

STATEMENT OF

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BEFORE THE
HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON MILITARY PERSONNEL

SHATTERED FAMILIES, SHATTERED SERVICE: TAKING MILITARY
DOMESTIC VIOLENCE OUT OF THE SHADOWS

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Chairman Speier, Ranking Member Kelly, and members of this distinguished Subcommittee, the Department of Defense (DoD) is committed to preventing and responding to domestic abuse/intimate partner violence, child abuse and neglect, and problematic sexual behavior in children and youth in the military community. On behalf of Mr. James Stewart, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness, and the cadre of dedicated and expert professionals who comprise the DoD Family Advocacy Program (FAP) team, I appreciate the opportunity to appear before you today to highlight the Department's efforts to keep our families and children safe and healthy. I am pleased to be joined by Mr. Ken Noyes, Associate Director, Office of Military Family Readiness Policy, Family Advocacy Program, who is a pivotal member of my staff on all FAP matters. Our sincere thanks to you for your continued, stalwart support of programs that help our Service members and their families stay strong and resilient.

Although domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth are serious national public health issues, the Department is committed to a military culture in which abuse and maltreatment of any kind are not tolerated, condoned, or ignored. The welfare and well-being of our Service members and their families is imperative to the readiness of our force. To address domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth, we use a comprehensive approach that promotes awareness, highlights prevention, emphasizes early intervention, mandates timely reporting, and utilizes evidenced-based and informed tools to support response and treatment.

Overview of the Department's Approach - A Coordinated Community Response

Central to the DoD strategy for addressing the multi-dimensional and complex nature of domestic abuse and child maltreatment is the coordinated community prevention and response model, a best practice adopted from the civilian sector. This model employs the comprehensive resources of a Service member's command, medical, military law enforcement, legal, the chaplaincy, civilian child protective services (CPS), and other community-based resources to prevent, identify, and respond to family violence, and within that framework, domestic abuse, specifically. This dynamic approach recognizes that, depending on the circumstances, multiple, simultaneous responses to an incident are necessary and beneficial. Each component of the coordinated community response contributes to the shared mission of ensuring the safety and

welfare of Service members and their families. At the same time, each component is charged with executing its own unique, but equally important mission. Any element of the coordinated community response network may receive a report of an incident of domestic abuse, and receipt of such a report “lights up the system,” initiating reciprocal reporting to other members of the coordinated community response and signaling each member to respond to the report as appropriate according to its unique mission and functions. For example, when a domestic abuse allegation is received by FAP, victim safety and risk assessment are the priorities. Victim advocacy services are offered to address safety planning, a clinical assessment is conducted, and an intervention plan developed, as appropriate. The victim is referred for medical services, as needed, and may elect a “restricted report” where no notifications are required outside of FAP. The Service member’s command and military law enforcement are notified if the victim elects to share the information, and therefore, elects an “unrestricted report.” Medical services, clinical counseling, and victim advocacy support are available with both a restricted and an unrestricted report. The alleged offender is also notified of the allegation, and he or she is assessed and a treatment plan is developed, as appropriate. If the victim files an unrestricted report, involvement by the Service member’s command may necessitate consultation with the military Staff Judge Advocate or other legal counsel and could result in criminal prosecution or other disciplinary or adverse administrative action. With an unrestricted report, an investigation by military law enforcement occurs separate from FAP’s assessment process. The command, in collaboration with FAP, determines how to best support the family. In addition, the command, in coordination with law enforcement and legal counsel, determines what actions should be taken to hold the offender accountable.

Coordinated community response partners work together through parallel, but distinct processes and functions. We believe that when each partner focuses on fulfilling its own critical mission, the Department achieves a holistic system of prevention and support. For example, while FAP is providing treatment and support to a domestic abuse victim, law enforcement is working to investigate the matter if the victim files an unrestricted report. This separation of both functions and lines of effort ensures that FAP can maintain its primary focus on ensuring victim safety; provide clinical services to reduce and mitigate victim trauma; and support family re-stabilization, as appropriate. Meanwhile, law enforcement and legal personnel engage and apply their expertise to investigate criminal allegations and prosecute offenders, as warranted.

The Family Advocacy Program

The keystone of the Department of Defense's response to domestic abuse and child maltreatment is the Family Advocacy Program. The Department's FAP is designed solely to prevent and address domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth in military families. The Department of Defense FAP office is the policy proponent for prevention and response to domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth. FAP services are provided through the Military Service FAPs, which foster awareness of the program across their Service; train leaders, Service members, and their families; and implement initiatives geared toward preventing and responding to domestic abuse, the specific issue to be addressed today. Each Military Service FAP coordinates with multiple partners and stakeholders to ensure adult and child victim safety, provide victim advocacy and support, and manage the Incident Determination Committee (IDC) process for determining if an incident meets the clinical threshold for more intensive intervention services and for recording in the FAP Central Registry—a database for tracking trends across DoD.

FAP Oversight

To ensure consistency in the implementation of the FAP across the Military Services, DoD FAP provides oversight of Service FAP programs, policies, and procedures through a comprehensive FAP Oversight Framework. The objective of the FAP Oversight Framework is to ensure that all three Military Departments and the four Military Services implement and execute a comprehensive FAP across the domains of prevention, response, reporting, intervention, treatment, advocacy, risk management, and safety planning. The goals of the framework are twofold: compliance - to ensure the Military Services are fulfilling applicable law, regulatory, and policy requirements; and evaluation - to confirm that Service FAP programs and efforts meet the high standards established by Congress, DoD, and the Service-specific regulations and policies. Oversight also includes standardization of processes and procedures (where appropriate), management of research activities, evaluation of the research results, implementation of evidence-based programs, and to the extent possible, emphasis on the utilization of metrics as the basis for program compliance and evaluation.

The framework is designed to allow for some customization by each Service where appropriate to address unique, Service-specific factors and to align with the respective Service identity and culture. Most importantly, the FAP Oversight Framework ensures that prevention efforts are focused on identified risk and protective factors; that clinical assessment and treatment protocols utilizes the best, evidence-based and -informed models; that awareness and education campaigns are military-specific; and that victim advocacy is guided by the most current best practices in addressing victim safety and risk reduction.

FAP Domestic Abuse Response Process

In general, the FAP reporting and response process begins when FAP receives an allegation that an incident of domestic abuse has occurred. The report may go to FAP directly (such as from the victim or neighbor who may have observed the incident) or may be forwarded to FAP from another coordinated community response partner (such as law enforcement, the chain of command, or a medical care provider). If physical injury is involved, FAP makes a referral for medical assessment and treatment as well. A FAP clinician responds and performs an assessment to ensure the safety of the victim and all other family members and to gather clinical information to determine any immediate support needs. Concurrently, unless the victim has elected a restricted report, the member's command and military law enforcement are informed and execute their respective processes.

Within 30 days of the incident report, the Service FAP IDC will meet and employ a rigorous and quantifiable evidence-based tool, called the Decision Tree Algorithm, to determine if the incident meets the clinical threshold for abuse. If the IDC determines that an incident "meets criteria," the case is referred to a clinical case review team which develops an intervention plan. Even if the IDC determines that the incident does not meet the clinical threshold for abuse, but that risk factors for potential abuse are present, appropriate intervention services will be offered to the Service member and family.

When an allegation of domestic or intimate partner abuse is received, the victim is immediately offered the services of a Domestic Abuse Victim Advocate. If a victim of domestic and intimate partner abuse elects to file a restricted report, the command and law enforcement are not notified, but all other medical and victim advocacy support services are provided.

Domestic Abuse

In order to assist the Department in improving its response to domestic violence, section 591 of the National Defense Authorization Act for FY 2000 required the Secretary of Defense to establish the Defense Task Force on Domestic Violence. From 2000-2003, the Task Force conducted a comprehensive review of the Department's efforts to address domestic violence and generated recommendations that today remain embedded in prevention and response processes across the coordinated community response. A key enhancement to the Family Advocacy Program was the addition of Domestic Abuse Victim Advocates to provide early engagement and support of domestic abuse victims in a confidential environment.

A victim's decision to report domestic abuse can be a complicated and traumatic choice, as some victims of domestic abuse may elect to stay in the relationship with the offender. The Department has long acknowledged that the stigma and victim re-traumatization often associated with law enforcement and command involvement in responding to domestic abuse are powerful disincentives to reporting, yet a victim who declined to report had little hope of receiving necessary treatment, care, and support. With a view to resolving this conundrum in favor of caring for victims, the Department introduced the restricted reporting option for adult victims of domestic abuse.

The restricted report option is for adult victims who *do not* want an official investigation of the incident. Victims of domestic abuse who desire to make a restricted report must report the abuse to one of the following specified personnel: a victim advocate, a healthcare provider, or a FAP clinician or supervisor. Restricted reporting ensures that every victim has access to medical care, clinical counseling, support, and victim advocacy services, even if that victim does not wish to pursue law enforcement or command actions against the offender. The victim always retains the option to change the report to unrestricted status, at which time law enforcement and the command would be engaged. Restricted reporting gives adult victims additional time to consider reporting the domestic abuse incident to law enforcement or the command, while benefiting from receiving relevant information, treatment, and support. DoD policy requires a response that is respectful of the victim's personal relationship decisions and choice of reporting options.

FAP Support

The Department is committed to providing services that address victim safety, respect victim rights, and support stabilizing the family as a unit, when appropriate. Department policy, updated in April of 2017, addresses standards of competence for all victim assistance personnel and standards of service—all of which are consistent with national victim assistance standards, while remaining cognizant of the unique needs of the military community. Although many partners in the coordinated community response model employ victim advocates, Service FAP clinicians and FAP Domestic Abuse Victim Advocates are assigned specifically to respond to victims of domestic abuse at the installation level. FAP clinicians are licensed clinical providers who offer services and support to domestic abuse victims and to offenders as well as to children affected by domestic abuse. Clinicians conduct psycho-social assessments, risk assessments, and safety planning; develop treatment plans; and provide clinical services. Clinical treatment aims to support the victim, mitigate the impact of the abuse, and assist the offender in ending the abusive behavior. FAP Domestic Abuse Victim Advocates are available 24-hours a day and work directly with victims, provide ongoing safety assessments, and when needed, accompany victims to court to secure civil protective orders, all with a view to reducing the risk of re-offense and promoting victim and family safety and empowerment. Victim advocacy services are offered to victims with the goal of ensuring that victims are actively involved in all aspects of their safety and service plans. FAP clinicians and domestic abuse victim advocates assess risk and safety on a continual basis while providing services to victims, to include any safety planning and referrals to civilian resources or Veterans Affairs if a victim leaves the military system. The Department is committed to ensuring an appropriate and timely response to victims and has initiated the development of a staffing tool to ensure that an adequate number of trained FAP clinicians and victim advocates are always available for these purposes.

FAP is designed to be both preventive and rehabilitative in nature and to facilitate clinical treatment for both victims and offenders. FAP clinical cases are closed as either “resolved” or “unresolved” based on FAP assessment of victim safety and security and FAP determinations of the likelihood of offender recidivism. It is important to note that under the coordinated community response model, FAP *does not* conduct criminal investigations of domestic abuse or neglect, has *no role* in disciplinary action against Service members found to have engaged in criminal or inappropriate conduct, and *does not* track adjudication of cases by law enforcement,

the command, or the judicial system. Under the coordinated community response model, these other processes are the sole responsibility of Military Service law enforcement and Military Criminal Investigative Organizations, lawyers, the commander, and duly-empowered judges. Under the coordinated community response model, these other processes are separate from FAP, although law enforcement investigations, command-imposed discipline, and criminal prosecutions may be conducted in parallel to FAP processes.

The important distinctions between FAP and these other processes notwithstanding, FAP clinicians and victim advocates work regularly with the chain of command to provide information about what the commander can do to protect and assist victims of abuse. FAP also works with Staff Judge Advocates and other legal counsel to refer victims who qualify for assistance through the Special Victim Investigation and Prosecution Counsel services.

The Department places specific emphasis on primary and targeted prevention activities, to include promoting awareness of signs, symptoms, and risk factors associated with domestic abuse, as well as the treatment and rehabilitative services that FAP provides. Department policy requires Service FAPs at the installation level to promote public awareness of the FAP program and provide training and education about domestic abuse and the services and support available through FAP to commanders, senior enlisted advisors, Service members and their families, DoD civilian employees, and contractors. The Department also endeavors to strengthen family functioning and resilience by promoting the protective factors that serve as buffers to abuse, including building and sustaining safe, stable, and nurturing family relationships. Training activities in this vein include information and classes to assist Service members and their families in strengthening their relationships, building parenting skills, and adapting successfully to military life.

Data Collection/Reporting and Trends in Domestic Abuse and Child Abuse and Neglect

Data collection is critical to the Department's efforts to track, identify, and understand domestic abuse and child abuse and neglect trends, with a view to informing future prevention and response actions and initiatives. The FAP Central Registry captures demographic and FAP-specific clinical data on domestic abuse and child abuse and neglect incidents that "meet criteria" for abuse or maltreatment, as determined by a Service FAP Incident Determination Committee.

It is important to note that measures of accountability (such as command action), law enforcement data, and legal dispositions related to domestic abuse and child maltreatment cases are tracked via mechanisms *separate from* the FAP Central Registry. The Department believes that co-mingling accountability, law enforcement, and legal disposition data with FAP clinical data could have significant adverse consequences and unintended second- and third-order effects. If every report or referral to FAP is perceived to require a follow-on investigative, legal, or command disciplinary action, it is likely that there would be a decrease in self-reporting and participation in treatment for both victims and offenders, as well as a decline in command referrals for preventive intervention. If a victim of domestic abuse chooses to stay in the relationship with the offender, the perception that seeking help through FAP would by itself invoke command or legal action that could threaten family integrity or adversely affect an offender's military career could very well make the victim reluctant to seek help through FAP and thus deprive that victim of necessary care, support, and advocacy services.

Domestic Abuse Defined

The Department defines domestic abuse, which includes domestic violence, as “a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.” DoD policy distinguishes two types of adult victims under the category of domestic abuse: spouses and intimate partners. Spouse abuse involves an incident in which either the victim or offender may be an active duty Service member or the civilian spouse of an active duty Service member. Intimate partner abuse is defined as an incident in which either the victim or offender may be an active duty Service member or civilian partner who is “a former spouse, a person with whom the victim shares a child in common, or a current or former intimate partner with whom the victim shares or has shared a common domicile.” Individuals who experience sexual assault and who fall outside of the definition of intimate partner receive services through the Department's Sexual Assault Prevention and Response program.

In FY 2018, FAP received 15,242 reports of suspected spouse abuse. Approximately half of those incidents (7,015) met the DoD criteria for domestic abuse. These “met criteria” incidents involved 5,550 unique spouse victims. The FY 2018 rates of spouse abuse reporting

and “met criteria” incidents do not indicate significant increases when compared to the past decade. In FY 2018, there were 1,670 incidents of “met criteria” intimate partner abuse, involving 1,024 unique victims. Unlike child abuse and neglect, for which there exist federal definitions and standards and which are tracked nationwide through the Department of Health and Human Services, there is no standard or centralized mechanism in the civilian sector to track civilian rates of domestic abuse for comparison to the military population. This is due, in part, to the fact that each state has different laws and definitions of domestic abuse, which makes tracking, aggregation, and comparison of incidents difficult, if not impossible.

Initiatives and Programs

Although the Department considers our prevention and response actions to be comprehensive, we recognize that, much like sexual assault and suicide, domestic abuse presents human factor challenges that require continuous and persistent efforts to train and educate our leaders, Service members, and families in order to improve the effectiveness and responsiveness of our system.

Notably, DoD is partnering with the University of California, Los Angeles (UCLA)/Duke and the National Child Traumatic Stress Network to train FAP clinicians and home visitors on trauma-informed care in the military setting. DoD FAP is also collaborating with the National Center on Shaken Baby Syndrome to deliver standardized training to new parents to cope with periods of inconsolable infant crying. Additionally, we collaborate across all four Services and leverage the resources of Military OneSource, the Department’s 24/7/365 virtual family support information and referral service, to sustain standardized public awareness messages and provide direct access to resources that encourage Service members and families to seek help early and often.

Further, DoD is leading several ongoing initiatives to strengthen our FAP processes. The scope and breadth of these ongoing initiatives are significant: once brought to fruition, they will affect policies and processes both internal and external to the DoD. For example, we are working with expert academic partners to develop cutting-edge clinical tools to aid FAP clinicians in risk assessment and safety planning, and we are engaging in concerted efforts to inform state lawmakers of the benefits of requiring reciprocal reporting to FAP by their state civilian CPS agencies of child abuse and neglect allegations involving military families. The

Department is also sponsoring numerous research projects to develop new evidence-based tools and processes that will enable FAP to better determine risk and protective factors associated with domestic abuse and to enhance the effectiveness of abuse prevention and response training for commanders, leaders, and first responders. A brief discussion of some of the Department's major initiatives and programs follows:

Child Abuse and Neglect and Domestic Abuse Integrated Project Team

In 2013, the Undersecretary of Defense for Personnel and Readiness directed a comprehensive review of all components of the coordinated community response regarding domestic abuse and child maltreatment. Two Rapid Improvement Events resulted in the identification of 37 recommendations that warranted focused attention. An Integrated Project Team of senior executives and leaders tracked the assessment of these issues. As of 2018, all 37 of the recommendations have been addressed or implemented, resulting in improvements across all elements of the coordinated community response system.

Incident Determination Committee (IDC)/ Decision Tree Algorithm (DTA)

The purpose of the IDC, an evidence-based approach designed by researchers from New York University (NYU) with sponsorship by the Department of the Air Force, is to determine whether reports of suspected domestic abuse (or child abuse and neglect) meet the DoD definitions of abuse, and therefore must be documented in the FAP Central Registry. This decision is known as the Incident Status Determination (ISD). All incidents of alleged abuse or neglect must be presented to the IDC.

The IDC uses a DTA, also developed by NYU, which was developed and rigorously tested prior to its implementation DoD-wide. The DTA process provides the IDC with clear and consistent descriptors of the acts and the impact on the victim, which determines whether the incident meets criteria for abuse or neglect. In child sexual abuse and domestic abuse-related sexual assault, the determination as to whether an incident meets criteria is based solely on the act. The DTA provides a consistent, Department-wide process and criteria for assessing incidents of both domestic abuse and child abuse and neglect.

Incident Severity Scale

The Incident Severity Scale is an evidence-based algorithm developed by researchers at NYU to accurately determine the level of severity of an incident of domestic abuse or child abuse or neglect. Historically, abuse and maltreatment incident severity ratings were based on the FAP clinician’s individual clinical judgment. Given the potentially significant effects of abuse on victims and the implications regarding an offender’s rehabilitation, DoD FAP committed to ensuring that its evaluations of incident severity were evidence-based and implemented the Incident Severity Scale’s proven algorithm to enhance the accuracy and consistency of its assessments. Continued monitoring by DoD and Service FAPs, supplemented by implementation support provided by the Penn State University’s Clearinghouse for Military Family Readiness through the Department’s partnership with the United States Department of Agriculture, ensures that the Incident Severity Scale accurately reflects the severity of “met criteria” domestic abuse (and child maltreatment cases).

Intimate Partner Physical Injury Risk Assessment Tool

The Intimate Partner Physical Injury-Risk Assessment Tool (IPPI-RAT), developed by researchers from Kansas State University and Northern Illinois University, is an evidence-based tool used to predict and manage the risk of domestic and intimate partner violence ***with physical injury*** among individuals (both males and females) who have already experienced any incident of domestic or intimate partner violence, whether or not the initial incident involved physical abuse or injury. The IPPI-RAT was developed through extensive research funded by the DoD and Service FAPs and has been rolled out for use DoD-wide. This tool was designed specifically for use by FAP clinical providers as part of the comprehensive clinical assessment completed when an incident of domestic or intimate partner violence is reported. The IPPI-RAT is military-specific and has been determined to be as accurate as the best available civilian-sector instruments using similar risk measures. Standardized training on the application of the IPPI-RAT is available, and the tool is supplemented by a field-tested user’s manual.

New Parent Support Program (NPSP)

The NPSP is a prevention program used across DoD to provide intensive, voluntary home visitation and support services to expectant and new parents of children from birth to age three.

Families may self-refer or may be referred by military or civilian service providers for voluntary screening, assessment, and services. NPSP services include: (1) screening for risk and protective factors associated with child abuse and neglect; (2) parent education and support targeted to the developmental needs of the infant or young child; (3) promoting nurturing and attachment to support the social and emotional development of children; (4) strengthening formal and informal social support; (5) referrals to concrete services and resources during times of need; and (6) building coping skills and strategies to strengthen family resilience. Currently, DoD is exploring strategies to enhance home visitors' identification of domestic abuse within the home and to promote collaboration with Domestic Abuse Victim Advocates to better support victims participating in the NPSP.

Collaboration with Federal and External Civilian Agencies

Service members and their families belong to a unique military community, but they are also citizens of the larger society. In addition to efforts internal to the Department, FAP endeavors to address domestic abuse and child abuse and neglect through extensive active engagement and collaboration with our federal partners and other civilian agencies with experience in addressing similar challenges. These partners and agencies include:

- The Department Of Health and Human Services Office on Child Abuse and Neglect
- The Department of Veterans Affairs
- The National Domestic Violence Hotline
- The Department of State Family Advocacy Program
- The Department of Justice
- The Federal Interagency Working Group on Violence Against Women
- The Federal Interagency Working Group on Child Abuse and Neglect
- The Federal Committee on Women and Trauma

Fatality Reviews

Family violence fatalities reflect the most serious breakdown in family well-being. In an effort to understand and learn from the circumstances involved in domestic and child abuse fatalities, the Department has directed the Military Departments to establish fatality review

teams, conduct annual fatality reviews, and provide the summarized results of their reviews to the DoD. An annual DoD Fatality Review Summit is subsequently convened to review and discuss the findings and recommendations of the Military Department fatality review teams.

DoD FAP invites federal partners and experts on domestic abuse and child abuse from the Department of Health and Human Services, the Department of Justice, the National Resource Center on Domestic Violence, and the Defense Centers of Excellence Violence Prevention and Resilience Directorate, and the DoD Suicide Prevention Office to participate in these heart-wrenching but necessary Fatality Review Summits. This critical collaboration provides invaluable information on military and civilian sector trends and promotes an exchange of ideas on strategies to improve the quality of fatality reviews and identify best practices in the review process. Most importantly, the collaboration seeks to identify areas of focus that will meaningfully contribute to the reduction and elimination of abuse-related fatalities. The *Period of PURPLE Crying* initiative directly resulted from observations generated through the fatality review process.

Conclusion

The Department of Defense is committed to continuing its efforts to seek, develop, and implement processes and practices that provide the highest caliber of support for families impacted by domestic abuse and child abuse and neglect. Through our Family Advocacy Program, we will continue to focus on prevention and rehabilitation to help ensure a military community that fosters safe, healthy, and resilient relationships. We are acutely aware that there is much more work to be done, and we pledge our unflagging efforts to effectively prevent and respond to domestic abuse and child abuse and neglect in the military. We need and welcome the continued interest and support of this Subcommittee and the Congress in advancing this essential work.