accordance with Reference (e).

(e) The dynamics of domestic abuse, reporting options, safety planning, and response unique to the military culture that establishes and supports competence in performing core victim advocacy duties.

(f) Roles and responsibilities of the FAP and the command under the installation's coordinated community response to a report of a child abuse, including the response to a report of child sexual abuse in a DoD sanctioned child or youth activity in accordance with Reference (b) and (n), or domestic abuse incident, and actions that may be taken to protect the victim in accordance with References (b) and (e).

(g) Available resources on and off the installation that promote protective factors and support families at risk before abuse occurs.

(h) Procedures for the management of child abuse and domestic abuse incidents that happen before a Service member is deployed, as set forth in PS 16, located at paragraph 2c(5) of this enclosure.

(i) The availability of transitional compensation for victims of child abuse and domestic abuse in accordance with References (d) and (m), and Service FAP headquarters implementing policy and guidance.

(5) PS 59: Additional FAP Training for NPSP Personnel. The installation FAPM ensures that all personnel offering NPSP services are trained in the content specified in PS 58, located at paragraph 4d(4) of this enclosure, and in Reference (j).

5. FAP RESPONSE TO INCIDENTS OF CHILD ABUSE OR DOMESTIC ABUSE

a. Reports of Child Abuse

(1) PS 60: Responsibilities in Responding to Reports of Child Abuse. The installation commander in accordance with Reference (b) and Service FAP headquarters implementing policy and guidance must issue local policy that specifies the installation procedures for responding to reports of:

(a) Suspected incidents of child abuse in accordance with References (b), (f), (g), and Service FAP headquarters implementing policies and guidance, federal and State laws, and applicable SOFAs.

(b) Suspected incidents of child abuse involving students, ages 3-18, enrolled in a DoDEA school or any children participating in DoD-sanctioned child or youth activities or programs.

(c) Suspected incidents of the sexual abuse of a child in DoD-sanctioned child or youth activities or programs that must be reported to the DASD(MC&FP) in accordance with Reference (m) and Service FAP headquarters implementing policies and guidance.

(d) Suspected incidents involving fatalities or serious injury involving child abuse that must be reported to OSD FAP in accordance with Reference (b) and Service FAP headquarters implementing policies and guidance.

(2) PS 61: Responsibilities During Emergency Removal of a Child From the Home

(a) In responding to reports of child abuse, the FAP complies with Reference (b) and Service FAP headquarters implementing policy and guidance and installation policies, procedures, and criteria set forth under PS 11, located at paragraph 2b(7) of this enclosure, during emergency removal of a child from the home.

(b) The FAP provides ongoing and direct case management and coordination of care of children placed in foster care in collaboration with the child welfare and foster care agency, and will not close the FAP case until a permanency plan for all involved children is in place.

(3) PS 62: Coordination With Other Authorities to Protect Children. The FAP coordinates with military and local civilian law enforcement agencies, military investigative agencies, and civilian child protective agencies in response to reports of child abuse incidents in accordance with References (b), (f), (g), and (l) and appropriate MOUs under PS 5, located at paragraph 2b(1) of this enclosure.

(4) PS 63: Responsibilities in Responding to Reports of Child Abuse Involving Infants and Toddlers From Birth to Age 3. Services and support are delivered in a developmentally appropriate manner to infants and toddlers, and their families who come to the attention of FAP to ensure decisions and services meet the social and emotional needs of this vulnerable population.

(a) FAP makes a direct referral to the servicing early intervention agency, such as the Educational and Developmental Intervention Services (EDIS) where available, for infants and toddlers from birth to 3 years of age who are involved in an incident of child abuse in accordance with sections 921 through 932 and chapter 33 of Title 20, U.S.C. (Reference (o)).

(b) FAP provides ongoing and direct case management services to families and their infants and toddlers placed in foster care or other out-of-home placements to ensure the unique developmental, physical, social-emotional, and mental health needs are addressed in child welfare-initiated care plans.

(5) PS 64: Assistance in Responding to Reports of Multiple Victim Child Sexual Abuse in DoD Sanctioned Out-of-Home Care

(a) The installation FAPM assists the installation commander in assessing the need for and implementing procedures for requesting deployment of a DoD Family Advocacy Command Assistance Team (FACAT) in cases of multiple-victim child sexual abuse occurring in DoD-sanctioned or operated activities, in accordance with Reference (m) and Service FAP headquarters implementing policies and guidance.

(b) The installation FAPM acts as the installation coordinator for the FACAT before it arrives at the installation.

b. PS 65: Responsibilities in Responding to Reports of Domestic Abuse. Installation procedures for responding to unrestricted and restricted reports of domestic abuse are established in accordance with Reference (e) and Service FAP headquarters implementing policy and guidance.

c. Informed Consent

(1) PS 66: Informed Consent for FAP Clinical Assessment, Intervention Services, and Supportive Services or Clinical Treatment. Every person referred for FAP clinical intervention and supportive services must give informed consent for such assessment or services. Clients are considered voluntary, non-mandated recipients of services except when the person is:

(a) Issued a lawful order by a military commander to participate.

(b) Ordered by a court of competent jurisdiction to participate.

(c) A child, and the parent or guardian has authorized such assessment or services.

(2) PS 67: Documentation of Informed Consent. FAP staff document that the person gave informed consent in the FAP case record, in accordance with Reference (e) and the Service FAP headquarters implementing policies and guidance.

(3) PS 68: Privileged Communication. Every person referred for FAP clinical intervention and support services is informed of their right to the provisions of privileged communication by specified service providers in accordance with Military Rules of Evidence 513 and 514 in the Manual for Courts Martial (Reference (p)).

d. Clinical Case Management and Risk Management

(1) PS 69: FAP Case Manager. A clinical service provider is assigned to each FAP referral immediately when the case enters the FAP system in accordance with Service FAP headquarters implementing policy and guidance.

(2) PS 70: Initial Risk Monitoring. FAP monitoring of the risk of further abuse begins when the report of suspected child abuse or domestic abuse is received and continues through the initial clinical assessment. The FAP case manager requests information from a variety of sources, in addition to the victim and the abuser (whether alleged or adjudicated), to identify additional risk factors and to clarify the context of the use of any violence, and ascertains the level of risk and the risk of lethality using standardized instruments in accordance with References (b) and (e), and Service FAP headquarters policies and guidance.

(3) PS 71: Ongoing Risk Assessment.

(a) FAP risk assessment is conducted from the clinical assessment until the case closes:

1. During each contact with the victim;

2. During each contact with the abuser (whether alleged or adjudicated);

3. Whenever the abuser is alleged to have committed a new incident of child abuse or domestic abuse;

4. During significant transition periods for the victim or abuser;

5. When destabilizing events for the victim or abuser occur; or

6. When any clinically relevant issues are uncovered during clinical intervention services.

(b) The FAP case manager monitors risk at least quarterly when civilian agencies provide the clinical intervention services or child welfare services through MOUs with such agencies.

(c) The FAP case manager monitors risk at least monthly when the case is high risk or involves chronic child neglect or child sexual abuse.

(4) PS 72: Communication of Increased Risk. The FAPM communicates increases in risk or risk of lethality to the appropriate commander(s), law enforcement, or civilian officials. FAP clinical staff assess whether the increased risk requires the victim or the victim advocate to be urged to review the victim's safety plan.

e. Clinical Assessment

(1) PS 73: Clinical Assessment Policy. The installation FAPM establishes procedures for the prompt clinical assessment of victims, abusers (whether alleged or adjudicated), and other family members, who are eligible to receive treatment in a military medical facility, in reports of child abuse and unrestricted reports of domestic abuse in accordance with References (b) and (h) when applicable and Service FAP headquarters policies and guidance, including:

(a) A prompt response based on the severity of the alleged abuse and further risk of child abuse or domestic abuse.

(b) Developmentally appropriate clinical tools and measures to be used, including those that take into account relevant cultural attitudes and practices.

(c) Timelines for FAP staff to complete the assessment of an alleged abuse incident.

(2) PS 74: Gathering and Disclosure of Information. Service members who conduct clinical assessments and provide clinical services to Service member abusers (whether alleged or adjudicated) must adhere to Service policies with respect to advisement of rights in accordance with chapter 47 of Title 10, U.S.C., also known as "The Uniform Code of Military Justice" (Reference (q)). Clinical service providers must also seek guidance from the servicing legal office when a question of applicability arises. Before obtaining information about and from the person being assessed, FAP staff fully discuss with such person:

(a) The nature of the information that is being sought.

(b) The sources from which such information will be sought.

(c) The reason(s) why the information is being sought.

(d) The circumstances in accordance with References (d), (h), (i), and Service FAP headquarters policies and guidance under which the information may be released to others.

(e) The procedures under References (d), (h), (i), and Service FAP headquarters policies and guidance for requesting the person's authorization for such information.

(f) The procedures under References (d), (h), (i), and Service FAP headquarters policies and guidance by which a person may request access to his or her record.

(3) PS 75: Components of Clinical Assessment. FAP staff conducts or ensures that a clinical service provider conducts a clinical assessment of each victim, abuser (whether alleged or adjudicated), and other family member who is eligible for treatment in a military medical treatment facility, in accordance with PS 73, located at paragraph 5e(1) of this enclosure, including:

(a) An interview.

(b) A review of pertinent records.

(c) A review of information obtained from collateral contacts, including but not limited to medical providers, schools, child development centers, and youth programs.

(d) A psychosocial assessment, including developmentally appropriate assessment tools for infants, toddlers, and children.

(e) An assessment of the basic health, developmental, safety, and special health and mental health needs of infants and toddlers.

(f) An assessment of the presence and balance of risk and protective factors.

(g) A safety assessment.

(h) A lethality assessment.

(4) PS 76: Ethical Conduct in Clinical Assessments. When conducting FAP clinical assessments, FAP staff treat those being clinically assessed with respect, fairness, and in accordance with professional ethics.

f. Intervention Strategy and Treatment Plan

(1) PS 77: Intervention Strategy and Treatment Plan for the Alleged Abuser. The FAP case manager prepares an appropriate intervention strategy based on the clinical assessment for every abuser (whether alleged or adjudicated) who is eligible to receive treatment in a military

treatment facility and for whom a FAP case is opened. The intervention strategy documents the client's goals for self, the level of client involvement in developing the treatment goals, and recommends appropriate:

(a) Actions that may be taken by appropriate authorities under the coordinated community response, including safety and protective measures, to reduce the risk of another act of child abuse or domestic abuse, and the assignment of responsibilities for carrying out such actions.

(b) Treatment modalities based on the clinical assessment that may assist the abuser (whether alleged or adjudicated) in ending his or her abusive behavior.

(c) Actions that may be taken by appropriate authorities to assess and monitor the risk of recurrence.

(2) PS 78: Commanders' Access to Relevant Information for Disposition of Allegations. FAP provides commanders and senior enlisted personnel timely access to relevant information on child abuse incidents and unrestricted reports of domestic abuse incidents to support appropriate disposition of allegations. Relevant information includes:

(a) The intervention goals and activities described in PS 77, located at paragraph 5f(1) of this enclosure.

(b) The alleged abuser's prognosis for treatment, as determined from a clinical assessment.

(c) The extent to which the alleged abuser accepts responsibility for his or her behavior and expresses a genuine desire for treatment, provided that such information obtained from the alleged abuser was obtained in compliance with Service policies with respect to advisement of rights in accordance with Reference (q).

(d) Other factors considered appropriate for the command, including the results of any previous treatment of the alleged abuser for child abuse or domestic abuse and his or her compliance with the previous treatment plan, and the estimated time the alleged abuser will be required to be away from military duties to fulfill treatment commitments.

(e) Status of any child taken into protective custody.

(3) PS 79: Supportive Services Plan for the Victim and Other Family Members. The FAP case manager prepares a plan for appropriate supportive services or clinical treatment, based on the clinical assessments, for every victim or family member who is eligible to receive treatment in a military treatment facility, who expresses a desire for FAP services, and for whom a FAP case is opened. The plan recommends one or more appropriate treatment modalities or support services, in accordance with References (b) and (j) and Service FAP headquarters policies and guidance.

(4) PS 80: Clinical Consultation. All FAP clinical assessments and treatment plans for persons in incidents of child abuse or domestic abuse are reviewed in the clinical case staff meeting (CCSM), in accordance with Reference (h) when applicable, Reference (i), and Service FAP headquarters policies and guidance.

g. Intervention and Treatment

(1) PS 81: Intervention Services for Abusers. Appropriate intervention services for an abuser (whether alleged or adjudicated) who is eligible to receive treatment in a military medical program are available either from the FAP or from other military agencies, contractors, or civilian services providers, including:

(a) Psycho-educationally based programs and services.

(b) Supportive services that may include financial counseling and spiritual support.

(c) Clinical treatment specifically designed to address risk and protective factors and dynamics associated with child abuse or domestic abuse.

(d) Trauma informed clinical treatment when appropriate.

(2) PS 82: Supportive Services or Treatment for Victims Who Are Eligible to Receive Treatment in a Military Treatment Facility. Appropriate supportive services and treatment are available either from the FAP or from other military agencies, contractors, or civilian services providers, including:

(a) Immediate and ongoing domestic abuse victim advocacy services, available 24 hours per day through personal or telephone contact, as set forth in Reference (e) and Service FAP headquarters policies and guidance.

(b) Supportive services that may include financial counseling and spiritual support.

(c) Psycho-educationally based programs and services.

(d) Appropriate trauma informed clinical treatment specifically designed to address risk and protective factors and dynamics associated with child abuse or domestic abuse victimization.

(e) Supportive services, information and referral, safety planning, and treatment (when appropriate) for child victims and their family members of abuse by non-caretaking offenders.

(3) PS 83: Supportive Services for Victims or Offenders Who Are **Not** Eligible to Receive Treatment in a Military Treatment Facility. Victims must receive initial safety-planning services only and must be referred to civilian support services for all follow-on care. Offenders must receive referrals to appropriate civilian intervention or treatment programs.

(4) PS 84: Ethical Conduct in Supportive Services and Treatment for Abusers and Victims. When providing FAP supportive services and treatment, FAP staff treats those receiving such supportive services or clinical treatment with respect, fairness, and in accordance with professional ethics.

(5) PS 85: CCSM Review of Treatment Progress. Treatment progress and the results of the latest risk assessment are reviewed periodically in the CCSM in accordance with Reference (b).

(a) Child sexual abuse cases are reviewed monthly in the CCSM.

(b) Cases involving foster care placement of children are reviewed monthly in the CCSM.

(c) All other cases are reviewed at least quarterly in the CCSM.

(d) Cases must be reviewed within 30 days of any significant event or a pending significant event that would impact care, including but not limited to a subsequent maltreatment incident, geographic move, deployment, pending separation from the Service, or retirement.

(6) PS 86: Continuity of Services. The FAP case manager ensures continuity of services before the transfer or referral of open child abuse or domestic abuse cases to other service providers:

(a) At the same installation or other installations of the same Service FAP headquarters.

(b) At installations of other Service FAP headquarters.

(c) In the civilian community.

(d) In child welfare services in the civilian community.

h. Termination and Case Closure

(1) PS 87: Criteria for Case Closure. FAP services are terminated and the case is closed when treatment provided to the abuser (whether alleged or adjudicated) is terminated **and** treatment or supportive services provided to the victim are terminated.

(a) Treatment provided to the abuser(s) (whether alleged or adjudicated) is terminated only if **either**:

1. The CCSM discussion produced a consensus that clinical objectives have been substantially met and the results of a current risk assessment indicate that the risk of additional abuse and risk of lethality have declined; **or**

2. The CCSM discussion produced a consensus that clinical objectives have not been met due to:

a. Noncompliance of such abuser(s) with the requirements of the treatment program.

b. Unwillingness of such abuser(s) to make changes in behavior that would result in treatment progress.

(b) Treatment and supportive services provided to the victim are terminated only if **either**:

1. The CCSM discussion produced a consensus that clinical objectives have been substantially met; **or**

2. The victim declines further FAP supportive services.

(2) PS 88: Communication of Case Closure. Upon closure of the case the FAP notifies:

(a) The abuser (whether alleged or adjudicated) and victim, and in a child abuse case, the non-abusing parent.

(b) The commander of an active duty victim or abuser (whether alleged or adjudicated).

(c) Any appropriate civilian court currently exercising jurisdiction over the abuser (whether alleged or adjudicated), or in a child abuse case, over the child.

(d) A civilian child protective services agency currently exercising protective authority over a child victim.

(e) The NPSP, if the family has been currently receiving NPSP intensive home visiting services.

(f) The domestic abuse victim advocate if the victim has been receiving victim advocacy services.

(3) PS 89: Disclosure of Information. Information gathered during FAP clinical assessments and during treatment or supportive services that is protected from disclosure under References (d), (h), and (i) is only disclosed in accordance with References (d), (h), (i) and Service FAP headquarters implementing policies and guidance.

6. DOCUMENTATION AND RECORDS MANAGEMENT

a. Documentation of NPSP Cases

(1) PS 90: NPSP Case Record Documentation. For every client screened for NPSP services, NPSP personnel must document in accordance with Service FAP headquarters policies and guidance, at a minimum:

(a) The informed consent of the parents based on the services offered.

(b) The results of the initial screening for risk and protective factors and, if the risk was high, document:

1. The assessment(s) conducted.

2. The plan for services and goals for the parents.

3. The services provided and whether suspected child abuse or domestic abuse was reported.

4. The parents' progress toward their goals at the time NPSP services ended.

(2) PS 91: Maintenance, Storage, and Security of NPSP Case Records. NPSP case records are maintained, stored, and kept secure in accordance with Reference (h) when applicable, Reference (i), and Service FAP headquarters policies and guidance.

(3) PS 92: Transfer of NPSP Case Records. NPSP case records are transferred in accordance with Reference (h) when applicable, Reference (i), and Service FAP headquarters policies and procedures.

(4) PS 93: Disposition of NPSP Records. NPSP records are disposed of in accordance with Reference (h) when applicable, Reference (i), and Service FAP headquarters policies and guidance.

b. Documentation of Reported Incidents

(1) PS 94: Reports of Child Abuse and Unrestricted Reports of Domestic Abuse. For every new reported incident of child abuse and unrestricted report of domestic abuse, the FAP documents, at a minimum, an accurate accounting of all risk levels, actions taken, assessments conducted, foster care placements, clinical services provided, and results of the quarterly CCSM from the initial report of an incident to case closure in accordance with Service FAP headquarters policies and guidance.

(2) PS 95: Documentation of Multiple Incidents. Multiple reported incidents of child abuse and unrestricted reports of domestic abuse involving the same Service member or family members are documented separately within one FAP case record.

(3) PS 96: Maintenance, Storage, and Security of FAP Case Records. FAP case records are maintained, stored, and kept secure in accordance with Service FAP headquarters policies and procedures.

(4) PS 97: Transfer of FAP Case Records. FAP case records are transferred in accordance with Reference (i) when applicable, Reference (j), and Service FAP headquarters policies and procedures.

(5) PS 98: Disposition of FAP Records. FAP records are disposed of in accordance with DoDD 5015.2 (Reference (r)) and Service FAP headquarters policies and guidance.

c. Central Registry of Child Abuse and Domestic Abuse Incidents

(1) PS 99: Recording Data Into the Service FAP Headquarters Central Registry of Child Abuse and Domestic Abuse Incidents. Data pertaining to child abuse and unrestricted domestic abuse incidents reported to FAP are added to the Service FAP headquarters central registry of child and domestic abuse incidents. Quarterly edit checks are conducted in accordance with Service FAP headquarters policies and procedures. Data that personally identifies the sponsor, victim, or alleged abuser are not retained in the central registry for any incidents that did not meet criteria for entry or on any victim or alleged abuser who is not an active duty member or retired Service member, DoD civilian employee, contractor, or eligible beneficiary.

(2) PS 100: Access to the DoD Central Registry of Child and Domestic Abuse Incidents. Access to the DoD central registry of child and domestic abuse incidents and disclosure of information therein complies with Reference (l) and Service FAP headquarters policies and guidance.

(3) PS 101: Access to Service FAP Headquarters Central Registry of Child and Domestic Abuse Reports. Access to the Service FAP headquarters central registry of child and domestic abuse incidents and disclosure of information therein complies with Reference (l) and Service FAP headquarters policies and procedures.

d. Documentation of Restricted Reports of Domestic Abuse

(1) PS 102: Documentation of Restricted Reports of Domestic Abuse. Restricted reports of domestic abuse are documented in accordance with Reference (e) and Service FAP headquarters policies and guidance.

(2) PS 103: Maintenance, Storage, Security, and Disposition of Restricted Reports of Domestic Abuse. Records of restricted reports of domestic abuse are maintained, stored, kept secure, and disposed of in accordance with Reference (e) and Service FAP headquarters policies and procedures.

7. FATALITY NOTIFICATION AND REVIEW

a. Fatality Notification

(1) PS 104: Domestic Abuse Fatality and Child Abuse Fatality Notification. The installation FAC establishes local procedures in compliance with Service FAP headquarters implementing policy and guidance to report fatalities known or suspected to have resulted from an act of domestic abuse, child abuse, or suicide related to an act of domestic abuse or child abuse that involve personnel assigned to the installation or within its area of responsibility. Fatalities are reported through the Service FAP headquarters and the Secretaries of the Military Departments to the DASD(MC&FP) in compliance with References (b) and (e), and Service FAP headquarters implementing policy and guidance.

(2) PS 105: Timeliness of Reporting Domestic Abuse and Child Abuse Fatalities to DASD(MC&FP). The designated installation personnel report domestic abuse and child abuse fatalities through the Service FAP headquarters channels to the DASD(MC&FP) within the timeframe specified in Reference (e) in accordance with the Service FAP headquarters implementing policy and guidance.

(3) PS 106: Reporting Format for Domestic Abuse and Child Abuse Fatalities. Installation reports of domestic abuse and child abuse fatalities are reported on the DD Form 2901, "Child Abuse or Domestic Abuse Related Fatality Notification," and in accordance with Reference (b).

b. Review of Fatalities

(1) PS 107: Information Forwarded to the Service FAP Headquarters Fatality Review. The installation provides written information concerning domestic abuse and child abuse fatalities that involve personnel assigned to the installation or within its area of responsibility promptly to the Service FAP headquarters fatality review team in accordance with Reference (e) and in the format specified in the Service FAP headquarters implementing policy and guidance.

(3) PS 108: Cooperation With Non-DoD Fatality Review Teams. Authorized installation personnel provide information about domestic abuse and child abuse fatalities that involve personnel assigned to the installation or within its area of responsibility to non-DoD fatality review teams in accordance with written MOUs and References (d) and (i).

8. QA AND ACCREDITATION OR INSPECTIONS

a. QA

(1) PS 109: Installation FAP QA Program. The installation FAC will establish local QA procedures that address compliance with the PSs in this enclosure in accordance with Reference (b) and Service FAP headquarters implementing policy and guidance.

(2) PS 110: QA Training. All FAP personnel must be trained in installation QA procedures.

(3) PS 111: Monitoring FAP Compliance with PSs. The installation FAPM monitors compliance of FAP personnel to installation QA procedures and the PSs in this enclosure.

b. Accreditation or Inspections

(1) PS 112: Accreditation or Inspections. The installation FAP undergoes accreditation or inspection at least every 4 years to monitor compliance with the PSs in this enclosure, in accordance with Reference (b) and Service FAP headquarters policies and guidance.

(2) PS 113: Review of Accreditation and Inspection Results. The installation FAC reviews the results of the FAP accreditation review or inspection and submits findings and corresponding corrective action plans to the Service FAP headquarters in accordance with its implementing policy and guidance.

Appendix
Index of FAP Topics

APPENDIX TO ENCLOSURE 3

INDEX OF FAP TOPICS

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GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CCSM	clinical case staff meeting
DoDD	DoD Directive
DoDI	DoD Instruction
DASD(MC&FP)	Deputy Assistant Secretary of Defense for Military Community and Family Policy
EDIS	Educational and Developmental Intervention Services
FAC	Family Advocacy Committee
FACAT	Family Advocacy Command Assistance Team
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
IDC	Incident Determination Committee
MOU	memorandum of understanding
NCO	noncommissioned officer
NPSP	New Parent Support Program
PII	personally identifiable information
PMA	primary managing authority
PS	program standard
QA	quality assurance
SOFA	status-of-forces agreement
U.S.C.	United States Code

PART II. DEFINITIONS

Unless otherwise noted, the following terms and their definitions are for the purposes of this volume.

alleged abuser. Defined in Reference (b).

<u>case</u>. One or more reported incidents of suspected child abuse or domestic abuse pertaining to the same victim.

<u>CCSM</u>. An installation FAP meeting of clinical service providers to assist the coordinated delivery of supportive services and clinical treatment in child abuse and domestic abuse cases, as appropriate. They provide: clinical consultation directed to ongoing safety planning for the victim; the planning and delivery of supportive services, and clinical treatment, as appropriate, for the victim; the planning and delivery of rehabilitative treatment for the alleged abuser; and case management, including risk assessment and ongoing safety monitoring.

<u>child</u>. Defined in Reference (b).

<u>child abuse</u>. Defined in Reference (m).

<u>clinical case management</u>. The FAP process of providing or coordinating the provision of clinical services, as appropriate, to the victim, alleged abuser, and family member in each FAP child abuse and domestic abuse incident from entry into until exit from the FAP system. It includes identifying risk factors; safety planning; conducting and monitoring clinical case assessments; presentation to the IDC; developing and implementing treatment plans and services; completion and maintenance of forms, reports, and records; communication and coordination with relevant agencies and professionals on the case; case review and advocacy; case counseling with the individual victim, alleged abuser, and family member, as appropriate; other direct services to the victim, alleged abuser, and family members, as appropriate; and case transfer or closing.

<u>clinical intervention</u>. A continuous risk management process that includes identifying risk factors, safety planning, initial clinical assessment, formulation of a clinical treatment plan, clinical treatment based on assessing readiness for and motivating behavioral change and life skills development, periodic assessment of behavior in the treatment setting, and monitoring behavior and periodic assessment of outside-of-treatment settings.

<u>domestic abuse</u>. Defined in Reference (e).

<u>domestic violence</u>. Defined in Reference (e).

<u>FAC</u>. Defined in Reference (b).

<u>FACAT</u>. Defined in Reference (b).

<u>FAP</u>. Defined in Reference (b).

<u>high risk for violence</u>. A level of risk describing families or individuals experiencing severe abuse or the potential for severe abuse, or offenders engaging in high risk behaviors such as making threats to cause grievous bodily harm, preventing victim access to communication devices, stalking, etc. Such cases require coordinated community safety planning that actively involves installation law enforcement, command, legal, and FAP.

home visitation. Defined in Reference (j).

home visitor. A person who provides FAP services to promote child and family functioning to parents in their homes.

IDC. Defined in Reference (b).

installation. Any more or less permanent post, camp, station, base for the support or carrying on of military activities.

Installation FAPM. The individual at the installation level designated by the installation commander in accordance with Service FAP headquarters implementing guidance to manage the FAP, supervise FAP staff, and coordinate all FAP activities. If the Service FAP headquarters implementing guidance assigns the responsibilities of the local FAPM between two individuals, the FAPM is the individual who has been assigned the responsibility for implementing the specific procedure.

NPSP. Defined in Reference (j).

non-DoD eligible extrafamilial caregiver. A caregiver who is not sponsored or sanctioned by the DoD. It includes nannies, temporary babysitters certified by the Red Cross, and temporary babysitters in the home, and other non-DoD eligible family members who provide care for or supervision of children.

non-medical counseling. Defined in DoDI 6490.06 (Reference (s)).

out-of-home care. Defined in Reference (l).

PMA. The installation FAP that has primary authority and responsibility for the management and incident status determination of reports of child abuse and unrestricted reports of domestic abuse.

restricted reporting. Defined in Reference (e).

risk management. The process of identifying risk factors associated with increased risk for child abuse or domestic abuse, and controlling those factors that can be controlled through collaborative partnerships with key military personnel and civilian agencies, including the active duty member's commander, law enforcement personnel, child protective services, and victim advocates. It includes the development and implementation of an intervention plan when significant risk of lethality or serious injury is present to reduce the likelihood of future incidents and to increase the victim's safety, continuous assessment of risk factors associated with the abuse, and prompt updating of the victim's safety plan, as needed.

safety planning. Defined in Reference (e).

service FAP headquarters. The office designated by the Secretary of the Military Department to develop and issue Service FAP implementing guidance in accordance with DoD policy, manage the Service-level FAP, and provide oversight for Service FAP functions.

unrestricted reporting. Defined in Reference (e).

victim. Defined in Reference (l).

victim advocate. Defined in Reference (e).