



Department of Defense

DIRECTIVE

NUMBER 6400.1
August 23, 2004

PDUSD(P&R)

SUBJECT: Family Advocacy Program (FAP)

References: (a) DoD Directive 6400.1, subject as above, June 23, 1992 (hereby canceled)
(b) DoD 5025.1-M, "DoD Directives System Procedures," March 5, 2003
(c) DoD Instruction 6400.2, "Child and Spouse Abuse Report,"
July 10, 1987 (hereby canceled)
(d) DoD Directive 1030.1, "Victim and Witness Assistance," April 13, 2004
(e) DoD Directive 6025.13, "Medical Quality Assurance (MQA) in the
Military Health System (MHS)," May 4, 2004
(f) Section 1787 of title 10, United States Code

1. REISSUANCE AND PURPOSE

1.1. This Directive administratively reissues reference (a) to update:

1.1.1. DoD policy on child abuse and neglect (hereafter referred to as "child abuse" and spouse abuse).

1.1.2. The DoD Family Advocacy Program (FAP).

1.1.3. Responsibilities for the establishment, operation, and use of programs designed to address child and spouse abuse.

1.2. This Directive authorizes DoD publications on the FAP consistent with reference (b).

1.3. Cancels reference (c).

1.4. Provides internal DoD guidance to protect and assist actual or alleged victims of child and spouse abuse. It is not intended to and does not create any rights, substantive or procedural, enforceable at law by any victim, witness, suspect, accused, or other person in any matter, civil or criminal. No limitations are placed on the lawful

prerogatives of the Department of Defense or its officials. DoD policy governing the protection of victims and witnesses is prescribed in DoD Directive 1030.1 (reference (d)).

2. APPLICABILITY AND SCOPE

This Directive:

2.1. Applies to the Office of the Secretary of Defense and the Military Departments, the Chairman of the Joint Chiefs of Staff, the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

2.2. Encompasses all persons eligible to receive treatment in military medical treatment facilities.

3. DEFINITIONS

Terms used in this Directive are defined in enclosure 1.

4. POLICY

It is DoD policy to:

4.1. Prevent child abuse and domestic abuse involving persons identified in section 2., above, through public awareness, education, and family support programs provided by the FAP, and through standardized FAP programs and activities for military families who have been identified as at-risk of committing child abuse or domestic abuse.

4.2. Promote early identification and coordinated, comprehensive intervention, assessment, and support to persons identified in section 2., above, who are victims of suspected child abuse or domestic abuse, as defined by this Directive.

4.3. Provide appropriate resource and referral information to persons not identified in section 2., above, who are victims of alleged child abuse or domestic abuse.

4.4. Provide assessment, rehabilitation, and treatment, including comprehensive abuser intervention, that supplement appropriate administrative or disciplinary action, to persons identified in section 2., above, who are alleged to have committed child abuse and domestic abuse.

4.5. Cooperate with responsible civilian authorities and organizations in efforts to address the problems to which this Directive applies.

4.6. Cooperate with responsible civilian authorities in efforts to address the problems to which this Directive applies.

5. RESPONSIBILITIES

5.1. The Principal Deputy Under Secretary of Defense for Personnel and Readiness (PDUSD(P&R)), under the Under Secretary of Defense for Personnel and Readiness shall:

5.1.1. Develop a coordinated approach to family advocacy issues consistent with this Directive, recognizing that programs shall be designed to meet local needs.

5.1.2. Develop criteria for determining the minimum number of appropriately trained professionals, counselors, and support staff, and the range of services required to ensure program effectiveness.

5.1.3. Coordinate the management of this program with similar medical and social programs serving military families.

5.1.4. Program, budget, and allocate funds and other resources for the FAP.

5.1.5. Collect and analyze FAP data.

5.1.6. Serve on Federal committees and advisory groups that encompass issues included in the FAP.

5.1.7. Assist the Military Services in their efforts to establish, develop, and maintain comprehensive FAPs.

5.1.8. Collaborate with the DoD Components to establish FAP standards.

5.1.9. Monitor and evaluate existing FAPs at the headquarters level.

5.1.10. Provide guidance and technical assistance.

5.1.11. Collaborate with Federal and State agencies that address family advocacy issues.

5.1.12. Facilitate the identification and resolution of joint-Service issues and concerns.

5.1.13. Monitor compliance with this Directive.

5.2. The Secretaries of the Military Departments shall:

5.2.1. Establish broad policies on the development of FAPs. Those policies shall include, but not be limited to, the prohibition of child and spouse abuse by persons identified in section 2., above.

5.2.2. Identify the fiscal and personnel resources necessary to implement the FAP, and report these resource totals to the Office of the PDUSD(P&R).

5.2.3. Designate a FAP manager.

5.2.4. Coordinate efforts and resources among all activities serving families to promote the optimal delivery of services.

5.2.5. Provide program and obligation data, as required, to the Office of the PDUSD(P&R).

5.2.6. Establish standardized criteria, in accordance with DoD Directive 6025.13 (reference (e)), for the selection and certification of healthcare and social service personnel who counsel individuals and families as part of the FAP.

5.2.7. Provide education and training to key personnel on this policy and effective measures to alleviate problems associated with child and spouse abuse.

5.2.8. Encourage local commands to develop memoranda of understanding providing for cooperation and reciprocal reporting of information with the appropriate civilian officials, in accordance with Section 1787 of title 10, United States Code (reference (f)).

5.2.9. Ensure eligible military families living in the civilian community and on military installations are included in the FAP.

5.2.10. Ensure that installation commanders appoint FAP officers to implement local FAPs, in accordance with enclosure 2 of this Directive.

5.2.11. Ensure that installation commanders establish family advocacy case review committees, in accordance with enclosure 2, and provide appropriate training to the members.

5.2.12. Ensure the development of additional guidelines for assembling complete case information under enclosure 2 of this Directive.

5.2.13. Develop specific criteria for retaining members in military service who have been involved in an incident of substantiated abuse.


5.2.14. Develop guidelines for case management and monitoring of the FAP.

6. INFORMATION REQUIREMENTS

The "DoD Child Maltreatment and Domestic Abuse Incident Report," is assigned Report Control Symbol DD-FM&P(SA)2052. The Secretaries of the Military Departments shall submit this data to the Defense Manpower Data Center no later than 20 days after the end of each calendar year quarter.

7. EFFECTIVE DATE

This Directive is effective immediately.


Paul Wolfowitz
Deputy Secretary of Defense

Enclosures - 2

E1. Definitions

E2. Guidance for the FAP

E1. ENCLOSURE 1

DEFINITIONS

E1.1.1. Case Review Committee (CRC). A multidisciplinary team of designated individuals working at the installation level, tasked with the evaluation and determination of abuse and/or neglect cases and the development and coordination of treatment and disposition recommendations.

E1.1.2. Case Status. The status of the case at the time of the report. Includes "substantiated," "suspected," or "unsubstantiated," as follows:

E1.1.2.1. Substantiated. A case that has been investigated and the preponderance of available information indicates that abuse has occurred. The information that supports the occurrence of abuse is of greater weight or more convincing than the information indicating that abuse did not occur.

E1.1.2.2. Suspected. A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation should not exceed 12 weeks.

E1.1.2.3. Unsubstantiated. An alleged case that has been investigated and the available information is insufficient to support the claim that child abuse and/or neglect or spouse abuse did occur. The family needs no family advocacy services.

E1.1.3. Child Abuse and/or Neglect. Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable for self-support because of a mental or physical incapacity and for whom treatment in a medical treatment facility (MTF) is authorized.

E1.1.4. Family Advocacy Program (FAP). A program designed to address prevention, identification, evaluation, treatment, rehabilitation, follow-up, and reporting of family violence. FAPs consist of coordinated efforts designed to prevent and intervene in cases of family distress, and to promote healthy family life.

E1.1.5. FAP Manager. An individual designated by the Secretary of the Military Department to manage, monitor, and coordinate the FAP at the headquarters level.

E1.1.6. FAP Officer. A designated officer who manages, monitors, and provides staff supervision of the FAP at the local level.

E1.1.7. Spouse Abuse. Includes assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one of the partners is a military member or is employed by the Department of Defense and is eligible for treatment in an MTF. A spouse under 18 years of age shall be treated in this category.

E2. ENCLOSURE 2

GUIDANCE ON THE FAP

E2.1.1. When assisting victims of child and spouse abuse and witnesses to such acts, attention shall be given to the applicable provisions of reference (d). Local response to cases of suspected child or spouse abuse shall be coordinated among appropriate military and civilian agencies to ensure that any further trauma to the victim(s) is minimized. When an act of abuse allegedly has occurred, the local FAP office shall be notified immediately and shall, in turn, ensure implementation of the following procedures:

E2.1.1.1. Medical assessment and treatment for all family members by appropriately trained personnel.

E2.1.1.2. Notification of the Service member's commanding officer, military law enforcement, and investigative agencies.

E2.1.1.3. Notification of the local public child protective agency (in alleged child abuse cases only) in the United States and, where covered by agreement, overseas.

E2.1.1.4. Observance of the applicable rights of alleged offenders.

E2.1.2. The CRC that accesses reports of alleged child and spouse abuse shall review all the available case material and shall make a status determination of "substantiated," "suspected," or "unsubstantiated" for each case. The CRC shall make recommendations to the Service member's commanding officer on inclusion in a treatment program. The CRC shall monitor and advise the commander of progress in treatment.

E2.1.3. Guidelines shall be developed locally to ensure that commanders have timely access to complete case information when considering appropriate disposition of allegations. Factors that shall be considered in determining dispositions to include the following:

E2.1.3.1. Military performance and potential for further useful service.

E2.1.3.2. Prognosis for treatment, as determined by a clinician with expertise in the diagnosis and management of the abuse at issue (child abuse, child neglect, child sexual abuse, and/or spouse abuse).

E2.1.3.3. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment.

E2.1.3.5. All alleged offenders and their families shall have access to appropriate case management and treatment services.