

RECORD VERSION

STATEMENT BY

**COL STEVE LEWIS
DEPARTMENT OF THE ARMY FAMILY ADVOCACY PROGRAM MANAGER AND
DEPUTY DIRECTOR QUALITY OF LIFE TASK FORCE**

BEFORE THE

**SUBCOMMITTEE ON MILITARY PERSONNEL
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES**

FIRST SESSION, 117TH CONGRESS

**KEEPING OUR SERVICE MEMBERS AND THEIR FAMILIES SAFE AND READY:
THE MILITARY'S PREVENTION AND RESPONSE TO DOMESTIC VIOLENCE**

MAY 25, 2021

**NOT FOR PUBLICATION UNTIL RELEASED BY THE
COMMITTEE ON ARMED SERVICES**

Chairwoman Speier, Ranking Member Gallagher and distinguished Members of the Subcommittee, thank you for the opportunity to present the Army's efforts to prevent and respond to domestic violence. We are grateful for your diligent work to support military families. The Acting Secretary of the Army and the Chief of Staff are committed to preventing and responding to domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth. On behalf of the Acting Secretary, the Chief of Staff of the Army, and the many dedicated and expert professional staff who compose the Army Family Advocacy Program team, I appreciate the opportunity to appear before you today to highlight the Army's efforts to keep families, children and all victims safe and resilient.

Domestic violence is a serious national public health issue. The Army is committed to a culture in which abuse and maltreatment of any kind are not tolerated, condoned, or ignored. The welfare and well-being of victims, Soldiers, and Family members are essential for mission readiness. To address domestic violence, the Army's Family Advocacy Program (FAP) uses a coordinated community response approach that promotes awareness, offers prevention and early intervention services, mandates timely reporting, and utilizes evidence-based and informed tools to support response and treatment. We have carefully reviewed the findings of GAO Report 21-289, *Domestic Abuse: Actions Needed to Enhance DoD's Prevention, Response and Oversight*. We are working diligently to implement the report's recommendations.

Family Advocacy Program Integration and Oversight Framework

The Assistant Secretary of the Army Manpower and Reserve Affairs, and the Deputy Chief of Staff, G-9, provides oversight of Family Advocacy programs, policies,

and procedures through a comprehensive oversight framework. The goals of the framework are twofold. First, compliance, ensuring installation Family Advocacy programs and clinics are fulfilling applicable statutory, and regulatory requirements. Second, evaluation, confirming programs and efforts meet the high standards established by Congress, the Department of Defense, and Army regulations. The FAP oversight framework ensures that prevention efforts are focused on identified risk and protective factors; that clinical assessment and treatment protocols use evidence-based and informed models; that awareness and education campaigns are military-specific; and that victim advocacy is guided by the current best practices in addressing victim safety and risk reduction.

The Army has assigned Family Advocacy prevention, training, and awareness implementation requirements to the Army Materiel Command. Clinical assessment and treatment is assigned to the Army Medical Command. Working together, FAP prevention and clinical components coordinate with other members of a multi-disciplinary coordinated community response to ensure adult and child victim safety, support and advocate for victims, provide rehabilitation for abusers, affect increased support for families, and enhance command's oversight and understanding of the breadth of domestic violence issues on the installation.

Army Materiel Command, through the Installation Management Command, and Garrison Commanders implements and executes comprehensive FAP prevention services. The installation FAP manager, in accordance with Army Regulation 608-18 (The Army Family Advocacy Program), provides extensive community prevention programming and training to promote community and command awareness on the issue

of Family violence and the FAP. Installation FAP personnel provide training to Commanders, Senior Enlisted Advisors, and annual troop training for their units. We acknowledge the findings of the Government Accountability Office report related to training and are the Army is updating and standardizing training curricula for Commanders and Senior Enlisted Advisors. Family Advocacy provides tailored training for workers in childcare, healthcare, and other settings about their mandatory reporting requirements, including compliance with Talia's Law, and state statutes. Prevention education offerings include parent education, stress and anger management, healthy relationships, and other programs based on local needs. Annual public awareness campaigns during domestic violence and child abuse prevention months include social media messaging strategies and serve as a way to educate the community about emerging trends, such as the use of technology in domestic abuse and stalking. Recently, the Army collaborated with the RAND Corporation to conduct research on effective strategies to improve outreach to isolated victims of domestic abuse that live within their local community. We look forward to concluding this study next year and applying recommendations to better serve victims of domestic violence.

The Army Medical Command and Medical Treatment Facility Commanders are directed to provide trauma-informed assessment, intervention, clinical treatment, risk management, and safety planning. Family Advocacy clinicians are licensed clinical social workers who offer services and support to both domestic abuse victims, offenders, as well as children affected by domestic abuse. Family Advocacy clinicians conduct trauma informed assessments using standardized Family Advocacy-specific automated risk assessments to include: the Columbia Suicide Severity Rating Scale for

suicide risk assessment; the Brief Child Abuse Potential Inventory to assess risk of child abuse; the Intimate Partner Physical Injury Risk Assessment Tool to review risk of future domestic violence; and measures for depression, anxiety and posttraumatic stress disorder. Clinical treatment aims to support victims, mitigate impacts of abuse, and help offenders end abusive behavior.

Commander Actions and Support to Prevent and Respond to Domestic Violence

Commanders at all levels are central to effective prevention and response to domestic violence. Commanders have the appropriate authorities and tools to protect victims of domestic violence, ensure a prompt investigation of all reports of domestic violence, and take disciplinary or administrative action against Soldier offenders. Garrison commanders may remove alleged offenders from government quarters or bar civilian offenders from entering the installation. Garrison Commanders chair the installation Family Advocacy Committee, the Incident Determination Committee (IDC), and the Installation Fatality Review Board. Unit Commanders can issue military protective orders, enforce civilian protective orders, order Soldiers to reside in the barracks away from their households, and, if necessary, order a Soldier into pretrial confinement. The Army acknowledges the findings from the GAO report on command enforcement of civilian protective orders, and have inserted language into our pending updates of appropriate Army Regulations to ensure that Commanders understand and use their authority to discipline Soldier violations of the civilian protective order under the Uniform Code of Military Justice (UCMJ). Finally, Commanders participate and vote in the IDC and have the authority to direct Soldier offenders to complete recommended treatment.

Army Adoption of the IDC Model

In coordination with New York University, the Army conducted a five-year study on the implementation of the IDC at ten installations in order to help inform enterprise-wide adoption of the IDC and to measure the quality and effectiveness of the IDC. This study was a unique process-oriented study. The findings from the study showed that Commanders strongly embraced the IDC to reach decisions about determination of incidents of domestic abuse. They had a higher level of satisfaction with the determination process, improved perceptions of incident determination fairness, and were more engaged with Family Advocacy Program treatment staff, resulting in increased command support for support treatment recommendations. This study set the stage for a deeper understanding of effective processes that lead to better outcome, and has been invaluable in helping both Installation Management Command and Medical Command in transitioning to the IDC Army-wide. An Army policy directing the change is in final staffing to Army Senior Leaders.

Coordinated Community Response Framework

The IDC is one important component of the Army's coordinated community response framework. This framework addresses the multi-dimensional and complex nature of domestic abuse and child maltreatment. It is a best practice adopted from the civilian sector, which the Army has used since Family Advocacy Program inception. Members of the coordinated community response—including law enforcement, victim advocates, clinical social workers, home visitors, prevention educators, commanders, and community partners—work collaboratively to prevent, identify, and respond to domestic violence. This dynamic and collaborative approach recognizes that,

depending on the circumstances, multiple, simultaneous responses to an incident are necessary and beneficial. When any element of the coordinated community response receives a report of an incident of domestic abuse, it triggers reporting to other members, who respond according their unique function, mission and as outlined in the installation's standard operating procedures.

Domestic Abuse Victim Services

Another key element in the coordinated community response is the Army's domestic abuse victim advocates. Family Advocacy domestic abuse victim advocates are available 24-hours a day and work directly with victims of domestic abuse, providing crisis intervention, ongoing safety assessments, and assisting victims to obtain needed resources, including legal assistance, financial support and Transitional Compensation when appropriate. When needed, advocates accompany victims to civilian court to secure civil protective orders. All services are provided with a view of reducing the risk of abuse reoccurrence, promoting safety and empowerment. Victim advocacy services are offered with the goal of ensuring that victims are actively involved in all aspects of their safety and service plans.

A victim's decision to report domestic abuse can be a complicated choice and many victims of domestic abuse elect to remain in relationships with offenders. The stigma and re-traumatization often associated with law enforcement and command involvement in responding to domestic abuse are powerful disincentives to reporting. Restricted reporting ensures that every victim has access to medical care, clinical counseling, and victim advocacy services, even if that victim does not wish to pursue law enforcement or command actions against the offender. Victims of domestic abuse

who desire restricted reports report the abuse to one of the following specified personnel: a victim advocate, a healthcare provider, or a FAP clinician or supervisor. The victim always retains the option to change the report to unrestricted status, at which time law enforcement and the command are engaged. Restricted reporting gives adult victims time to consider reporting the domestic abuse incident to law enforcement or the command, while benefiting from safety planning, treatment, and supportive services.

Conclusion

The Army continues to work collectively across the Department of Defense to improve our program. The FAP has engaged in a prevention mapping exercise with our sister Services and the Office of the Secretary of Defense (Personnel and Readiness Family Advocacy Program) to track installation prevention strategies as well as document all Service policies, procedures, research, and evaluation related to prevention programs, outreach, and education. The outcomes of the prevention mapping will inform policy to better address enterprise-wide primary prevention that seeks to stop violence before it starts.

I greatly appreciate the opportunity to hear from the members of this committee and the other witnesses to learn how we can improve our efforts to prevent and respond to domestic violence. We must get this right. I look forward to your questions.