



DoD INSTRUCTION 6400.06

DoD COORDINATED COMMUNITY RESPONSE TO DOMESTIC ABUSE INVOLVING DoD MILITARY AND CERTAIN AFFILIATED PERSONNEL

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Purpose: In accordance with the authority in DoD Directive (DoDD) 5124.02; and pursuant to Section 1562 of Title 10, United States Code (U.S.C.), Section 534 of Public Law (PL) 103-337, and Section 922 of Title 18, U.S.C.; this issuance establishes policy, assigns responsibilities, and prescribes procedures for preventing and responding to domestic abuse.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

a. This issuance applies to:

(1) OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

(2) Current and former spouses and intimate partners who are victims of domestic abuse; and children when there is co-occurring child abuse or exposure to domestic abuse.

(3) National Guard and Reserve members who are victims of domestic abuse when performing in active service in accordance with Sections 101(d)(3) and 101(d)(5) of Title 10, U.S.C. The Military Services and the National Guard Bureau (NGB) will establish their own procedures to determine eligibility for services for victims (and their adult dependents) who are in:

(a) An active status in accordance with Section 101(d)(4) of Title 10, U.S.C.

(b) An inactive status in accordance with Section 101(d)(7) of Title 10, U.S.C.

(4) Adults who were victims of child sexual abuse or sexual assault that occurred before the sponsor or member’s military service. Such individuals are eligible for supportive clinical services. Incidents are not reviewed by the Incident Determination Committee (IDC).

(5) All Service members and their families; and, when authorized by law or the Secretary of the Military Department concerned, other designated populations (e.g., civilian personnel). Additional detail regarding eligibility for services is outlined in this issuance.

b. This issuance does **not** apply to:

(1) Victims who are sexually assaulted outside of the context of a marriage or intimate partner relationship, as defined by this issuance. Such adult sexual assault victims are covered pursuant to Volume 1 of DoD Instruction (DoDI) 6495.02, and will be referred to the Sexual Assault Response Coordinator (SARC).

(2) Children and youth who are impacted by problematic sexual behavior on and off military installations, in accordance with DoDI 6400.01.

c. This issuance does not preclude the right of a victim of intimate partner sexual abuse to elect to receive victim advocacy and assistance from a SARC or sexual assault victim advocate, if otherwise eligible for such services pursuant to Volume 1 of DoDI 6495.02.

d. This issuance is **not** intended to change or otherwise modify regulations, including DoDDs and DoDIs, concerned with:

- (1) Determining misconduct by individuals.
- (2) Any criminal or civil actions that may be available to address such misconduct.

e. This issuance does **not** create any rights enforceable by any person, organization, or other entity in an administrative proceeding or at law or equity. Failure on the part of personnel to comply with any aspect of these guidelines will **not**:

- (1) Create any rights or privileges in any persons or entity.
- (2) Operate to provide a defense or other remedy in any proceeding arising in accordance with this policy.

1.2. POLICY.

The DoD will prevent and address domestic abuse in the DoD by:

a. Promoting:

- (1) Public awareness of domestic abuse and its impacts on:
 - (a) Individuals.
 - (b) Families.
 - (c) Readiness.
- (2) Initiatives to:
 - (a) Strengthen families.
 - (b) Encourage early help-seeking.
 - (c) Support victims of abuse.

b. Addressing primary, secondary, and tertiary prevention strategies that promote protective factors to reduce the likelihood of domestic abuse.

c. Responding to and providing resources to victims to maintain:

- (1) Their safety.
- (2) The safety of impacted children.

- d. Establishing a coordinated community response (CCR) that promotes accountability for alleged abusers.
- e. Intervening in abusive situations by:
 - (1) Assessing ongoing risk.
 - (2) Ensuring victims understand their rights and options.
 - (3) Developing comprehensive safety plans that prevent re-abuse.
- f. Providing access or referral, as appropriate, to evidence-based mental health care services to all victims affected by domestic abuse.
- g. Providing evidence-informed rehabilitative services to alleged abusers, as appropriate.
- h. Reporting allegations of domestic abuse that include physical or sexual assault to law enforcement authorities.

1.3. INFORMATION COLLECTION.

The “Annual Report of Fatalities” submitted to the Deputy Assistant Secretary of Defense for Military Community and Family Policy (DASD(MC&FP)) referred to in Section 8 is exempt from licensing with a report control symbol in accordance with Volume 1 of DoD Manual (DoDM) 8910.01.

1.4. SUMMARY OF CHANGE 2.

The change to this issuance changes the text in Paragraph 4.1 to allow the Military Departments to implement mandatory training at a frequency determined by the Military Services instead of annually. It also makes administrative updates to align the issuance with current definitions and style standards.

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).

The USD(P&R):

- a. Establishes and oversees DoD-wide policies and programs for preventing and addressing domestic abuse involving DoD military and certain affiliated personnel.
- b. Collaborates with the Military Departments to establish procedures and programs consistent with this issuance.
- c. Oversees submission of domestic abuse incident information to the Defense Manpower Data Center for entry into the DoD Central Registry, which is maintained in accordance with Section 552a of Title 5, U.S.C., also known and referred to as the “Privacy Act,” as amended.
- d. Budgets and allocates funds and other resources for the Military Services pursuant to Title 10, U.S.C., to meet the policy objectives of this issuance.

2.2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS.

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Health Affairs establishes and maintains necessary policies and procedures to implement this instruction, to include:

- a. Ensuring medical staff are trained in the identification of abuse, as well as documentation and reporting requirements.
- b. Clinical practice guidelines.
- c. Victimization assessment instruments.
- d. Standards governing the DoD health care programs in their response to domestic abuse victims.
- e. Standards governing the confidentiality of domestic abuse victim health care documentation to prevent access by an alleged abuser, in accordance with DoDM 6025.18 and all applicable laws.
- f. Guidance prioritizing domestic abuse victims as emergency cases when they present to military medical treatment facilities (MTFs) for health care.
- g. Processes to ensure victims, not eligible for healthcare within the Military Health System, receive appropriate emergency healthcare, when applicable, and referrals to appropriate local civilian resources to the extent permitted by applicable law, when seeking health care at MTFs.

- h. Standardized guidance regarding access to accessible and comprehensive health care at MTFs for eligible domestic abuse victims.
- i. Procedures to ensure access and availability of mental health care services for victims of domestic abuse in accordance with Section 718 of PL 116-92.
- j. Standards for evidence-based rehabilitative services at MTFs for eligible alleged abusers, as appropriate.

2.3. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)).

Under the authority, direction, and control of the USD(P&R), the ASD(M&RA), through the DASD(MC&FP), provides policy, direction, and oversight to the Family Advocacy Program (FAP) in accordance with DoDI 6400.01.

2.4. DASD(MC&FP).

Under the authority, direction, and control of the USD(P&R), through the ASD(M&RA), the DASD(MC&FP):

- a. Monitors compliance with this issuance and periodically evaluates the DoD response to domestic abuse in coordination with all DoD organizations that have a role in preventing and responding to domestic abuse.
- b. Issues standardized guidance to the Secretaries of the Military Departments for developing a coordinated approach to preventing and responding to domestic abuse. These guidelines will be designed to meet local needs after consultation with health care, social programs, military law enforcement, and military criminal investigative organizations (MCIOs) serving DoD personnel and their families.
- c. Provides operational support, staffing tools, funds, and other resources to ensure adequate personnel are available to administer all required programs.
- d. Supports funding requests to create and update the FAP automation necessary to meet data collection and monitoring requirements.
- e. Provides guidance and technical assistance to the DoD Components in:
 - (1) Addressing domestic abuse.
 - (2) Identifying and resolving inter-Component issues and concerns related to the prevention of and response to domestic abuse.
- f. Collaborates with Federal and State agencies that address domestic abuse; and serves on related Federal committees and advisory groups.

- g. Adheres to all guidance with regard to status of forces agreements and other partner nation agreements in addressing domestic abuse in military families and sponsored civilians in locations outside the United States.
- h. Reviews and responds to the findings and recommendations of the Military Departments' annual fatality review reports.
- i. Ensures any personally identifiable information collected, maintained, used, or circulated when preventing or responding to domestic abuse is collected, maintained, used, or circulated in accordance with DoDI 5400.11 and DoD 5400.11-R.
- j. Monitors and oversees implementation of the FAPs of the Military Services to enhance the management and effective delivery of services.
- k. Supports DoD and Military Department research for identifying program challenges and developing best practices in preventing and responding to domestic abuse.
- l. Submits reports to congressional committees, as requested.

2.5. INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE.

The Inspector General of the Department of Defense:

- a. Conducts periodic evaluations as the Inspector General deems appropriate, pursuant to the Inspector General Act of 1978 in the Title 5, U.S.C., Appendix (referred to in this issuance as the "Inspector General Act of 1978").
- b. Confirms that nothing in this instruction will infringe on the DoD Office of Inspector General's statutory independence and authority as articulated in the Inspector General Act of 1978. In the event of any conflict between this issuance and the Inspector General Act of 1978, the Inspector General Act of 1978 takes precedence.

2.6. UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE AND SECURITY.

The Under Secretary of Defense for Intelligence and Security:

- a. Oversees and implements processes for oversight, training, monitoring, and compliance of DoD military law enforcement agencies (LEAs) in accordance with:
 - (1) Section 1561a of Title 10, U.S.C., also known and referred to in this issuance as the "Armed Forces Domestic Security Act."
 - (2) Sections 921 through 928 of Title 18, U.S.C., also known and referred to in this issuance as the "Gun Control Act of 1968, as amended (GCA)."
 - (3) DoDI 5525.15.

b. Manages and performs all administrative oversight of:

(1) Department of Defense Form (DD Form) 2873, “Military Protection Order” (located at <https://www.esd.whs.mil/Directives/Forms/>)

(2) DD Form 2873-1, “Cancellation of Military Protection Order” (located at <https://www.esd.whs.mil/Directives/Forms/>)

c. Provides reports and responds to inquiries as required for evaluation of compliance with the requirements of this issuance pertaining to law enforcement.

d. Oversees and implements processes for the oversight, monitoring, and compliance of transferring records and information indicating a prohibiting status, in accordance with the GCA, developed during background investigations and continuous evaluation, to the appropriate DoD Component, individual commander, and Component law enforcement personnel for employment suitability determination.

2.7. SECRETARIES OF THE MILITARY DEPARTMENTS.

The Secretaries of the Military Departments:

a. Establish:

(1) Policies and programs that are consistent with DoD guidance and the law.

(2) Policies and programs consistent with the procedures outlined in Section 3; and ensure implementation, monitoring, and evaluation at all levels of military command.

(3) Guidelines and procedures to ensure access and availability of mental health care services for individuals who disclose domestic abuse in accordance with Section 718 of PL 116-92.

(4) A restricted reporting policy for domestic abuse victims, to include procedures to offer eligible adult victims restricted and unrestricted reporting options and document the victim’s reporting preferences, in accordance with Section 5.

(5) Guidance to aid commanders, MCIOs, and military law enforcement personnel in carrying out their responsibilities, pursuant to Paragraphs 3.5. and 3.7., respectively, to help reduce the incidence and severity of domestic abuse through prompt and effective law enforcement, investigation, and command action.

(6) Expedited transfer procedures for victims of sexual assault and physical domestic violence, in accordance with Section 536 of PL 115-232.

(7) Policies and procedures for the registration at military installations of civil protection orders (CPOs) against military members or their spouses or intimate partners, or against civilian employees or their spouses or intimate partners, assigned to the installation concerned, in

accordance with Section 550A of PL 116-92. Policies and procedures will include the duties and responsibilities of commanders of installations in the registration process.

(8) Procedures for collecting and reporting information required by Section 543 of PL 116-92, to include tracking:

(a) The number of military protection orders (MPOs) issued by commanders each calendar year.

(b) The number of issued MPOs that were entered into the National Crime Information Center (NCIC) database.

b. Budget and allocate funds and other resources to meet the policy objectives of this issuance.

c. Provide:

(1) Public awareness and prevention efforts in alignment with, but not limited to, DoD campaigns and initiatives.

(2) Annual education and training to key personnel (e.g., health care providers (HCPs), command, law enforcement) on the policies and procedures in this issuance.

(3) Treatment, counseling, and supportive services, as appropriate, to victims and abusers.

d. Support and provide continued training and skills development for FAP clinical providers, domestic abuse victim advocates (DAVAs), New Parent Support Home visitors, and prevention staff, so such personnel may maintain professional licenses or certifications and comply with occupational standards of competence, as required.

e. Require that all DAVAs meet victim assistance certification or credentialing requirements, as defined by their respective Military Service.

f. Submit:

(1) Quarterly program oversight reports to OSD FAP that include summaries of:

(a) Budget execution.

(b) Metrics development and analysis.

(c) Communication initiatives.

(d) Workforce development.

(2) An annual report of fatality reviews, conducted within the Military Department, through their Service headquarters FAPs, to the DASD(MC&FP). Military Department fatality

reports will include all required information and data elements in the standardized format as decided by the DASD(MC&FP).

g. To implement Sections 7381, 8226, and 9381 of Title 10, U.S.C.:

(1) Establish multidisciplinary fatality review teams.

(2) Provide appropriate training for their members.

(3) Establish procedures for conducting annual reviews of fatalities known or suspected to result from an act of:

(a) Domestic abuse;

(b) Child abuse; or

(c) Suicide related to an act of domestic abuse or child abuse.

h. Issue regulations specifying that:

(1) Persons subject to Chapter 47 of Title 10, U.S.C., also known and referred to in this issuance as the “Uniform Code of Military Justice (UCMJ),” are to comply with CPOs and MPOs.

(2) Failure to comply may result in administrative or other disciplinary action, to include potential prosecution in accordance with the UCMJ.

i. Require the installation FAP to immediately report all alleged incidents of child abuse, including incidents co-occurring with alleged incidents of domestic abuse, to civilian child welfare services pursuant to:

(1) DoDI 6400.01.

(2) Volume 4 of DoDM 6400.01.

j. Carry out the requirements of Section 922(g)(9) of Title 18, U.S.C., also known and referred to in this issuance as the “Lautenberg Amendment,” as described in Section 9.

k. Comply with any applicable collective bargaining obligations, as appropriate.

2.8. CHIEF, NGB.

On behalf of and with the approval of the Secretaries of the Army and Air Force, and in coordination with the USD(P&R) and the State Adjutants General, the Chief, NGB, establishes and implements domestic abuse policy and procedures for eligible National Guard members (and their adult dependents), including the requirement for timely access to services via civilian providers.

SECTION 3: RESPONSIBILITIES AND PROCEDURES FOR ADDRESSING DOMESTIC ABUSE

3.1. FAP.

Pursuant to DoDI 6400.01 and Volumes 1 through 4 of DoDM 6400.01, the FAP in coordination with prevention personnel at the command or installation level will execute the responsibilities outlined in this section.

a. Prevention and Public Awareness.

(1) The FAP at the command or installation level:

(a) Conducts public awareness and primary, secondary, and tertiary prevention programs and activities in the military community, in coordination with, as feasible and appropriate, local civilian domestic abuse organizations, stakeholders, and national and State civilian domestic abuse public awareness and education programs.

(b) Adapts informational materials, as appropriate, to increase their applicability and usefulness to the military community.

(c) Collaborates with community organizations on prevention outreach.

(2) Prevention and awareness include, but are not limited to:

(a) Activities for Service members, their spouses, and their family members on risk factors that contribute to unhealthy or abusive relationships and resources for support and treatment.

(b) Providing training to commanders and senior enlisted advisors in fulfilling their roles in the prevention of and response to domestic abuse and child abuse in accordance with Volume 1 of DoDM 6400.01 and as outlined in Section 4 of this DoDI.

(c) Information in briefings or training events on the commander's areas of responsibility as part of the CCR, a summary of domestic abuse statistics involving personnel in their unit, and available resources, as outlined in Paragraph 3.5.a.

b. Notification and Review of Domestic Abuse and Child Abuse Related Fatalities.

The FAP:

(1) Notifies the DASD(MC&FP) within 72 hours of being informed of any DoD-related fatalities known or suspected to result from an act of domestic abuse, child abuse, or suicide related to an act of domestic abuse or child abuse. Notification will be accomplished using a DD Form 2901, "Child Abuse or Domestic Violence Related Fatality Notification," (located at <https://www.esd.whs.mil/Directives/Forms/>)

(2) Performs Military Department reviews and reporting of known fatalities in accordance with Section 8.

c. General Requirements.

(1) Eligibility

(a) Domestic abuse victims who are:

1. Eligible to receive medical care from the DoD, including those eligible on a fee-paying basis, will have access to both immediate and ongoing victim advocacy and FAP clinical services.

2. **Not** eligible to receive medical care from the DoD will only be offered an intake assessment, including risk assessment and safety planning, and referral to the appropriate civilian support services as needed for all follow-on care.

(b) Alleged abusers who are:

1. Eligible to receive medical care from the DoD, including those eligible on a fee-paying basis, will have access to ongoing FAP clinical services, including abuser treatment, if appropriate.

2. **Not** eligible to receive medical care from the DoD will only be offered an intake assessment and referral to the appropriate civilian support services as needed for all follow-on care.

(2) Responsibility to the Victim.

(a) The FAP:

1. Offers clinical assessment, victim advocacy, and support services to domestic abuse victims as outlined in Paragraph 3.3.

2. Provides the victim with information about services on the installation and in the civilian community, and about restricted and unrestricted reporting options available to adult victims, as outlined in Section 5.

(b) FAP's responsibilities to the victim also include:

1. Referring all unrestricted reports within 24 hours in non-imminent danger situations to military law enforcement officials, who then:

a. Decide if an incident meets the criteria for a special victim investigation and prosecution (SVIP)-covered offense.

b. Report to the Component insider threat program, in accordance with the Component's reporting guidance.

2. Coordinating with MCIOs to identify cases and provide services to victims of SVIP-covered offenses pursuant to DoDI 5505.19.

3. Coordinating and communicating with SVIP personnel during all phases of the investigation and military justice process, at the victim's request, to ensure seamless investigation, prosecution of alleged abusers, and support for victims pursuant to DoDI 5505.19.

4. Coordinating with the SARC and MCIO office concerned, in cases where a victim makes an unrestricted report of non-domestic abuse-related sexual assault or a crime that is outside of FAP's purview.

5. Taking reasonable and responsible steps to ensure domestic abuse victims with language access needs, including victims who are deaf or have limited English proficiency, have access to FAP programs and activities. These steps include:

a. Training bilingual staff to act as interpreters and translators, and whenever possible, ensuring that staff who serve as interpreters do not simultaneously serve another role in the same case.

b. Contracting for translator services for foreign language translation or American Sign Language interpreters.

c. Maintaining domestic abuse hotlines with translation services.

d. Collaborating with local community and private advocacy agencies where interpreter and translator services are available, including the National Deaf Domestic Violence Hotline.

6. Assessing the risk for re-abuse at every contact with the victim, taking into consideration an unreported history of abuse and recent incidents.

(3) Responsibility to an Alleged Abuser.

FAP conducts clinical assessments of an alleged abuser or makes appropriate referrals for assessment by civilian providers. If circumstances indicate it is appropriate to provide services, FAP's responsibilities to an alleged abuser include:

(a) Providing appropriate counseling or treatment to the alleged abuser, in accordance with guidelines established in Volume 4 of DoDM 6400.01; or making appropriate referrals for clinical treatment by civilian providers.

(b) Monitoring an alleged abuser's clinical services plan and promptly reporting noncompliance to the commander or the appropriate civilian authority, as appropriate.

(c) Assessing the risk for re-abuse at every contact with the alleged abuser, taking into consideration an unreported history of abuse and recent incidents.

d. Initial Response and Assessment.

Each alleged domestic abuse incident is evaluated for risk using DoD-sanctioned and Service-approved assessment tools for designated staff. Factors considered when assessing risk will:

- (1) Inform safety planning.
- (2) Include, but not be limited to, the factors specified in this paragraph.
 - (a) Victim has:
 1. Been previously abused by the alleged abuser.
 2. Sustained grievous bodily harm.
 3. Indicated their intention to leave the alleged abuser.
 4. Indicated their intention to take the children and/or file for legal custody of the children.
 5. Been accused of infidelity by the abuser, whether factually or not.
 6. Reported fear that the alleged abuser will seriously injure or kill victim or victim's children or other family member.
 7. Required immediate protection due to threat of life by the alleged abuser.
 8. Sought or obtained an MPO, no contact order, or CPO against the alleged abuser.
 9. Resources to escape future violence.
 10. Disclosed they are pregnant (or the pregnancy was disclosed by another manner).
 11. Accepted or rejected assistance from agencies that offer support services.
 12. Experienced or continues to experience psychological trauma as a result of domestic abuse.
 - (b) Alleged abuser is suspected through any available information to have:
 1. Threatened the victim with a weapon.
 2. Verbally threatened to kill the victim without brandishing a weapon.
 3. Threatened, attempted, or has a plan to kill the victim or their children.

4. Threatened, attempted, or has a plan to die by suicide.
5. Stalked the victim.
6. Strangled, choked, or suffocated the victim.
7. Exhibited obsessive behavior, extreme jealousy, extreme dominance, rage, agitation, or instability.
8. Abused the victim or children in the past.
9. Forced sex on the victim, or coerced sex with the victim.
10. Physically abused the victim while they are or were pregnant.
11. Isolated the victim (restricted communication with others, prevented access to transportation or communication devices).
12. Required the victim to recant their statements about the alleged incident.
13. Harassed the victim using electronic means (e.g., texting, negative posting on social media, sending or threatening to send illicit photos to embarrass the victim).
14. Violated a protection order in place for the victim or their children.
15. Abused or killed a pet belonging to the family or the victim.
16. A history of drug or alcohol abuse.
17. A history of military or civilian law enforcement involvement regarding domestic abuse or other criminal behavior.
18. Failed to appear for counseling or treatment, or refused to comply with treatment or clinical services plan recommendations.

e. Safety Planning.

A DAVA or FAP clinical provider will create an appropriate safety plan, with the victim's active participation when possible, for each alleged incident of domestic abuse if violence, the threat of violence, or psychological threat was used in the incident in question. A DAVA or FAP clinical provider will:

(1) Assist the victim in developing the safety plan based on immediate needs and identified risk factors.

(2) Communicate the safety plan, both verbally and in writing, and in a language easily understood by the victim.

(a) The communicated safety plan will include:

1. Discussions on benefits and hazards of technology use and electronic communications.
2. Reviews and re-evaluations to address changes in the victim's status (e.g., separation from the alleged abuser, making abuse public, pregnancy, reconciliation, the alleged abuser's release from jail, or other situations that may increase risk of re-abuse) on an ongoing basis.
3. Checklists of strategies the victim can use to:
 - a. Withdraw from a dangerous situation before the violence begins.
 - b. Escape a volatile situation.
4. Strategies appropriate to different environments the victim visits (e.g., home, work, school, public), including environments to be avoided and information on maintaining safety in high-risk situations (e.g., physical or electronic stalking by the alleged abuser, victim leaving the relationship, changes in child sharing or custody) in safety planning.
5. Names and numbers of emergency contacts to help the victim (e.g., DAVA or community victim advocate, medical doctor, shelter, crisis support counselor, or unit command contacts).
6. Items necessary if a speedy departure is required (e.g., documents, identification, clothing, money, medication, keys, pay as you go cell phone, and other pertinent items).
7. Strategies and contacts that include and address the safety of children and pets, as appropriate.
 - (b) When a civilian victim is unavailable or unwilling to participate in the safety plan (e.g., has left the area without providing forwarding contact information, has changed contact number) the DAVA or FAP clinical provider will work with the involved Service member's command to address safety concerns.

3.2. DAVA.

a. Prevention and Public Awareness.

Primary and secondary prevention of domestic abuse through education, training, and public awareness are important DAVA functions. However, these functions should not occur at the expense of providing direct victim services. The DAVA will:

(1) Meet all:

(a) Pre-selection and performance standards required by Volume 1 of DoDM 6400.01.

(b) Required training for:

1. Responding to domestic abuse.
2. Supporting non-abusing parents.
3. Maintaining a high level of competence in providing advocacy services.

(2) Provide briefings on domestic abuse and victim advocacy services to key personnel (e.g., medical, law enforcement, command personnel, judge advocates (JAs)).

(3) Help train DoD first responders—including military law enforcement, MCIOs, MTF personnel, dental treatment facility personnel, command personnel, JAs, and Chaplain Corps personnel—on:

- (a) The types and impact of domestic abuse.
- (b) Victim safety.
- (c) Available services for victims and alleged abusers.

(4) Help train civilian service providers about military-related victim issues, resources, and services.

(5) Participate in developing and carrying out public awareness campaigns on victim rights and advocacy services.

(6) Take part in community-based civilian domestic abuse councils, as authorized by the DAVA supervisor and agency ethics rules.

b. General Requirements.

DAVAs will provide victim advocacy services to the victim, in collaboration with other DoD and civilian professionals, in accordance with DoDI 6400.07.

c. Initial Response and Assessment.

The DAVA will:

(1) Use a trauma-informed approach to engage and serve victims and support the FAP's capability to provide a 24/7 response.

(2) Inform the victim that communication with the DAVA is voluntary.

(3) Support the victim's right to self-determination while promoting victim safety, ensuring victims are aware of the:

- (a) DAVA's limits on confidentiality.

(b) Process for informed consent.

(4) Assess the victim's immediate needs, including any need for medical consultation or examination.

(5) Inform the victim of the reporting options available.

(6) Unless the situation indicates a restricted report may further endanger the victim or other exceptions to restricted reporting and confidentiality apply:

(a) Request the victim document their reporting preference on the DD Form 2967, "Domestic Abuse Victim Reporting Option Statement," (located at <https://www.esd.whs.mil/Directives/Forms/>)

(b) Forward the request to the DAVA supervisor (or FAP clinical provider) for a final decision on restricted reporting, in accordance with Service FAP headquarters implementing policies and guidance.

(7) If the restricted report option was not offered to the victim due to safety concerns or other exceptions, the DAVA will discuss their concerns with the FAP supervisor. The rationale for not offering the restricted report option will be documented and discussed with the victim, in accordance with Service FAP headquarters implementing policies and guidance.

(8) Advise the victim that a restricted report of alleged sexual abuse may be an option, even when an alleged physical abuse incident may not meet the criteria for a restricted report.

(9) Conduct duties in a manner consistent with the victim's election of restricted or unrestricted reporting, in accordance with Section 5.

(10) Notify victims who have filed an unrestricted report of domestic abuse involving SVIP-covered offenses of their right to:

(a) Consult with a legal assistance attorney for support.

(b) Request special victims' counsel (SVC) or victims' legal counsel (VLC) services, if eligible in accordance with Sections 1044e and 1565b of Title 10, U.S.C.

(11) Provide victims making a restricted report of sex abuse information about the Catch a Serial Offender (CATCH) Program, in accordance with Section 543 of PL 113-291, DoDI 5505.18, and the June 10, 2019, USD(P&R) Memorandum for the purpose of identifying individuals suspected of perpetrating multiple sexual assaults, without breaching their restricted report as outlined in Section 7 and in accordance with Service FAP headquarters implementing policies and guidance.

(12) Use evidence-informed screening tools, in accordance with Service FAP headquarters implementing policies and guidance, to:

(a) Assess risk.

(b) Guide safety planning.

(13) Assess the situation for imminent danger of life-threatening physical harm to the victim or another person, including children in the home, by considering the existence and frequency of the risk factors in Paragraph 3.1.c. and consulting with the clinical supervisor or FAP manager.

(14) Contact appropriate law enforcement immediately if imminent danger of life-threatening physical harm to the victim or another person exists.

(15) Report all unrestricted reports of domestic abuse and all reports of child abuse to the appropriate LEA; and consult with the LEA to determine the need for law enforcement involvement. All unrestricted reports of sexual abuse or sexual assault must be reported to the appropriate MCIO.

(16) Inform victims of the victim advocate-victim privilege to, with certain exceptions, refuse to disclose information and to prevent other persons from disclosing confidential communications as recognized by Rule 514 of the Military Rules of Evidence (MRE). The DAVA will:

(a) Absent a legally enforceable mandate to disclose, obtain clear consent before disclosing victim communications or derivative information outside the clinical setting.

(b) Consult with their supervisor and legal counsel, as needed, to ensure the victim's privilege is protected appropriately.

(17) Provide victim information concerning expedited transfer, if appropriate, and follow the procedures as outlined in Section 6.

d. Safety Planning and Ongoing Supportive Services.

The DAVA will:

(1) Inform victims of their option to request an MPO, a no contact order, and a CPO for immediate and long-term protection.

(2) Offer victims information regarding these items, as appropriate:

(a) Local resources for immediate safety and long-term protection and support.

(b) Workplace safety.

(c) Housing.

(d) Childcare.

(e) Legal services.

(f) Clinical resources.

- (g) Medical services.
- (h) Chaplain Corps resources.
- (i) Other military and civilian support services such as:
 - 1. The National Domestic Violence Hotline (1-800-799-SAFE).
 - 2. For foreign-born victims or victims outside the continental United States (OCONUS), Pathways to Safety International is available to provide resources via crisis@pathwaystosafety.org. Pathways to Safety International responds within 72 hours.
 - (3) Help victims connect with military and civilian resources, as appropriate, including shelter and safe housing resources.
 - (4) Keep any copies of safety plans and other records identifiable by the victim's name or other personal identifier of the victim in an appropriate Privacy Act system of records and in accordance with DoDI 5400.11 and DoD 5400.11-R. Victim information should not be filed under the name or identifier of any other person, such as the alleged abuser.
 - (5) If the victim has elected an unrestricted report, inform the command, military LEA and the SVC/VLC, as appropriate, that the victim has created a safety plan, and with the victim's consent, notify them of any safety concerns the victim may have. Notify the SVC or VLC program counselor, if appropriate, to assist them with legal aspects of the safety plan.
 - (6) Assist the victim, at the victim's request, in preparing a victim impact statement to aid the victim in self-advocacy with commands, military and civilian courts, and other agencies. Refer victims assigned an SVC/VLC to their counsel for assistance with preparing an impact statement.
 - (7) Provide victims with contact information for appropriate military and civilian legal offices, to facilitate victim access to legal advice and assistance, if eligible, specific to the victim's circumstances or case. The DAVA will **not** provide legal advice.
 - (8) Review the victim safety plan with the victim at each contact.
 - (9) If release of information has been obtained, collaborate with FAP clinical staff and other direct service providers to ascertain the additional safety needs of any child(ren) impacted by domestic abuse exposure.
 - (10) Aid in all appropriate child-focused advocacy services for non-abusing parents as defined by Service guidance, including:
 - (a) Advising the victim of the impact of domestic abuse and child abuse on children and offering referrals for assessments of the physical and mental health of involved children.
 - (b) Providing crisis intervention, support, and information to the non-abusing parent(s) and other family members of child abuse victims.

(c) Collaborating with child welfare services and servicing child advocacy center staff to help parents and other family members in navigating multiple systems and services.

(11) Accompany the victim to medical appointments, civilian and military court proceedings, and other appointments, as appropriate and when requested by the victim.

(12) Provide the victim with basic information about the Transitional Compensation Program in accordance with DoDI 1342.24, as appropriate.

(13) Refer the victim to the servicing Victim Witness Assistance Program (VWAP) coordinator or liaison in accordance with DoDI 1030.02, as appropriate.

(14) Provide a dependent victim with basic information and eligibility requirements about the shipment of household goods and a vehicle at U.S. Government expense, in accordance with Section 476(h) of Title 37, U.S.C., as appropriate.

(15) Collaborate with the victim witness liaison assigned when the military is involved in the investigation or disposition of an offense punishable pursuant to the UCMJ in accordance with DoDI 1030.02.

(16) Provide support and information to victims who report retaliation as a result of reporting sexual assault by or against a Service member, and assist the victim in processing their complaint in accordance with Section 1709 of PL 113-66 and Service FAP headquarters implementing policies and guidance.

(17) Assess the victim's needs for additional safety measures before closure of the victim advocacy case file.

e. Other Duties.

At the discretion of the FAP and DAVA supervisors, the DAVA may be assigned other roles and duties, including systems advocacy (e.g. support navigating resources and systems, including the military and civilian justice processes), but not at the expense of direct victim services. The DAVA will:

(1) Promote a CCR for the prevention of domestic abuse and for intervention, in cooperation with prevention staff, when domestic abuse occurs.

(2) Collaborate with:

(a) Military and civilian:

1. Agencies and activities to improve system response to and support of victims.

2. Law enforcement and criminal investigative units, as appropriate, in the establishment of protocol and procedures to ensure:

a. Notification of the DAVA when such units are notified of a domestic abuse incident so DAVA can offer the victim interview accompaniment.

b. Collaboration on safety planning and safety measures.

c. Ongoing training of military and civilian law enforcement personnel on the role of DAVAs.

(b) The servicing MTF and dental treatment facility in the establishment of protocol and procedures to ensure notification to a DAVA or other designated FAP staff of all incidents of suspected or reported domestic abuse, in accordance with Service implementing policies and guidance.

(3) Facilitate ongoing training of medical and dental facility personnel on the DAVA's role.

(4) Participate in the installation family advocacy committee (FAC) at the discretion of the FAP manager or DAVA supervisor.

(5) Attend and participate in those portions of FAP meetings in which safety planning, counseling or treatment, and other supportive services for the domestic abuse victim and for any children living in the victim's home are discussed in accordance with Service-specific policy. The DAVA will not attend those parts of FAP meetings in which assessment and clinical services for the alleged abuser are discussed.

3.3. FAP CLINICAL PROVIDERS.

a. General Requirements.

FAP clinical providers will:

(1) Understand the dynamics of domestic abuse, including:

(a) The impact of the victim's and alleged abuser's families of origin.

(b) Cultural, religious, and economic influences.

(c) The presence of mental, psychological, or other disorders that may contribute to:

1. Relationship challenges.

2. Domestic abuse.

(2) Meet all pre-selection and performance standards required by Volumes 1 and 4 of DoDM 6400.01, and attend required domestic abuse and child abuse trainings to maintain competence.

(3) Offer victim advocacy services, in accordance with DoDI 6400.07, when:

- (a) A DAVA is not available; or
 - (b) The victim declines services with a DAVA.
- (4) Provide the victim information about the restricted and unrestricted reporting processes; and inform the victim of:
- (a) Duty-to-warn situations.
 - (b) Exceptions to the restricted reporting option.
- (5) With the active participation of the victim, offer services consistent with the victim's reporting election, as appropriate, that promote self-determination and victim recovery.
- (6) Maintain responsibility for all aspects of clinical case management until case closure, including:
- (a) Assessing risk.
 - (b) Devising safety and clinical services plans to protect victims.
 - (c) Addressing the alleged abuser's abusive behavior and other identified needs.
- (7) Identify:
- (a) If additional specialized treatment is required and provide recommendations for and referrals to a medical specialist, as appropriate.
 - (b) Secondary domestic abuse victims, including children, other family members, and pets; assess risk to such secondary victims; and develop intervention and case management plans, as appropriate.
 - (8) Serve as a liaison with civilian authorities (e.g., shelter staff, private providers, advocacy services) and military personnel (e.g., medical, law enforcement, command, staff judge advocate (SJA)) in support of a CCR to domestic abuse.
 - (9) Maintain and appropriately safeguard documentation of services and contacts, including electronic communications, in accordance with:
 - (a) Volume 1 of DoDM 6400.01.
 - (b) DoDI 5400.11, DoD 5400.11-R, and DoDI 6025.18 (when applicable).
 - (c) Service FAP headquarters implementing policies and guidance.
 - (10) Keep any copies of safety plans and other records identifiable by the victim's name or other personal identifier of the victim in an appropriate Privacy Act system of records and in accordance with DoDI 5400.11 and DoD 5400.11-R. Victim information should not be filed under the name or identifier of any other person, such as the alleged abuser.

b. Initial Response and Assessment.

FAP clinical providers will:

- (1) Make agency notifications, as required by statute, regulation, and law including but not limited to notifying:
 - (a) Military LEAs and command of all unrestricted reports of domestic abuse.
 - (b) The MCIO, in accordance with the requirements in DoDI 5505.18.
 - (c) Child welfare services in the event of co-occurring child abuse.
- (2) Contact the victim immediately, upon receipt of referral, to:
 - (a) Establish a safety plan for the victim and children, as appropriate.
 - (b) Schedule a clinical assessment.
- (3) Before assessment, inform the victim and alleged abuser, as appropriate, of the limits of confidentiality and all reporting requirements, pursuant to:
 - (a) DoDI 5400.11 and DoD 5400.11-R.
 - (b) State laws.
 - (c) Service FAP headquarters implementing policies and guidance.
- (4) Make every effort to conduct an assessment of the victim before conducting an assessment with the alleged abuser.
- (5) Assess the victim's immediate needs, including any need for medical consultation or examination.
- (6) Assess the situation to determine whether there is imminent danger of life-threatening physical harm to the victim or another person, including but not limited to risk of grievous harm or ongoing sexual abuse of children in the home. If imminent danger exists, the FAP clinical provider will immediately contact the appropriate LEA and activate the FAP high risk for violence protocol before contact with the alleged abuser, or as soon as possible, in accordance with Service FAP headquarters implementing policy and guidance.
- (7) Unless the situation indicates a restricted report is not appropriate and may further endanger the victim, or other exceptions to restricted reporting and confidentiality apply:
 - (a) Inform the victim of the option of a restricted or an unrestricted report.
 - (b) Request the victim document their preference on a DD Form 2967.

(8) In cases where the restricted reporting option was not available to the victim due to safety concerns or other exceptions, the FAP clinical provider will document in the victim's record why the restricted report option was not available (e.g., not appropriate due to the risk of imminent harm or other exceptions as identified in Section 5) and discuss with the victim in accordance with Service FAP headquarters implementing policies and guidance.

(9) Conduct assessments of the victim and alleged abuser separately and in private. Appropriate safety measures must be taken if the provider believes the alleged abuser is present.

(10) Schedule appointments, when appropriate and possible, to:

(a) Prevent the alleged abuser and victim from meeting.

(b) Reduce the opportunity for influence by the alleged abuser or victim over the other.

(11) Conduct a FAP central registry check for prior incidents of abuse, which may inform:

(a) Safety planning.

(b) Command's decision making.

(12) Inform the victim of the psychotherapist-patient privilege to, with certain exceptions, refuse to disclose, and to prevent other persons from disclosing, confidential communications between the psychotherapist and the patient as recognized by Rule 513 of the MRE. Absent a legally binding requirement to disclose, obtain clear consent before disclosing patient communications, or derivative information, outside of the clinical setting. The therapist will consult with their supervisor and legal counsel, as needed, to ensure the victim's privilege is appropriately protected.

(13) Notify victims who have elected an unrestricted report of domestic abuse involving SVIP-covered offenses of their right to consult with a legal assistance attorney for legal support and their right to request SVC or VLC services, if eligible.

(a) Service members and their dependents who are victims of sexual abuse are eligible for legal assistance services and SVC or VLC services, in accordance with Sections 1044e and 1565b of Title 10, U.S.C., whether that offense is restricted or unrestricted.

(b) Child abuse cases do not qualify for restricted reports.

(14) Provide information about the DoD CATCH Program to victims making a restricted report of sexual abuse for the purpose of identifying individuals suspected of perpetrating multiple sexual assaults, without breaching the victim's restricted report, as outlined in Section 7.

(15) Notify the lead SARC for the installation, or other SARC as designated by the Military Service, of all official unrestricted reports of adult sexual abuse for entering data into the Defense Sexual Assault Incident Database (DSAID), as outlined in Paragraph 5.4.

(16) Use the DoD Intimate Partner Physical Injury Risk Assessment Tool to evaluate the risk of physical injury to all victims who have been referred to the FAP for any domestic abuse incident, even if physical abuse is not being reported.

(17) Communicate the level of risk to the victim and to the Service member's command in unrestricted cases, whether the alleged abuser is a Service member or a civilian.

(18) Use evidence-informed screening tools to:

(a) Identify the presence of:

1. Depression.
2. Substance misuse.
3. Lethality risk factors.
4. Relationship problems.
5. Legal problems.
6. Suicidal ideation.

(b) Assess:

1. Military-related factors, including combat stress reaction, post-traumatic stress disorder, and traumatic brain injury for appropriate services or referrals, in accordance with Service FAP headquarters implementing policies and guidance.

2. History of trauma, including childhood trauma.

(19) Refer the victim and the alleged abuser for medical, behavioral, or other assessments and diagnosis outside of the FAP, or as appropriate, including to assist with coping abilities.

(20) Assess for the possession of, or access to, firearms, weapons, or other lethal means by the alleged abuser or the victim. For all reports, include in safety planning measures with the victim. If the report is unrestricted, immediately notify command.

(21) Evaluate:

(a) The alleged abuser's potential for homicide and lethality upon learning of the partner's decision to end their relationship, following an allegation of child sexual abuse, or upon identifying other high risk triggers. If potential for homicide and lethality is indicated, respond according to Service FAP headquarters implementing policies and guidance to secure necessary and appropriate mental health services for the alleged abuser.

(b) The victim's potential for self-harm and refer for a mental health assessment if risk is indicated.

(c) All domestic abuse allegations for possible co-occurring child abuse, as appropriate.

(22) Help with all appropriate actions to aid in child advocacy.

(23) Provide information and child advocacy services in support of child victims identified in domestic abuse cases (e.g., children who are injured, close enough in proximity to be injured, or emotionally impacted by the incident). In doing so, FAP providers will:

(a) Report all child abuse allegations to law enforcement in accordance with applicable law and policy. Child abuse incidents do not qualify for restricted reporting.

(b) Coordinate with child welfare services and servicing child advocacy centers:

1. For conducting child interviews and assessments and development of safety plans.

2. To promote victim recovery and to help parents and family members in navigating multiple systems and services, as needed.

(c) Interview any child(ren), when appropriate and authorized, to gain information about their exposure to abuse or experience of abuse, the impact of such abuse, ongoing risks, and immediate needs. Use this information to develop an appropriate clinical services plan and safety plan for such child(ren).

(d) Provide non-abusing parents support and education on the signs, symptoms, and impact on children of:

1. Domestic abuse exposure.

2. Child abuse.

(e) Treat all allegations of child sexual abuse as “high-risk” cases and respond appropriately, in accordance with all statutory and regulatory reporting requirements, along with corresponding Service policy.

(f) When requested, assist MCIO and law enforcement in identifying person(s) capable of conducting child forensic interviews.

(g) Consult with the DoD Armed Forces Center for Child Protection, as needed.

(h) Provide support and crisis intervention to non-abusing parents and family members of child sexual abuse victims.

(i) Address and lessen the impact of child sexual abuse on the victim and family by:

1. Advising parents and other family members of the impact of child sexual abuse.

2. Providing information and referrals to:

a. Medical, mental health, and legal assistance services.

b. SVC or VLC, if eligible, in accordance with Section 1044e of Title 10, U.S.C., and Service implementing policies and guidance.

(j) Continue all appropriate child advocacy services, as needed, regardless of the outcome of any related domestic abuse allegation.

(24) Notify the commander, the alleged abuser, and the victim, in writing, of the IDC determination and the recommended supportive services or clinical service plan, including services for impacted children, as appropriate.

c. Clinical Intervention.

FAP clinical providers will:

(1) Embed the principles of trauma-informed care in all aspects of service delivery.

(2) Provide clinical counseling and treatment to both victims and alleged abusers, as appropriate. Whenever possible, the same clinical provider will not provide DAVA services, counseling, or treatment for the victim and counseling or treatment for the alleged abuser concurrently.

(3) Devise clinical services plans, with the active participation of the victim and, if appropriate, the alleged abuser, that:

(a) Do **not** put the victim at risk.

(b) Reflect the victim's goals and desired outcomes.

(4) Use:

(a) All counseling and treatment modalities including individual, group, marital, and family therapies, as appropriate.

(b) Clinical approaches that:

1. Are evidence-informed.

2. Are compatible with the military's unique demographics and culture.

3. Promote self-awareness.

4. Appropriately address accountability.

5. Improve relationship skills, in accordance with Volume 4 of DoDM 6400.01.

- (5) Provide services that are culturally informed and respectful of gender and sexual orientation.
- (6) Participate in clinical case staff meetings (CCSM) and other meetings, as necessary, to:
 - (a) Assess ongoing risk.
 - (b) Devise appropriate interventions or clinical services plans.
 - (c) Provide case management.
- (7) Keep supervisor(s) informed of high-risk cases, as directed by Service FAP headquarters implementing policies and guidance.
- (8) Refer to appropriate providers, those victims requiring:
 - (a) Services outside of the FAP's scope; or
 - (b) Specialized services not available in the FAP.
- (9) Participate, as authorized by their supervisor and agency ethics rules, in private sector meetings and committees concerned with the prevention of and response to incidents of domestic abuse.
- (10) Work closely with the DAVA to promote victim safety.
- (11) Notify the commander of any Service member alleged abuser who refuses to participate or cooperate in treatment. Coordinate risk monitoring and additional actions, as appropriate, to support the victim's safety plan.

d. Safety Planning.

The FAP clinical provider will:

- (1) When the victim declines DAVA services or the DAVA is not available, provide victim-centered advocacy services, including offering the victim information on military and civilian resources and services available or requested by the victim.
- (2) Devise, with the active participation of the domestic abuse victim, a safety plan that corresponds with and lessens the assessed level of risk.
- (3) Ensure the safety plan is clear, understandable, and compatible with the victim's resources, values, beliefs, and ability and willingness to execute.
- (4) Inform the:
 - (a) Service member's commander of possible protective actions they may take to ensure victim safety.

(b) Victim of their ability to request an MPO, a no contact order, and a CPO for immediate and long-term protection.

(5) Offer information to the victim regarding resources and support, including:

- (a) Workplace safety.
- (b) Housing.
- (c) Childcare.
- (d) Legal services.
- (e) Clinical resources.
- (f) Medical services.
- (g) Chaplain Corps resources.
- (h) Information regarding investigative assistance from MCIOs and LEAs, in accordance with DoDI 5505.18.
- (i) Transitional compensation.
- (j) Other military and civilian support services.

(6) Provide information on the options for an expedited transfer, safety transfer, or early return of dependents as part of the safety plan, if appropriate, in accordance with Section 6.

(7) Document the victim's report of retaliation as a result of reporting sexual assault by or against a Service member; provide support and information to the victim; and assist in processing their complaint, in accordance with Section 1709 of PL 113-66 and Service FAP headquarters implementing policies and guidance.

3.4. HCPS.

a. Initial Response and Assessment.

HCPs will:

(1) Before conducting the intimate partner violence screening, inform the victim of the limits of confidentiality, including the restricted reporting policy in Section 5. The HCP:

(a) Will verbally receive a domestic abuse report from the victim to preserve the victim's option for a restricted report.

(b) Must refer the victim to the FAP to offer the restricted report, unless State laws preclude a restricted report option.

- (2) Inform the victim of all other reporting requirements, including:
 - (a) Those arising from Federal regulations, State law, and international agreements.
 - (b) Those pursuant to DoD, Military Department, and Service regulations.
- (3) Make all required reports to:
 - (a) The FAP and civilian law enforcement for suspected domestic abuse.
 - (b) Child welfare services for suspected child abuse, pursuant to Section 575 of PL 114-328.
- (4) Screen victims in private, without any friend, relative, spouse, partner, or child (unless under 3 years of age) in the room. Appropriate safety measures must be considered if the HCP believes the alleged abuser is present or in the vicinity.
- (5) Accommodate the victim's request for a same-sex provider or same-sex observer, if available.
- (6) Use professional interpreter services and authorized individuals when a language barrier exists, or provide American Sign Language interpreter services for victims who are deaf.
- (7) Ask adult victims and parents or caregivers of children in pediatric care about current and past domestic abuse if, during screening, the HCP suspects abuse.
- (8) Provide the victim with basic information about reporting options and resources on the installation or in the civilian community for victims of domestic abuse.
- (9) Describe reporting options for domestic abuse, if an individual reports no current or past abuse but the HCP has reason to believe abuse may be occurring.
- (10) Conduct the first intimate partner violence screening immediately following a disclosure of domestic abuse and repeat or expand on the assessment during follow-up appointments as necessary and appropriate.
- (11) Include relevant risk factors or dynamics indicative of maltreatment, in accordance with Paragraph 3.1.c., in the assessment when a victim discloses current abuse.
- (12) Evaluate the extent to which the abuse impacts the victim's physical or mental health.
- (13) Determine if the victim has already reported the abuse to an official agency and, if so, the name of the individual who received their report.
- (14) Contact the DAVA or the FAP clinical provider who will:
 - (a) Inform the victim of reporting options.

(b) Assist the victim in documenting their choice on a DD Form 2967, if the abuse has not already been reported to an official military or civilian agency.

(15) Request the FAP staff provide a restricted report control number to label and identify evidence collected during an examination (e.g., accompanying documentation, personal effects, and clothing) when a victim who has elected a restricted report is being evaluated for sexual or physical abuse.

b. Intervention.

HCPs will:

(1) Immediately notify the FAP of all allegations of domestic abuse, in accordance with Service policies and guidance.

(2) Provide the victim with basic referrals to appropriate services, such as DAVA services and the National Domestic Violence Hotline (1-800-799-SAFE).

(3) Refer victims OCONUS to the Pathways to Safety International Hotline (1-833-SAFE-833) or crisis@pathwaystosafety.org.

(4) Contact military or civilian law enforcement if:

(a) The victim desires to make a report; or

(b) State law requires reporting by the HCP.

c. Medical Forensic Examination.

(1) At the victim's request, the Forensic Healthcare Examiner (FHE), in coordination with law enforcement (when the report is unrestricted), will:

(a) Conduct any medical forensic examination considered appropriate, if they have the capability; or

(b) Refer the victim to a civilian medical facility, as appropriate, based on any signed memorandums of understanding (MOUs) with these facilities.

(2) The medical forensic examination includes:

(a) Gathering information from the victim for the medical forensic history.

(b) An examination.

(c) Documentation of biological and physical findings.

(d) Collection of evidence from the victim.

(e) Follow-up, as needed, to document additional evidence.

(3) FHEs transfer forensic evidence, via proper evidence chain of custody procedures, to an agency designated by the Secretary of the Military Department concerned to receive that evidence.

(4) When requested, sexual assault medical forensic examinations of adult sexual abuse victims will be conducted in accordance with DoDI 6310.09.

d. Documentation.

HCPs and FHEs will document all records in an appropriate health care and Privacy Act system of records and in accordance with DoD 5400.11-R, DoDIs 5400.11, 6025.18, 6040.45, 6310.09, and applicable implementing policies and guidance.

3.5. COMMANDERS.

Commanders have the overriding responsibility for the response to domestic abuse. The installation commander has responsibility for the FAP, installation law enforcement, and housing. The Service member's commander has responsibility for victim safety and for appropriate abuser accountability, if the Service member is the alleged abuser. Senior enlisted personnel serving in advisory roles to commanders must also be familiar with the requirements of this paragraph.

a. Prevention and Public Awareness.

Commanders will fully support public awareness, education, and other initiatives to strengthen individuals, couples, and family resilience, and prevent domestic abuse. Commanders will:

(1) Receive FAP training, pursuant to Volume 1 of DoDM 6400.01, and meet with the installation FAP manager or their designated point of contact (POC) within 90 calendar days of taking command.

(2) Integrate, to the greatest extent possible, the FAP's prevention, assistance, and response capabilities.

(3) Coordinate with the FAP and other components of the CCR to create a command climate that:

- (a) Encourages the safety and resiliency of all Service members and family members.
- (b) Supports help-seeking behaviors.

b. General Requirements.

Commanders will:

- (1) Report:

- (a) All known or suspected incidents of domestic abuse to the FAP for assessment and appropriate services.
 - (b) Domestic abuse and child abuse to the installation LEA, who will then report to the Component insider threat program, in accordance with the concerned Components' reporting guidance.
- (2) Notify the appropriate capabilities at the installation, when warranted, to mitigate risk of potentially violent behavior from insider threats through prevention, assistance, and response capabilities pursuant to:
- (a) DoDD 5205.16.
 - (b) The September 30, 2014 Deputy Secretary of Defense Memorandum.
 - (c) The February 2, 2017 Deputy Secretary of Defense Memorandum.
- (3) Inform all members of their subordinate chain of command of the obligation to report known or suspected child abuse to the FAP, in accordance with DoDI 6400.01.
- (4) Coordinate with the servicing legal office to ensure Service members found to have committed acts of domestic abuse are held appropriately accountable.
- (5) Ensure the restricted reporting policy procedures for domestic abuse victims are fully carried out at the installation level.
- (6) Respond to reports of domestic abuse as they would to reports of any other crime; and inform victims of available services.
- (7) Fulfill all requirements for:
- (a) Serving on or participating in the IDC.
 - (b) Supporting the IDC process in accordance with Volume 3 of DoDM 6400.01.
- (8) Indicate the presence of domestic abuse or child abuse on the appropriate paperwork, if it is determined the Service member will be involuntarily discharged or court-martialed for a related offense, to ensure transitional compensation is made available to the victim(s).
- (9) Attend the IDC, or designate an alternate to attend, when their Service member is involved in an alleged incident of domestic abuse, as either the alleged abuser or the victim, or is alleged to have committed an incident of child abuse.
- (10) Maintain confidentiality of the discussions from the IDC and updates from the CCSM.
- (11) Delay reassigning a Service member and their family members together to another installation if FAP determines there is moderate to high risk for future abuse or if the alleged incident is moderate to high severity.

(12) Be familiar with the responsibilities outlined in Section 2.

c. Initial Response and Assessment.

Commanders will:

(1) Refer any domestic abuse incident reported or discovered, independent of law enforcement, to:

(a) Their military LEA; or

(b) The appropriate criminal investigative organization for possible investigation pursuant to DoDI 5505.03. All allegations of sexual abuse or sexual assault must be reported to the appropriate MCIO.

(2) Coordinate with military LEA, when appropriate, to make a report to the insider threat program, pursuant to DoDD 5205.16, and in accordance with the Component's reporting guidance.

(3) Report, to the installation FAP:

(a) Credible information (which may include a reasonable belief) that a child in the family or home of a Service member has suffered an alleged incident of child abuse, pursuant to Section 575 of PL 114-328.

(b) Known or suspected incidents of domestic abuse.

(4) Secure safe housing for the victim as needed.

(a) When the parties must be separated to safeguard the victim, the preference is to remove the alleged abuser from the home rather than the victim.

(b) If necessary and authorized, direct the alleged abuser to find alternative housing.

(5) Ensure protection of all persons alleged or known to be at risk from domestic abuse by issuing and enforcing an appropriate MPO. Commanders should:

(a) Consult with the JA to ensure any MPO issued is not less restrictive than those issued by civilian courts.

(b) Notify, through the installation LEA or MCIO (if adult sexual abuse or sexual assault is alleged), civilian law enforcement authorities of any issued MPO in accordance with regulations issued by the Secretaries of the Military Departments.

(6) Issue and enforce a no contact order, if appropriate. A no contact order should not take the place of an MPO, when an MPO is warranted or requested by the victim, but can be used to address immediate safety concerns.

(7) Recommend victims seek a CPO, while respecting victim choice.

(8) Cooperate in making the alleged abuser available to be served with a CPO, as needed and consistent with Service regulations. If a CPO is served, commanders will:

- (a) Secure a copy of the CPO.
- (b) Review it with the servicing legal office.
- (c) Provide a copy to the installation LEA.

(9) If the alleged abuser is a civilian:

(a) Consider requesting the installation or garrison commander bar the individual from the installation.

(b) Notify the servicing installation MCIO and LEA, which may exercise investigative jurisdiction over the alleged offenses.

(c) Notify the appropriate civilian criminal investigative organization for possible investigation.

(d) Consult with the servicing civilian personnel office and the servicing legal office when the alleged abuser is a U.S. civil service employee who may be subject to disciplinary action.

(10) Provide the victim with information about the FAP, DAVA services, legal services, victim and witness assistance, and transitional compensation in accordance with:

- (a) DoDI 1030.02.
- (b) DoDI 1342.24.

(c) The June 14, 2004 Principal Deputy USD(P&R) Policy Memorandum, as appropriate.

(11) Direct an active duty alleged abuser to the FAP for assessment; and urge civilian family members to take part in the FAP assessment and services, as appropriate.

(12) Notify an active duty alleged abuser on the incident referred. Encourage cooperation with the CCSM's treatment or service recommendations.

(13) Request or order the Service member, as appropriate, after consultation with the servicing legal office, to secure personal weapons until the commander, in consultation with FAP, determines the risk of future incidents is reduced.

(14) Separate the living and work environments of the victim and alleged abuser, where appropriate. The preference is to move the alleged abuser to a different work or living environment rather than the victim, as appropriate and supportive for the victim.

(15) Conduct health and welfare checks when children are involved in incidents of domestic abuse.

(16) Monitor an active duty alleged abuser as they complete FAP treatment or service plan recommendations. If the alleged abuser refuses to participate or cooperate in treatment, contact FAP to coordinate risk monitoring and additional actions, as appropriate, to support the victim's safety plan.

d. MPO.

Commanders will:

(1) Consult with the appropriate servicing legal office concerning tailoring, issuing, and canceling an MPO.

(2) Issue and check compliance with an MPO, when necessary, to safeguard a victim, quell a disturbance, and maintain good order and discipline. The MPO will provide the victim time to pursue a protection order through a civilian court (should they choose to do so) or should support any existing CPO. Commanders will:

(a) Educate and inform victims of the option to seek a CPO.

(b) Explain to the victim why a CPO provides additional protection.

(c) Inform the victim of the limits of the MPO, in terms of both:

1. Civilian law enforcement's ability to enforce the MPO.

2. The Service member's ability to:

a. Pass a Federal firearms background check.

b. Purchase a firearm despite the existence of the MPO.

(d) Encourage the victim to seek a CPO, as appropriate.

(e) Tailor the MPO's terms to meet the specific needs of an individual victim.

(f) Seek consultation with the servicing legal office to receive timely advice.

(3) Use DD Form 2873 to issue an MPO.

(a) Issue an MPO to the Service member to:

1. Prohibit the member from contacting or communicating (through any or certain specified means) with:

a. The protected person; or

b. Members of the protected person's family or household.

2. Direct the Service member to take specific actions that support, or are in furtherance of, the prohibition.

(b) Immediately upon issuance, provide a copy of the signed MPO to:

1. The Service member who is the subject of the order.

2. Protected person (or the custodial parent or guardian of the protected person, if the protected person is a child victim).

3. Installation LEA for submission to the protection order file of the NCIC, pursuant to Section 1567 of Title 10, U.S.C. The LEA will update the NCIC record as required with current information, including removing the record when the MPO is no longer in effect.

(c) Obtain verification from the installation LEA, who will annotate the information on the DD Form 2873, that the MPO was input into the NCIC database.

(d) Immediately notify the servicing FAP POC (including the on-call FAP representative if during after-hours) of the issuance of the MPO and when modifications are made to the MPO.

(e) The issuing commander will file and maintain the original MPO. Copies will be provided, in accordance with Paragraph 3.6.d., to the:

1. Installation SJA and installation LEA.

2. Protected person and member.

(f) Inform the victim immediately of any changes to the MPO, both verbally and, if possible, with a copy of the changed order. Send a copy of the changed order to the servicing LEA.

(g) Use DD Form 2873-1 to cancel the MPO; and provide copies of the signed MPO cancellation to the:

1. Service member who is the subject of the order.

2. Service member's local personnel file.

3. Protected person (or the custodial parent or guardian of the protected person if the protected person is a child).

4. Installation LEA.

(h) Place information regarding a changed or cancelled MPO in the NCIC database, in accordance with Section 1567a of Title 10, U.S.C, through the installation LEA. Obtain

verification from the installation LEA, who will annotate the information on the DD Form 2873-1, that the MPO was input into the NCIC database.

(i) In accordance with Section 1567 of Title 10, U.S.C., an MPO issued by a military commander will remain in effect until the commander:

1. Modifies or terminates the order; or

2. Issues a replacement order.

(4) Contact the gaining command within 7 calendar days of notification of the pending transfer; and recommend the gaining command issue a new MPO when:

(a) The Service member is transferred to another unit; and

(b) An MPO is still necessary to protect the victim(s).

(5) Commanders may:

(a) Issue an MPO:

1. Even if a judge or magistrate has already issued a CPO with terms that are more restrictive than those in the CPO to which the member is subject. However, the terms of a commander-issued MPO may **not** contradict or be less restrictive than the CPO.

2. Applicable to locations beyond a CPO's jurisdiction, including locations outside of the United States.

(b) Enforce an MPO whether the Service member is on or off the installation. Service members violating an MPO may be subject to disciplinary action pursuant to the UCMJ.

(c) Keep the MPO in place if FAP advises risk to the victim's safety remains, even if a CPO is rescinded.

e. CPO.

Pursuant to the Armed Forces Domestic Security Act, commanders and installation law enforcement personnel will take all reasonable measures necessary to ensure a CPO has the same force and effect on a DoD installation as such an order has within the jurisdiction of the court that issued such order.

(1) The installation commander will establish policies and procedures, in accordance with Service policies and guidance required by Paragraph 2.7.a. of this issuance, for registering a CPO on a military installation including a notice requirement among the commander, military law enforcement elements, and other military criminal investigation elements of the installation. Failure to register the order will not be reason for a commander, military law enforcement, or other applicable personnel, who have knowledge of the order, to fail to give it full force and effect.

(2) All persons who are subject to a CPO will comply with the order's provisions and requirements when present on a military installation.

(3) Service members failing to comply with a CPO may be subject to administrative or disciplinary action in accordance with the UCMJ.

(4) Civilians failing to comply with a CPO, including DoD civilian employees, may be barred from the installation. DoD civilian employees may also be subject to appropriate administrative or disciplinary action. Before taking administrative or disciplinary action, supervisors will consult with the:

(a) Servicing legal office.

(b) Civilian personnel office.

f. Safety Planning.

Commanders will:

(1) Consult with FAP staff to ensure a safety plan is ready and in place.

(2) Review each law enforcement investigative report with the servicing legal office to decide appropriate disposition.

(3) Use all available transportation options to provide for victim safety, including early return of dependents for victims OCONUS, in accordance with Chapter 5, Paragraph 051205.C, of the Joint Travel Regulations.

(4) Reassign the Service member or authorize relocation of dependents who are threatened with bodily harm or death when military and civilian authorities are unable to ensure the continued safety of threatened dependents pursuant to DoDI 1315.18.

(5) For purposes of family eligibility for transitional compensation benefits, document that a Service member engaged in conduct that is a domestic abuse or child abuse offense when:

(a) Referring such action for court-martial.

(b) Initiating action to administratively separate the Service member from active duty in accordance with DoDI 1342.24.

(6) Consult with:

(a) FAP staff for information on risk assessment findings and recommended command response.

(b) The FAP to ensure safety precautions for the victim are in place when the alleged abuser is returning from training or deployment.

(c) Personnel officials to decide if temporary duty station or permanent change of station (PCS) orders that interfere with completion of any directed intervention services will be canceled or delayed. When temporary duty station or PCS orders cannot be canceled or delayed, coordinate efforts with the gaining command to ensure continuity of services with the FAP and other military and civilian providers regarding intervention for both the alleged abuser and the victim.

(7) Document and report command actions on domestic abuse incidents through appropriate Service protocols; to include notifying installation law enforcement officials, who will then update Federal law enforcement databases, such as the:

- (a) Interstate Identification Index (III).
- (b) NCIC.
- (c) National Instant Criminal Background Check System (NICS).

(8) Seek to establish MOUs at the installation command level with appropriate civilian agencies that include procedures for improving information sharing on domestic abuse investigations, arrests, and prosecutions involving military personnel. Any sharing of personally identifiable records with civilian agencies will comply with the Privacy Act, DoD 5400.11-R, and DoDIs 5400.11 and 6025.18, as applicable.

g. Expedited Transfer.

Expedited transfer assists Service members' and their dependents' recovery by moving them from the location where the incident occurred and where the victim may have experienced ostracism and retaliation.

(1) Expedited transfer will be made available to Service members and their dependents, as applicable, to address concerns of physical and psychological safety, in accordance with Section 536 of PL 115-232 and Section 673 of Title 10, U.S.C.

(2) Transfers will be handled as outlined in:

- (a) Section 6 of this issuance; and
- (b) Applicable DoD and Service FAP headquarters implementing policies and guidance.

3.6. CHAPLAINS.

a. Privileged Communications.

Individuals, including victims and alleged abusers, are entitled to the protections of the clergy-penitent privilege as described in Rule 503 of the MRE. Clergy-penitent privilege will be

assumed until specifically waived by penitent or at-risk individuals in writing or in accordance with Service policy. Chaplain Corps personnel:

(1) Will complete required trainings on domestic abuse prevention and their role in victim safety, as required by Military Department and Service implementing policies and guidance, including applicable trainings offered by the FAP.

(2) Will encourage self-referral, or help facilitate a referral to appropriate services (e.g., the FAP, civilian victim advocacy, or medical services) upon learning of a potential or actual domestic abuse incident when:

(a) The privilege has been waived or Chaplain Corps personnel learn of a potential or actual domestic abuse incident through a communication that is not otherwise privileged; and

(b) The Chaplain is not otherwise bound by clergy-penitent privilege.

(3) May not be mandated reporters pursuant to the law of the jurisdiction in which they work. Members of the Chaplain Corps should consult with their Chaplain Corps leadership and legal advisor on any questions related to the clergy-penitent privilege.

(4) As with any other Service member, have a general obligation to report suspected child abuse to the installation FAP, pursuant to Section 575 of PL 114-328, when:

(a) They learn of facts that give rise to a suspicion of child abuse outside of their role as a Chaplain Corps member;

(b) Privilege has been waived; or

(c) Such information is not otherwise privileged.

(5) Should consult with their Chaplain Corps leadership and legal advisor on any questions regarding the waiver of privilege.

b. Domestic Abuse Training.

Chaplain Corps personnel will:

(1) In recognition of their special role in privileged communications, be trained on the policies and procedures in this issuance and on Service-specific policies on domestic abuse and privileged communications. This training will include:

(a) Facilitation of referrals.

(b) Victim reporting options.

(c) Domestic abuse lethality risk assessments.

(d) Safety planning.

- (e) MPOs and CPOs.
 - (f) Transitional compensation for abused dependents.
 - (g) National and region-specific domestic abuse support services.
- (2) Collect domestic abuse training data pursuant to Section 543(a)(3) of PL 111-383.
- (3) Submit Chaplain Corps training data, through their respective Service branch channels, to the OSD.

c. Safety Planning.

Chaplain Corps personnel:

- (1) Will take all measures to keep domestic abuse victims safe, including:
- (a) Counseling victims about the use of area shelters.
 - (b) Referring victims to the:
 - 1. National Domestic Violence Hotline (1-800-799-SAFE); or
 - 2. Pathways to Safety International Hotline (1-833-SAFE-833) or crisis@pathwaystosafety.org, if OCONUS.
 - (c) Helping victims to fill out a safety plan.
 - (d) Following up with victims, when appropriate.
- (2) May consult with the FAP, as needed and as authorized, to evaluate and lessen risks to victims and alleged abusers.

3.7. MCIOS AND LEAS.

a. Investigation, Assessment, and Response.

MCIOs or LEAs investigate and assess which reported incidents of domestic abuse meet the UCMJ threshold for criminal activity. MCIOs and LEAs will respond to domestic abuse reports, and will inform victims of available domestic abuse services.

(1) First Response and Assessment.

Law enforcement personnel will:

- (a) Receive appropriate training for responding to domestic abuse, in accordance with DoDI 5525.15, including the:

1. Different types of abuse.
2. Use of technology in domestic abuse incidents.

(b) Notify the FAP within 24 hours of all domestic abuse incidents, including domestic abuse-related fatalities.

(c) Inform the victim of the availability of:

1. Local shelter facilities.
2. Services offered through the DAVAs.
3. An MPO and a CPO.

(d) Decide if an incident meets the criteria for an SVIP-covered offense.

(e) Provide, through the chief of law enforcement, the servicing MCIO investigators information gained from military law enforcement response and coordination with civilian LEAs.

(f) Report information, as appropriate, to the Component insider threat program, in accordance with the Component's reporting guidance.

(2) SVIP-Covered Offenses within the Investigative Jurisdiction of MCIOs.

MCIOs will:

(a) Investigate:

1. Unrestricted reports of domestic abuse involving sexual assault or aggravated assault with grievous bodily harm.
2. Child abuse involving child sexual assault or aggravated assault with grievous bodily harm, as referred to in DoDI 5505.19.

(b) Provide the FAP clinical provider with the MCIO case number for all official adult sexual abuse cases, within 48 hours of initiation of an investigation, for entry into the DSAID.

(c) Meet the training requirements for responding to special covered offenses in accordance with DoDI 5505.19

(d) Collaborate with all SVIP members, in accordance with DoD and Service policy.

(3) MPO.

Immediately upon receipt of an MPO issued by a commander, the military law enforcement authority will:

(a) Notify the appropriate civilian authorities electronically, through the NCIC, of the issuance of an MPO.

(b) Notify the appropriate civilian authorities electronically, through the NCIC, of any change made in the MPO, including the modification or cancellation of an MPO.

(c) Track the number of issued MPOs entered into the NCIC database each calendar year, as required by Section 543 of PL 116-92 and in accordance with Service policies and guidance.

(4) CPOs.

If the victim has a CPO, law enforcement personnel will take all reasonable measures necessary to ensure a CPO is given full force and effect pursuant to the Armed Forces Domestic Security Act.

(a) Installation law enforcement will have procedures in place for registering and monitoring a CPO.

(b) Failure to register the order will not be reason for law enforcement personnel, having knowledge of the order, to not give the CPO full force and effect.

(c) Law enforcement personnel will cooperate with civilian LEAs to ensure alleged CPO violations are investigated. The installation commander, through appropriate installation law enforcement personnel and agencies, will attempt to establish an MOU specific to CPOs with civilian LEAs to ensure the most timely and effective coordination between civilian and military law enforcement officials. If civilian LEAs will not establish an MOU, the installation commander through appropriate installation personnel and agencies, will document their coordination with the civilian LEA.

b. General Requirements.

MCIOs and LEAs investigative findings will be fact-based, unbiased, and reflect impartiality, in accordance with DoDI 5505.03 and Service-specific policies and guidance.

c. Tracking and Reporting.

Track domestic violence incidents involving Service members from initial allegation to final disposition. MCIOs will enter all appropriate records into the NCIC or III, in accordance with DoDI 5505.11, or the NICS Index, as applicable.

3.8. JAS.

JAs, unless otherwise stated, will include other appropriate legal advisors.

a. Training.

JAs will receive training:

(1) Appropriate for their role in responding to special victim offenses, to include those assigned defense counsel responsibilities.

(2) From DAVAs or other FAP staff on:

- (a) The types and impact of domestic abuse.
- (b) Victim safety.
- (c) Available services for victims and alleged abusers.

b. Available Services.

When working with victims of domestic abuse, JAs must inform victims of services available (e.g., DAVAs, the VWAP, the Transitional Compensation Program, and SVC or VLC). SJAs or command legal counsel will:

(1) Designate specially trained prosecutors, paralegals, administrative support personnel, and victim witness assistance personnel to ensure legal support to victims who meet SVIP criteria, in accordance with Section 1044e of Title 10, U.S.C.

(2) Coordinate with the FAP and DAVAs to help a victim's welfare, security, and recovery in cases involving SVIP-covered offenses where the victim is eligible for and has accepted available support services.

(3) Provide informed advice, upon request, concerning expedited transfer requests.

(4) Provide informed advice, upon request, concerning MPOs, no contact orders, and CPOs.

c. Response to Domestic Abuse Allegations.

SJAs or command legal counsel will:

(1) Provide timely, informed advice to commanders regarding the response to allegations of domestic abuse.

(2) Consult with the:

(a) Appropriate law enforcement representatives when advising the responsible commander regarding their response to a domestic abuse incident.

(b) FAP when considering the lethality risk factors referenced in Paragraph 3.1.d.(2).

(3) Advise FAP clinical providers, DAVAs, DAVA supervisors, and HCPs on whether an exception to restricted reporting exists in accordance with Section 5.

d. Issuance of MPOs.

SJAs or command legal counsel will advise commanders, when requested, regarding the appropriateness of issuing an MPO against an alleged military abuser in accordance with Paragraph 3.5.d.

e. Armed Forces Domestic Security Act.

SJAs or command legal counsel will advise the responsible commander and law enforcement personnel regarding the implications of the Armed Forces Domestic Security Act in accordance with Paragraph 3.5.e.

f. Federal Prohibitions to Weapons Possession.

SJAs or command legal counsel will advise the responsible commander and law enforcement personnel in all matters relating to the GCA, including the Lautenberg Amendment in accordance with Section 9.

g. Negotiating MOUs with Civilian Offices and Agencies.

SJAs or command legal counsel will advise the responsible installation commander regarding the appropriate scope and content of MOUs with servicing civilian law enforcement, prosecutorial, and judicial officials, as appropriate.

h. Prosecution of Domestic Violence Cases.

JAs assigned to prosecute domestic violence cases will work with command, law enforcement, DAVAs, and other relevant personnel, and will:

(1) Advise the responsible commander of the appropriate and effective response to domestic violence, taking into account the results of risk assessments conducted by the FAP in accordance with Paragraph 3.1.d.

(2) Advise and coordinate with law enforcement personnel, as appropriate, regarding scene investigation, evidence gathering, and the appropriate scope and content of law enforcement reports of domestic violence incidents. This ensures such work is carried out effectively and in accordance with all applicable laws and regulations.

(3) Work collaboratively with MCIOs to provide advice, guidance, and support during the investigatory and resulting disciplinary phases, as applicable, of all reported criminal cases, including those based on command-directed or civilian police investigations that meet the criteria for SVIP in accordance with Paragraph 3.7.a.(2).

3.9. FAP CLINICAL PROVIDERS AND COMMANDERS.

FAP clinical providers and commanders will coordinate continuous monitoring of alleged abusers, as appropriate, through the CCR to reduce the risk of further domestic abuse.

SECTION 4: DOMESTIC ABUSE EDUCATION AND MANDATORY TRAINING

4.1. EDUCATION AND TRAINING FOR MILITARY PERSONNEL.

The Military Departments will provide mandatory training, at a frequency in accordance with Military Service discretion to all military personnel on these subjects:

- a. Risk factors and dynamics of domestic abuse.
- b. DoD and Service-specific domestic abuse policies and procedures.
- c. Common misconceptions associated with domestic abuse.
- d. Beliefs, attitudes, and cultural and gender stereotypes associated with domestic abuse.
- e. Primary and secondary prevention of domestic abuse.
- f. Reporting options.
- g. Military and civilian domestic abuse resources to:
 - (1) Promote healthy relationships.
 - (2) Protect victims.
 - (3) Prevent re-occurrence of domestic abuse.
- h. Trauma-informed care.
- i. The definition of “intimate partner.”
- j. Risk and safety factors in domestic abuse.
- k. Reasons victims remain in abusive relationships.
- l. Use of technology in domestic abuse.
- m. The Lautenberg Amendment, with input from the SJA.

4.2. EDUCATION AND TRAINING FOR FAMILY MEMBERS.

To the extent possible, education and awareness activities will also be available for family members.

SECTION 5: RESTRICTED AND UNRESTRICTED REPORTING POLICY

5.1. REPORTING OPTIONS.

a. Adult domestic abuse victims have two reporting options:

- (1) Unrestricted reporting.
- (2) Restricted reporting.

b. Regardless of whether the victim chooses restricted or unrestricted reporting, confidentiality of protected health information will be maintained in accordance with DoDI 6025.18 and DoDM 6025.18.

5.2. UNRESTRICTED REPORTING.

a. Unrestricted Reporting Channels.

(1) Domestic abuse victims who want to pursue an official command or criminal investigation of an incident should use official established channels for reporting abuse or misconduct (e.g., chain of command, the FAP, or law enforcement).

(2) If a victim reports domestic abuse to a SARC or sexual assault victim advocate, that provider will offer the victim a warm handoff to the FAP. Victims of unmarried intimate partner sexual abuse may choose to receive services from the FAP or Sexual Assault Prevention and Response program.

(3) Victims may report sexual assault involving persons they do not consider to be an intimate partner to a SARC and receive victim advocacy and assistance in accordance with Volume 1 of DoDI 6495.02.

b. Services Provided for Victim.

(1) Upon notification of a reported domestic abuse incident, FAP will offer victim advocacy services and FAP clinical services to the victim.

(2) Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

(3) Within 24 hours, a report will be made to the installation LEA. The installation LEA will then report to the Component insider threat program, in accordance with the Component's reporting guidance.

(4) Victims will be afforded an opportunity to:

- (a) Engage in safety planning.

- (b) Participate in a domestic abuse assessment.
 - (c) Get support in writing a victim impact statement.
- (5) At the victim's request, the HCP or FHE, in coordination with MCIO investigators, will conduct any medical forensic examination considered appropriate.
- (6) Victims will be:
- (a) Informed of the:
 - 1. FAP process.
 - 2. Recommendations of the CCSM.
 - 3. Incident status determination.
 - (b) Referred to military and civilian agencies for support and services, as:
 - 1. Deemed appropriate by the FAP.
 - 2. Desired by the victim.
 - (c) Encouraged, but **not** ordered, to complete treatment.

5.3. RESTRICTED REPORTING.

a. General Requirements.

Restricted reporting is limited to adult domestic abuse victims who are eligible to receive medical care from the DoD. If a report of child abuse is made as part of a domestic abuse allegation, the child abuse must be reported to the FAP, command, law enforcement, and child welfare services.

(1) The victim will acknowledge, in writing, their understanding that restricted reporting may limit the U.S. Government's ability to hold accountable and prosecute the alleged abuser.

(2) Victims who choose restricted reporting must report the abuse to a DAVA, a DAVA supervisor, a FAP clinical provider, or an HCP.

(a) The DAVA.

1. If the DAVA is the first contact with the victim, the DAVA will notify a DAVA supervisor as soon as possible.

2. The DAVA:

a. Provides the victim information about the restricted and unrestricted reporting options.

b. Processes and guides the victim in completing a DD Form 2967.

3. The DAVA will:

a. Inform the victim of exceptions to the restricted reporting option, especially those that require a duty to warn.

b. Provide information about victim advocacy services.

4. When the DAVA attends the installation FAC, at the discretion of the FAP manager or the DAVA supervisor, the DAVA must report information about domestic abuse incidents without including information that could reasonably lead to the personal identification of the victim or alleged abuser.

a. Information will be provided to command officials at the first FAC meeting following receipt of information about the alleged domestic abuse; or at a subsequent meeting, as directed by the installation commander responsible for convening the FAC.

b. This gives the installation commander a clearer picture as to the number of domestic abuse incidents and the type of domestic abuse incidents within the command; and enhances the commander's ability to provide a safe environment that contributes to the well-being and mission readiness of all Service members.

(b) The DAVA Supervisor.

The DAVA supervisor will assign a victim advocate to help the victim.

(c) The FAP Clinical Provider.

The FAP clinical provider will:

1. Support the victim's choice of a restricted report, when the option is available, while also assisting the victim in developing a safety plan.

2. Provide ongoing assessment and monitoring of the victim's situation, including changes in risk that may require an exception to the restricted reporting option.

3. Make every effort to:

a. Discuss the risk factors with the victim.

b. To the greatest extent possible, inform the victim of the exception that requires the sharing of confidential information before revealing any such information.

(d) The HCP.

The HCP:

1. Starts appropriate care and treatment and contacts the DAVA, if not already involved.

2. Coordinates a medical forensic examination as appropriate, at the victim's discretion or request.

a. In the absence of an FHE or other HCP trained to conduct a medical forensic examination, the victim will be appropriately referred for such an examination.

b. If the victim chooses to receive medical care at a civilian facility, regulations governing the release of personal health information at that facility apply. To the extent possible, victims should be made aware of the information specified in this Paragraph.

3. Will **not** disclose covered communications to:

a. The victim's or the alleged abuser's commander; or

b. Law enforcement or MCIO either within or outside the DoD, except as required by law.

b. Victim Confiding in Another Person.

(1) The DoD recognizes a victim may first tell someone (e.g., a friend, family member, peer, or other confidante) about the abuse before being aware of reporting options or considering whether to file a restricted or unrestricted report.

(a) A victim's communication with another person does **not** prevent the victim from later making a restricted report.

(b) If the victim:

1. Informed their or their alleged abuser's chain of command, a DoD LEA, or MCIO (outside of the CATCH program), there can be no restricted report.

2. If the chain of command finds out about the incident through independent channels, an investigation can be initiated, even if the victim has filed a restricted report.

(2) Consistent with current policy regarding privileged communications, victims may also speak to Chaplain Corps personnel about abuse without compromising their restricted or unrestricted reporting option(s), if the communication is for a spiritual purpose or assistance. See Paragraph 3.6.a. for more information on privileged communications with Chaplain Corps personnel.

(3) If a victim reports domestic abuse to a person who has the credentials of a clinical provider but is acting in a nonclinical role, that provider should offer the victim a warm handoff to the FAP. This disclosure does not prevent the victim from later choosing to make a restricted report. Those with the credentials of a clinical provider but acting in a non-clinical role would include, but are not limited to:

- (a) Military Family Life counselors.
- (b) Military OneSource providers.
- (c) Prevention personnel.

(4) If a victim reports domestic abuse to a SARC or sexual assault victim advocate, that provider will offer the victim a warm handoff to the FAP. Disclosure of the domestic abuse to a SARC or sexual assault victim advocate does not prevent the victim from later choosing to make a restricted report in accordance with this issuance.

(5) In the course of otherwise privileged communication with an SVC or VLC, or legal assistance attorney, a victim may indicate they wish to file a restricted report. If this occurs, the SVC or VLC, or legal assistance attorney will, with the victim's consent, facilitate contact with a DAVA or FAP clinical provider to ensure the victim is offered services and completes a DD Form 2967.

(6) Information that reveals a possible threat to the victim or other persons may require a duty to warn or other exception that would:

- (a) Necessitate a notification to command, LEA, or MCIO dependent on the nature of the information.
- (b) Override the victim's restricted report election.

c. Exceptions to Confidentiality and Restricted Reporting and Limitations on Use.

(1) When a victim chooses restricted reporting, covered communications may be disclosed to these persons and for these reasons:

- (a) **Named Individuals.**

When the victim authorizes the disclosure in writing.

- (b) **Command Officials or Law Enforcement.**

When necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

- (c) **The FAP and Other Agencies Authorized by Law to Receive Reports of Child Abuse.**

When, because of the victim's disclosure, the FAP clinical provider, DAVA, HCP, or other covered professional has a reasonable belief that child abuse has also occurred. The disclosure by a covered professional to the agency authorized to receive reports of child abuse is limited to **only** the information related to the child abuse, unless the allegation of child abuse includes exposure to domestic abuse.

- (d) **Disability Evaluation Boards and Officials.**

When an HCP's disclosure is required for fitness for duty for disability evaluation system determinations. Such disclosure is limited to **only** the information that is necessary to process the disability determination.

(e) **DAVAs or FAP clinical providers.**

When disclosure is required for the supervision of direct victim services or treatment.

(f) **Military or Civilian Courts of Competent Jurisdiction.**

When a military, Federal, or State judge issues a subpoena or order for the covered communications to be presented to the court or to other officials or entities when the judge orders such disclosure.

(g) **Other Officials or Entities.**

When required by Federal or State statute or applicable U.S. international agreement.

(2) HCPs may also convey information to the victim's commander, if applicable, on any possible adverse duty impact related to an active duty victim's medical condition and prognosis in accordance with DoDI 6025.18. Such circumstances, however, do **not** otherwise warrant an exception to restricted reporting; and, therefore, the specific details of the domestic abuse incident:

(a) Will still be treated as a covered communication.

(b) May not be disclosed.

(3) If the FAP clinical provider, DAVA, or HCP believes disclosure is warranted or required, pursuant to one of the exceptions, when time allows, the FAP clinical provider, DAVA, or HCP will first consult with their supervisor and servicing legal office before disclosure. When there is uncertainty or disagreement on whether an exception applies, the matter may be elevated without the release of personally identifiable information or protected health information in accordance with Service headquarters policies and guidance.

(4) The FAP clinical provider, DAVA, or HCP must also make every reasonable effort to provide the victim advance notice of the intention to disclose a covered communication, with a description of the information to be disclosed; the basis for disclosure; and the individual, group, or agency to which it will be disclosed. The disclosure will be limited to the information necessary to satisfy the purpose of the disclosure, if the disclosure is made under the authority of one of the stated exceptions. Further disclosure will not be made unless the domestic abuse victim authorizes the disclosure in writing.

d. Consequences for Improper Disclosure of Covered Communications.

(1) Improper disclosure of covered communications, improper release of protected health information, and other violations of this policy are prohibited and may result in:

(a) Discipline pursuant to the UCMJ.

- (b) Loss of privileges.
 - (c) Other adverse personnel or administrative actions.
- (2) This policy does **not**:
- (a) Create any actionable rights for the alleged abuser or the victim;
 - (b) Constitute a grant of immunity for any actionable conduct by the alleged abuser or the victim; or
 - (c) Create any form of evidentiary or testimonial privilege.
- (3) Covered communications disclosed to persons other than those named to receive them under the protections of this restricted reporting policy, even if disclosed improperly or inadvertently, may be used in administrative, non-judicial, or judicial disciplinary proceedings.

5.4. NOTIFICATION OF OFFICIAL UNRESTRICTED REPORTS OF ADULT SEXUAL ABUSE FOR ENTRY INTO THE DSAID.

In the interim, until a DoD database to track domestic violence incidents and associated disposition information is operational, information on official unrestricted reports of adult sexual abuse will be entered into the DSAID and aggregate data will be submitted to Congress. SARC protocols for entering cases into DSAID will be provided by the DoD Sexual Assault Prevention and Response Office and Service Sexual Assault Prevention and Response headquarters.

a. The FAP clinical provider will:

- (1) Inform all adult sexual abuse victims of the requirement to provide specific case information of all official unrestricted sexual abuse reports to the lead SARC for the installation or other SARC as designated by the Military Service (hereafter referred to as “the SARC” in this section) to be entered into the DSAID.
- (2) Have the victim indicate on DD Form 2967 that they have been informed of this sharing requirement.
- (3) Help the victim contact the MCIO to report the sexual abuse, if the victim has not already initiated contact.

b. The MCIO will:

- (1) Consider the sexual abuse report as an official report when and if the victim has signed the DD Form 2967, or other documentation that indicates that the victim has made an unrestricted report of sexual abuse; and
- (2) Within 48 hours of initiating an investigation of sexual abuse, provide to the FAP clinician the MCIO case number to be entered into the DSAID.

c. Upon receipt of the MCIO case number, the FAP clinical provider will:

(1) Notify the SARC of all domestic abuse cases with an official unrestricted report of adult sexual abuse. Notification will be made when an allegation involves:

(a) A Service member as either victim or alleged abuser; or

(b) Command-sponsored civilians living OCONUS:

1. Identified as either victim; or

2. Alleged abuser and defined as intimate partners.

(2) Notify the SARC, by phone:

(a) Within 48 hours of an official unrestricted report option being filed.

(b) After collecting the MCIO case number.

(3) Provide the SARC the victim's name, date of report to DoD, MCIO case file number, DoD identification number (if applicable), rank, and unit. If there is no DoD identification number, provide the victim's social security number and date of birth. The subject's information will be recorded through DSAID interface with the MCIO data system.

(4) Document the DSAID case number received from the SARC in the victim's case record.

(5) Use the DSAID number as the common identifier for official unrestricted sexual abuse cases when collaborating with sexual assault prevention response or the MCIO.

(6) Notify the SARC of the victim's report of retaliation, when appropriate, whether the complaint is made at the initial allegation of sexual abuse or received at a later time.

(7) The FAP clinical provider retains responsibility for all case management.

d. Within 48 hours of notification by FAP, the SARC will:

(1) Initiate an "Open with Limited Information" DSAID case for all official unrestricted sexual abuse reports from the FAP. For Restricted Report Exception Applied, select "No."

(2) Provide the FAP clinical provider the DSAID case number.

(3) Indicate in the DSAID that the report is a FAP case.

SECTION 6: EXPEDITED TRANSFER

6.1. EXPEDITED TRANSFER REQUEST.

Request for expedited transfer may be made by the active duty victim of sexual or physical domestic violence allegedly committed by the spouse or intimate partner, whether or not the spouse or intimate partner is a Service member, or by the active duty parent whose dependent is a victim of sexual assault allegedly perpetrated by a Service member who is not related to the victim, pursuant to Section 536 of PL 115-232 and Section 673 of Title 10, U.S.C.

a. The intent of expedited transfer is to:

(1) Address situations where the victim or the parent of the dependent victim feels uncomfortable and expresses symptoms of psychological harm due to ostracism and retaliation.

(2) Assist in the victim's recovery by moving the victim to a new location, away from where the abuse occurred.

b. Threats to life or safety of a Service member or the dependent of the Service member must be immediately reported to command, MCIOs, and DoD law enforcement resources. In such circumstances, a request by the victim or parents of the victim for an expedited transfer will be handled in accordance with established Service regulations.

c. Safety issues will be addressed through processes and strategies that allow for expeditious response and a fast safety move, if needed, to mitigate risk and de-escalate the situation. Safety moves are not managed through expedited transfer, which may take longer than a safety move. Expedited transfer is best used when the victim is safe and may be a part of the safety planning goals.

d. Expedited transfer will include the Service member and the Service member's dependent(s), even if they are geographically separated. However, the Service member may request that:

(1) Only the Service member's dependent(s) be transferred; or

(2) The dependent(s) be transferred expeditiously and the Service member's transfer be delayed (e.g., the Service member is deployed and wants to finish the deployment term or the Service member is in training and wants to complete the training).

e. The Military Service concerned will determine whether the Service member will be transferred at the same time as the dependents.

(1) The Service member will initiate the transfer request and submit their request to their commander. The commander will document the date and time the request is received.

(2) If a Service member has filed a restricted report, the report status must be changed to unrestricted before an expedited transfer can be initiated.

6.2. COMMANDER RESPONSIBILITIES.

The commander must:

a. Notify immediately, upon receipt of the expedited transfer request, the FAP POC. Service member victims or active duty parent(s) of dependent victims, not previously receiving FAP services, will be referred to the installation FAP for assessment and services, as appropriate.

b. Consider the request for an expedited transfer and elect the means that is most appropriate and expeditious, including other options (e.g., humanitarian grounds, through other processes) for securing the safety of victims.

c. Consult with legal counsel concerning shared property, child custody, or other legal issues involving the victim and the abuser that may complicate and potentially preclude expedited transfer of the active duty victim.

d. Provide expedited transfer information for Service members who are victims of physical domestic violence.

e. Provide expedited transfer, as appropriate:

(1) To reduce the risk of further harm to victims.

(2) For victims expressing discomfort, fearfulness, or psychological harm.

f. Solicit information from the active duty victim or parent of the victim to ascertain the most advantageous location and timing of the transfer, as appropriate.

g. Counsel the Service member to ensure they are fully informed regarding:

(1) Reasonably foreseeable career impacts.

(2) Impact on the investigation, if applicable.

(3) Other possible consequences of granting the request.

h. Approve or disapprove an expedited transfer request within 5 calendar days of submission of the written request in accordance with Volume 1 of DoDI 6495.02 and implementing Service policies and guidance. If the request is disapproved, the requester will be given the opportunity to have their request reviewed by the first general officer or flag officer in the chain of command of the Service member; and must make that decision within 5 calendar days of the submission of the review.

(1) If the expedited transfer is disapproved, the victim will be provided documentation explaining the reason for the disapproval. Command will:

(a) Prioritize the safety of victims throughout the process.

(b) Pursue all appropriate options to maintain the victim's safety.

(2) Consideration will be given to all other available options—including compassionate reassignment, early return of dependents, or other appropriate command options—to prioritize safety and the least inconvenience to the victim(s).

6.3. LOSING COMMAND RESPONSIBILITIES.

Upon approval of a request for expedited transfer, the losing command will:

a. Notify the losing FAP POC and the Service member in writing of the approval of the expedited transfer. The Services will provide guidance on what constitutes written notification to the FAP.

b. Send notification immediately to the appropriate personnel assignments entity to begin processing the transfer.

c. Assign personnel, if possible, to assist the Service member with any out-processing to facilitate transportation and any required PCS move requirements for the Service member and dependents.

d. Provide the Service member a detaching evaluation, fitness report, or other evaluation in accordance with Service policy.

e. Notify the Service member victim or active duty parent of a dependent victim of the requirement to have an:

(1) Outbrief meeting with the losing FAP office, so the FAP POC:

(a) Can answer any remaining questions the Service member may have about the transfer process.

(b) Facilitate any further coordination of services.

(2) Intake meeting with the gaining FAP POC to ensure continuity of services. After the intake meeting with the gaining FAP, the Service member can decide whether to continue services.

f. Encourage the Service member's dependent to have an outbrief meeting with the FAP POC and a meeting with the gaining FAP POC, if desired and appropriate. After the intake meeting with the gaining FAP, the active duty parent or dependent, as appropriate, can determine whether to continue services.

g. Advise the Service member of the requirement to have an intake meeting with the gaining commander, if the:

(1) Service member or dependent seeks continued advocacy, legal, or health care services (mental health or other medical) at the new location; or

(2) Investigation or legal proceedings involving the Service member or their dependents is ongoing at the time of the transfer. Dependents are not required to meet with the commander.

h. When there is an open case, notify the gaining command to facilitate the ongoing investigation and to support the continuation of victim services.

6.4. LOSING FAP RESPONSIBILITIES.

The losing FAP, after the approval of an expedited transfer, will perform the responsibilities listed in this paragraph.

a. Upon being notified by a commander of a Service member's request for an expedited transfer for themselves or for a dependent, the DAVA or the FAP clinical provider will verify and notify the commander that the Service member has filed an unrestricted report of domestic abuse through a DD Form 2967.

b. The losing FAP will:

(1) Meet with the Service member victim or active duty parent of a dependent victim to outbrief and address any questions about the transfer process as it relates to FAP services.

(2) Inform the Service member the case will be transferred to the gaining installation for ongoing services.

(3) Inform the Service member of the requirement to have an intake meeting with the gaining FAP POC and provide the contact information for the gaining FAP office and the gaining DAVA. After the intake meeting with the gaining FAP, the Service member can decide whether to continue services.

(4) Facilitate the scheduling of the intake meeting with the gaining FAP POC, including providing the Service member:

(a) The name and contact number to the gaining FAP POC.

(b) An appointment date and time.

(5) Transfer the FAP case in the central registry to the gaining installation FAP.

6.5. GAINING FAP RESPONSIBILITIES.

An assigned DAVA or FAP clinical provider will:

a. Follow up with the Service member to assess for any ongoing risks and safety needs.

b. During the required FAP intake meeting, the DAVA or FAP clinical provider will:

(1) Explain the full range of options at the installation.

- (2) Facilitate appointments with mental health, medical, and legal services.
 - (3) Assist with any questions the Service member or dependent(s) may have.
- c. Encourage the Service member and dependent(s), as appropriate, to comply with all FAP treatment or service plan recommendations that had not been completed before the transfer; and also inform the Service member they may decline further services at any time.
 - d. Coordinate with the gaining commander for a separate commander intake meeting, if required. A separate meeting may be required if the investigation or legal proceedings involving the Service member or their dependents is ongoing at the time of the transfer.

SECTION 7: CATCH PROGRAM

7.1. CATCH PROGRAM PURPOSE.

The CATCH Program provides a way for Service members and their adult dependents who have experienced adult sexual abuse to provide information about their incident and the alleged abuser to military investigators to identify serial offenders.

7.2. EXECUTING THE CATCH PROGRAM.

a. Each Military Service will designate installation FAP clinical providers or DAVAs who will have access to the CATCH Program server to generate user credentials. Designated persons will participate in required training to execute the CATCH Program.

b. When working with a sexual abuse victim wishing to file a restricted report, as indicated by the victim signing the DD Form 2967, the FAP clinical provider or DAVA will:

- (1) Advise the victim about the CATCH Program.
- (2) Explain the program is voluntary.

c. The FAP clinical provider or DAVA will provide the victim with the information specified in this paragraph on the CATCH Program, including:

- (1) Rules on evidence collection and retention.
- (2) Follow-up and case monitoring procedures.
- (3) Notification procedures for when a match occurs.
- (4) Options for changing the election to an unrestricted report when a match occurs.
- (5) The availability of an SVC or VLC, or the VWAP, to address questions about the investigatory nature of the CATCH Program.
- (6) The CATCH Program information sheet.

d. When working the victim's request to participate in the CATCH Program, the FAP clinical provider or DAVA will:

- (1) Have the victim indicate their election to participate in the CATCH Program or not on a DD Form 2967.
- (2) Inform the victim of their right to speak with an SVC or VLC regarding any questions about the investigative or legal process.

(3) Generate a 24-character case number (e.g., “FRAR-FORTPOLK-2018-48573”). The number will be formatted in accordance with this paragraph.

(a) 4x Report Type [FR, FU] followed by Service affiliation [AF, AR, NV, MC, NG, CG].

(b) 1x Dash (-).

(c) 8x Alphanumeric FAP location.

(d) 1x Dash (-).

(e) 4x Numeric (calendar year).

(f) 1x Dash (-).

(g) 5x Numeric (report sequence number unique to Service per calendar year).

(4) Use the created case number to generate a one-time username and password and provide it to the victim. The one-time username and password expires in 10 calendar days.

(5) Inform the victim the username and password are for accessing the CATCH database.

(6) Inform the victim the information entered into the database must be answered independently without the assistance of the FAP clinical provider or DAVA. A blank, coded form may be generated, printed out, and provided to the victim.

(7) Inform the victim they may choose to mail the CATCH form rather than enter the information electronically.

(8) Inform the victim to contact the FAP clinical provider or DAVA to request a new username and password:

(a) For making modifications to their CATCH report; or

(b) To opt out of the program.

(9) The FAP clinical provider or DAVA will retain the DD Form 2967 in the victim’s case file.

7.3. CATCH MATCH NOTIFICATION.

The MCIO, upon making a match, will notify Service FAP headquarters in accordance with Service FAP headquarters implementing policy and guidance. Service FAP headquarters will notify the FAP clinical provider or DAVA, who will inform the victim of the match in conjunction with an updated risk assessment and safety planning.

SECTION 8: FATALITY NOTIFICATION AND FATALITY REVIEW

8.1. NOTIFICATION.

DoD Components will submit information about domestic abuse or child abuse related fatalities to the DASD(MC&FP) on the DD Form 2901.

a. Information on the DD Form 2901 must be coordinated with the MCIO or appropriate DoD LEA having jurisdiction over the investigation before submission.

b. The DASD(MC&FP) will keep the information on items one through eight of the DD Form 2901 to learn whether the appropriate Military Department has conducted the required fatality review.

8.2. REVIEW BY FATALITY REVIEW TEAMS.

a. The Military Departments will conduct impartial, multidisciplinary reviews of each report of a domestic abuse or child abuse related fatality. A fatality will only be reviewed in accordance with this issuance when all criminal proceedings are complete, except if granted an exception by the DASD(MC&FP).

b. Each Military Department will establish and train a multidisciplinary fatality review team which will:

(1) Include representatives from organizations responsible for intervening with victims and alleged abusers; at the very least, the FAP, the MTF, SJA, law enforcement, and MCIO will all be represented.

(2) Involve appropriate non-U.S. Government civilian representatives, when needed. In such a case, comply with the requirements pursuant to DoDI 5105.04.

(3) Meet regularly in closed sessions to review fatalities for identifying trends and patterns that may help in developing policy recommendations that promote more effective prevention and intervention efforts.

(a) Establish operating procedures flexible enough to accommodate informal approaches that help the team's work, including:

1. Meeting on an ad hoc basis.

2. Dispensing with routine meeting minutes.

3. Conducting preliminary reviews without the benefit of certain information (e.g., law enforcement report, autopsy report, or record of trial).

(b) Conduct a system review of each identified case by determining:

1. Which organizations had contact with the deceased.
2. What services, if any, were offered; and the quality of those services.
3. The timeline of these critical events.
4. Whether better or different services might have prevented the death.

(4) Comply with the requirements, pursuant to DoDI 5400.11 and any applicable State law, that protect the identities of involved individuals.

(5) Protect the confidentiality of the deliberations and internal team documents, in accordance with DoDI 5200.48.

8.3. ANNUAL REPORT OF FATALITIES.

a. Each Military Department, through its headquarters FAP, will forward an annual report of fatalities to the DASD(MC&FP) in the format prescribed.

(1) The annual report is due 24 months after the end of the fiscal year in which fatalities occur and has a due date of December 31.

(2) If criminal proceedings have extended beyond 24 months after the incident occurred and are expected to be indefinitely delayed (e.g., alleged abuser has been at large since the incident or is incapacitated and not expected to recover), the Military Service will contact the DASD(MC&FP) to request an exception to delaying review of the case.

b. On an annual basis, the DASD(MC&FP) will conduct a DoD fatality review summit to respond to the findings from the annual reports and recommendations from the military fatality review teams. The report will include:

- (1) An executive summary.
- (2) For each fatality, information on the:
 - (a) Victims':
 1. Sex.
 2. Age.
 3. Race.
 4. Ethnicity.
 5. Pay grade (if applicable).
 6. Injuries.

7. Autopsy findings.
8. Family information (without identifying data).
9. Significant medical and mental health history.

(b) The legal classification of the manner of death—whether:

1. Natural;
2. Suicide;
3. Homicide;
4. Accidental; or
5. Undetermined.

(c) Assailants’:

1. Sex.
2. Age.
3. Race.
4. Ethnicity.
5. Pay grade (if applicable).
6. Family information (without identifying data).
7. Prior law enforcement record.
8. Restraining order violations.
9. Significant medical and mental health history.

(d) History of:

1. Violence between the victim and assailant; or
2. Suicide attempt(s).

(e) Deaths due to suicide associated with the commission of domestic abuse or child abuse will include information about the decedent(s) and the alleged incident(s) of domestic abuse or child abuse that preceded the fatality or fatalities.

(3) Policies and practices reviewed because of the fatality.

- (4) Legal dispositions in cases involving homicide, when available.
- (5) Interventions and issues or failures, if any, within the DoD's systems.
- (6) Discussions of significant findings.
- (7) Recommendations for systemic changes, if any, within the Military Department.

SECTION 9: THE LAUTENBERG AMENDMENT TO THE GCA RESPONSIBILITIES AND PROCEDURES

9.1. BACKGROUND.

This section provides procedures for carrying out the requirements of the Lautenberg Amendment to the GCA, regarding both military personnel and DoD civilian personnel in covered positions. In general, the Lautenberg Amendment prohibits certain individuals from possessing or transferring firearms and ammunition.

9.2. QUALIFYING CONVICTIONS.

a. The Lautenberg Amendment, by its own terms, only applies to misdemeanor crimes of domestic violence. However, it is DoD policy that a qualifying conviction also includes a conviction for a crime of domestic violence tried by general or special court-martial which otherwise meets the definition of a misdemeanor crime of domestic violence, and that such a conviction triggers the requirements of the Lautenberg Amendment.

b. As a matter of DoD policy, a conviction for an offense meeting the definition of a felony crime of domestic violence, adjudged on or after November 27, 2002 (the date the USD(P&R) policy was first issued as a directive-type memorandum) will also be considered a qualifying conviction.

c. The term “qualifying conviction” does not include a:

(1) Summary court-martial conviction, imposition of non-judicial punishment in accordance with Article 15 of the UCMJ, or deferred prosecutions or similar alternative dispositions in civilian courts.

(2) Determination by an IDC that an incident will be entered into the DoD Component FAP Central Registry as met criteria, as outlined in Volume 3 of DoDM 6400.01 for domestic abuse or child abuse.

9.3. ENFORCEMENT.

a. Military Departments will have procedures, as allowable by law, to require all military and DoD civilian personnel owning, transporting, or possessing personal firearms or ammunition and found to have a qualifying conviction in accordance with Section 922(g)(9) of Title 18, U.S.C., to provide proof of the surrender, transfer, or disposal of their privately owned firearms and ammunition.

b. Military Departments will have procedures, as allowable by law, to prevent all military and DoD civilian personnel from accessing, transporting, or possessing U.S. Government-issued firearms or ammunition if found to have a qualifying conviction in accordance with Section 922(g)(9) of Title 18, U.S.C.

c. The Lautenberg Amendment does not prohibit personnel with a qualifying conviction from working with:

- (1) Major military weapons systems; or
- (2) Crew-served military weapons and ammunition (e.g., tanks, missiles, aircraft).

d. When an individual is found to have a qualifying conviction for domestic violence, including through a security clearance investigation, the appropriate authority will immediately retrieve all the individual's U.S. Government-issued firearms and ammunition; suspend their authority to have U.S. Government-issued firearms or ammunition; and advise them to appropriately surrender, transfer, or dispose of their privately-owned firearms and ammunitions, in accordance with applicable laws and regulations. These actions will also be taken if there is credible information to believe the Service member or employee has a qualifying conviction.

9.4. INFORMATION AND DISCLOSURE REQUIREMENTS FOR MILITARY DEPARTMENTS AND DOD COMPONENTS WITH COVERED POSITIONS.

a. Supervisors will:

(1) Carry out a program to annually inform subordinate personnel of the Lautenberg Amendment to the GCA and its requirements, along with the procedures and policy in this issuance.

(a) Information provided will:

1. Include notice that personnel have an affirmative, continuing obligation to inform their supervisors if they have, or later obtain, a qualifying conviction.

2. Direct that a DD Form 2760, "Qualification to Possess Firearms or Ammunition," (located at <https://www.esd.whs.mil/Directives/Forms/>) will be used to obtain information regarding the applicability of the Lautenberg Amendment.

(b) Supervisors will also post notices about the Lautenberg Amendment and these procedures for implementation in all facilities where firearms or ammunition are:

1. Stored.
2. Issued.
3. Disposed of.
4. Transported.

(2) Require all military and covered DoD civilian personnel to certify they do or do not have a qualifying conviction. The DD Form 2760 will be used for such certifications and will be completed:

- (a) Annually, at a minimum, by all personnel.
- (b) Prior to small arms qualification.
- (3) The DD Form 2760 will be:
 - (a) Made available for use by those personnel who come forward to report a qualifying conviction in compliance with their obligation to do so.
 - (b) Stored in official personnel records.
- b. The Under Secretary of Defense for Intelligence and Security Law Enforcement Division provides administrative oversight of the DD Form 2760.

9.5. INFORMATION AND DISCLOSURE REQUIREMENTS FOR MILITARY PERSONNEL.

- a. Military Departments will have procedures, as allowable by law, to discover whether an applicant for Military Service has a qualifying conviction for a crime of domestic violence. Individuals with a qualifying conviction will not be granted a waiver for entrance into military service.
- b. Military Departments will have procedures to require all personnel found to have a qualifying conviction for domestic violence, in accordance with Section 922(g)(9) of Title 18, U.S.C., to provide proof of the surrender or disposal of their privately owned firearms and ammunition.
- c. Consistent with applicable laws and regulations, the Military Departments will publish regulations governing permanent adverse personnel processing (including separation) that may be taken against Service members who have a qualifying conviction.

9.6. INFORMATION AND DISCLOSURE REQUIREMENTS FOR DOD CIVILIAN PERSONNEL.

The procedures in Section 9 apply to all DoD appropriated and nonappropriated fund civilian employees, including employees working outside of United States territory, in covered positions. These procedures do not apply to foreign nationals employed overseas, directly or indirectly, by the DoD.

- a. Implementation of the procedures for employees represented by unions will be done consistently with any labor relations obligations.
- b. Each DoD Component will:
 - (1) Identify covered positions.

(2) Require anyone who would carry a firearm related to a covered position, whether new hire or existing employee, to certify they do not have a qualifying conviction using DD Form 2760.

(3) Notify applicants for covered positions of the designation before employment including an appropriate statement on a vacancy announcement. The absence of a qualifying conviction will be made a condition of employment for all covered positions.

(4) Retrieve U.S. Government-issued firearms and ammunition from any DoD employee in a covered position with a qualifying conviction and suspend the employee's access to U.S. Government-issued firearms or ammunition.

c. When requesting a security clearance or suitability investigation on an applicant for, or an incumbent of, a covered position, each DoD Component will identify the covered position. If the completed investigation reveals a qualifying conviction, the investigation will be referred to the requesting DoD Component for an employment suitability determination.

GLOSSARY

G.1. ACRONYMS.

ACRONYM	MEANING
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CATCH	Catch a Serial Offender (program)
CCR	coordinated community response
CCSM	clinical case staff meeting
CPO	civil protection order
DASD(MC&FP)	Deputy Assistant Secretary of Defense for Military Community and Family Policy
DAVA	domestic abuse victim advocate
DD	Department of Defense (form)
DoDD	DoD directive
DoDI	DoD instruction
DoDM	DoD manual
DSAID	Defense Sexual Assault Incident Database
FAC	Family Advocacy Committee
FAP	Family Advocacy Program
FHE	Forensic Healthcare Examiner
GCA	Gun Control Act of 1968, as amended
HCP	health care provider
IDC	Incident Determination Committee
III	Interstate Identification Index
JA	judge advocate
LEA	law enforcement agency
MCIO	military criminal investigative organization
MOU	memorandum of understanding
MPO	military protection order
MRE	Military Rules of Evidence
MTF	military medical treatment facility
NCIC	National Crime Information Center
NGB	National Guard Bureau

ACRONYM	MEANING
NICS	National Instant Criminal Background Check System
OCONUS	outside the continental United States
PCS	permanent change of station
PL	public law
POC	point of contact
SARC	sexual assault response coordinator
SJA	staff judge advocate
SVC	special victims' counsel (Air Force, Army, National Guard, and Coast Guard)
SVIP	special victim investigation and prosecution
UCMJ	Uniform Code of Military Justice
U.S.C.	United States Code
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
VLC	victims' legal counsel (Navy and Marine Corps)
VWAP	Victim Witness Assistance Program

G.2. DEFINITIONS.

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

TERM	DEFINITION
active possession	A form of possession of a firearm or ammunition which exists when the firearm or ammunition is in the immediate or actual possession of the person.
adult	A person who has either attained the age of 18 years or is legally married, or otherwise meets the criteria for adulthood in accordance with applicable laws.

TERM	DEFINITION
advocacy services	<p>Services offered to domestic abuse victims and non-abusing parents with the goal of increasing victim safety and autonomy and assisting parents in improving outcomes for any children impacted by domestic abuse. Services will include, but not necessarily be limited to:</p> <ul style="list-style-type: none">Responding to victims' emergency and ongoing safety concerns and needs.Providing information about programs and services available to victims and their children in both the civilian and military communities.Providing victims with ongoing support and referrals.
alleged abuser	Defined in DoDI 6400.01.
ammunition	Ammunition or cartridge cases, primers, bullets, or propellant powder designed for use in any firearm. Within the context of this issuance, it does not include ammunition for major military weapon systems or crew-served military weapons systems (e.g., tanks, missiles, aircraft).
CATCH	DoD program designed to identify serial offenders by giving victims making a restricted report of sexual assault an opportunity to anonymously disclose suspect information.
CCR	A comprehensive, collaborative, and victim-centered response which includes prevention, education, and response/recovery components. Members often include health, police, judicial and legal services, shelters and protection services, schools, and other educational institutions, religious or cultural groups, and other stakeholders in the community.

TERM	DEFINITION
civilian protection order	Includes any injunction or other order issued for the purpose of preventing violent or threatening acts, harassment against, contact or communication with, or coming within physical proximity to another person. This includes any temporary or final order issued by a civil or criminal court (other than a support or child custody order issued pursuant to State divorce and child custody laws, except to the extent that such an order is entitled to full faith and credit under other Federal law(s)), whether gotten by filing an independent action or as a <i>pendente lite</i> order in another proceeding; so long as such an order was issued in response to a complaint, petition, or motion filed by or for a person seeking protection.
clinical case management	Defined in Volume 1 of DoDM 6400.01.
clinical intervention	Defined in Volume 1 of DoDM 6400.01.
clinical services plan	Development of a written intervention strategy in collaboration with the victim or the alleged abuser, based on clinical assessment information that: Defines areas of concern. Identifies strengths and protective factors. Establishes concrete goals to be addressed in clinical treatment or through other identified services.
constructive possession	A form of possession which exists when a person does not have actual possession, but instead knowingly has the power, at a given time, to exercise dominion and control over the firearm or ammunition, either directly or through others.
covered communication	For restricted reporting, an oral, written, or electronic communication of personally identifiable information related to a domestic abuse incident made by a victim to the FAP clinical provider, the DAVA, the supervisor of DAVAs, or to an HCP, for receiving medical care or information, referral to service providers, advice, or safety planning. It includes a record relating to such a communication (including statements, notations, or reports) but does not include statistical data that does not identify the individual.

TERM	DEFINITION
covered position	DoD civilian employment positions that include duties, activities, or responsibilities covered by the GCA; including selling or disposing of firearms and ammunition or receiving, possessing, shipping, or transporting any firearm or ammunition in or affecting interstate or foreign commerce.
covered professionals	Persons subject to the requirements of child abuse reporting, as defined in Section 20341 of Title 34, U.S.C.
credible information	Within the context of this issuance, information disclosed or obtained by an individual that, considering the source and nature of the information and the totality of the circumstances, is sufficiently believable to presume the fact or facts in question are true.
DAVA	<p>An employee of the DoD, a civilian working under contract for the DoD, or a civilian providing services by a formal MOU between a military installation and a local victim advocacy service agency, whose role is to:</p> <p>Provide safety planning services and comprehensive assistance and liaison to and for domestic abuse victims.</p> <p>Educate personnel on the installation regarding the most effective responses to domestic abuse for victims and at-risk family members.</p> <p>The DAVA may also be a volunteer civilian employee of the Military Department.</p>
destructive device	Defined in Section 921 of Title 18, U.S.C.
dispose	With regard to implementing the Domestic Violence Amendment to the GCA, the term “dispose” means to exercise control over, to direct or to assign for use, or to alienate, bargain away, bestow, convey, exchange, give away, or transfer by authority.
DoD civilian employee	Defined in DoD Dictionary of Military and Associated Terms.

TERM	DEFINITION
domestic abuse	<p>Domestic violence, or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a person who is a:</p> <ul style="list-style-type: none">Current or former spouse;Person with whom the alleged abuser shares a child in common;Current or former intimate partner with whom the alleged abuser shares or has shared a common domicile; orPerson who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner (as defined in this issuance).
domestic abuse or child abuse related fatality	<p>Includes deaths suspected to have occurred in the commission of, or as a result of, domestic abuse or child abuse. It also includes deaths due to suicide by the victim or the alleged abuser during or following the:</p> <ul style="list-style-type: none">Commission of domestic abuse or child abuse; orReport of an allegation of domestic abuse or child abuse, involving any of these persons:<ul style="list-style-type: none">A member of a Military Department on active duty.A current or former spouse of a member of a Military Department on active duty.A current or former intimate partner who has a child in common or has shared a common domicile with a member of a Military Department on active duty or otherwise determined to be an intimate partner as defined in this issuance.Command sponsored civilians OCONUS identified as a victim or alleged abuser and defined as spouses, ex-spouses, or as or intimate partners.

TERM	DEFINITION
domestic violence	<p>For purposes of this issuance, an offense under the U.S.C., the UCMJ, or State or local law involving the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person, who is a:</p> <ul style="list-style-type: none">Current or former spouse;Person with whom the alleged abuser shares a child in common;Current or former intimate partner with whom the alleged abuser shares or has shared a common domicile; orPerson who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner (as defined in this issuance). <p>This may include offenses as defined in Section 928b of Title 10, U.S.C.</p> <p>With respect to eligibility for legal assistance, alleged domestic violence offense is defined in Section 1044 of Title 10, U.S.C. (See Section 548 of PL 116-92).</p>
FAC	<p>The policy-making, coordinating, and advisory body to address child abuse and domestic abuse at the installation.</p>
FAP	<p>Defined in DoDI 6400.01.</p>
FAP clinical provider	<p>A licensed provider, employed by the FAP, who has primary responsibility for all clinical services required by the victim and the alleged abuser, including clinical assessment and case management, development of a treatment or clinical services plan, and providing supportive counseling and treatment to address the alleged abuser's abusive behaviors and to mitigate impacts of the abuse on the victim and impacted children.</p>
felony	<p>A crime which under State or Federal law is more serious than a misdemeanor (generally a crime that is punishable by a term of imprisonment that exceeds 1 year).</p>

TERM	DEFINITION
firearm	<p>Any weapon (including a starter gun) which will, is designed to, or may readily be converted to expel a projectile by the action of an explosive; and the frame or receiver of any such weapon.</p> <p>Any firearm muffler or firearm silencer.</p> <p>Any destructive device.</p> <p>This does not include major military weapons systems or crew-served military weapons (e.g., tanks, missiles, aircraft).</p>
full force and effect	<p>An administrative regulation that has the same significance and legal weight as a law or act of legislation.</p>
grievous bodily harm	<p>Serious bodily injury that includes fractures or dislocated bones, deep cuts, torn parts of the body, serious damage to internal organs, and other severe bodily injuries. This does not include minor injuries (e.g., a black eye or bloody nose).</p>
HCPs	<p>Individuals who are employed or assigned as health care professionals or are privileged and credentialed to provide health care services at an MTF; or those who provide such care at a deployed location or in an official capacity. Includes military personnel, DoD civilian employees, and DoD contractor personnel.</p>
health care	<p>The provision of medical, dental, and mental health care to Service members, dependents, and other beneficiaries.</p>
homicide	<p>The killing of one person by another, whether lawfully or unlawfully. A death that results from intentional or grossly reckless behavior of another person(s). The term is not synonymous with murder or other crimes, which is a legal determination. Includes both criminal actions and excusable incidents (e.g., self-defense, law enforcement, and combat actions).</p>
interstate or foreign commerce	<p>Defined in Section 921 of Title 18, U.S.C.</p>

TERM	DEFINITION
intimate partner	<p>Within the context of eligibility for FAP services, a person who is or has been in a social relationship of a romantic or intimate nature with the alleged abuser, as determined by the length of the relationship, the type of relationship, and the frequency of interaction between the person and the alleged abuser. An intimate partner is informed by, but not limited to, the totality of factors such as:</p> <ul style="list-style-type: none">Previous or ongoing consensual intimate or sexual behaviors.History of ongoing dating or expressed interest in continued dating or the potential for an ongoing relationship (e.g. history of repeated break-ups and reconciliations).Self-identification by the victim or alleged abuser as intimate partners or identification by others as a couple.Emotional connectedness (e.g., relationship is a priority, partners may have discussed a future together).Familiarity and knowledge of each other's lives.
key personnel	<p>DoD personnel who work in positions or components that support or play a role in the CCR (e.g., HCPs, law enforcement personnel, command, JAs, Chaplains).</p>
Lautenberg Amendment	<p>The Lautenberg Amendment to the GCA makes it a felony for those convicted of misdemeanor crimes of domestic violence to ship, transport, possess, or receive firearms or ammunition.</p>
LEA	<p>Installation LEA that is not an MCIO; including but not limited to Military Police and Security Forces. The U.S. Army Military Police, the U.S. Navy Master-at-Arms, the U.S. Air Force Security Forces, the U.S. Marine Corps Criminal Investigation Division.</p>
maltreatment	<p>The ways in which a person hurts their intimate partner or spouse. Types of maltreatment often occur in combination and each may have unique impacts as defined in Volume 3 of DoDM 6400.01.</p>
MCIO	<p>The U.S. Army Criminal Investigation Division, the Naval Criminal Investigative Service, and the Air Force Office of Special Investigations.</p>

TERM	DEFINITION
misdemeanor	A crime which under State or Federal law is less serious than a felony (generally a crime that is punishable by a maximum term of imprisonment that is 1 year or less).
MPO	An order, issued by a commander, using a DD Form 2873, to an active duty Service member to protect a victim of domestic abuse, child abuse, or sexual assault and to control the behavior of the alleged abuser or alleged offender. A victim, victim advocate, installation LEA, or FAP clinical provider may request a commander to issue an MPO.
NICS Index	<p>The NICS Index contains:</p> <p>Information provided by local, State, tribal, and Federal agencies of persons prohibited from receiving firearms under Federal law(s).</p> <p>Prohibiting information which may not be found in the NCIC or the III.</p>
no contact order	Military no contact orders are similar to civilian temporary restraining orders. They may be <i>ex parte</i> if the issuing authority considers it necessary to ensure the safety and security of persons for whom the command is responsible. Military no contact orders are administrative in nature, unlike most pre-trial restraint and pre-trial confinement, but they do constitute conditions on liberty and must be tailored appropriately after consulting with the servicing JA or legal advisor.
possession	Includes both “active possession” and “constructive possession,” whether authorized or unauthorized. Possession need not be exclusive but may be joint with others.
prevention personnel	Defined in DoDI 6400.09.
psychological threat	Conduct intended to intimidate, control, or isolate the victim and inflict emotional harm, such as but not limited to actions that refer to former acts of violence, actions used to punish or frighten a victim, or the use of technology or other electronic means to convey a non-verbal threat.
public awareness	General knowledge or understanding about a problem or issue.

TERM	DEFINITION
public awareness campaign	Marketing efforts to promote public recognition of a problem or issue.
qualifying conviction	<p>Applies to any of these:</p> <ul style="list-style-type: none">A State or Federal conviction for a misdemeanor crime of domestic violence;A State or Federal conviction for a felony crime of domestic violence adjudged on or after November 27, 2002;Any general or special court-martial conviction for a UCMJ offense that is a crime of domestic violence, even though not classified as a misdemeanor or felony;Any general or special court-martial conviction for a violation of Article 128b of the UCMJ, Section 928b of Title 10, U.S.C.; orAny general or special court-martial conviction for an attempt to violate Article 128b of the UCMJ tried under Article 80 of the UCMJ, Section 880 of Title 10, U.S.C. <p>A person will not be considered to have a qualifying conviction:</p> <ul style="list-style-type: none">Unless the convicted abuser was represented by counsel, or knowingly and intelligently waived the right to counsel; and, if entitled to have the case tried by jury or before court-members, the case was actually tried by a jury or court members or the person knowingly and intelligently waived the right to have the case tried by a jury or court members.If the conviction has been expunged or set aside, or the convicted abuser has been pardoned for the offense or had civil rights restored; unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess, or receive firearms.

TERM	DEFINITION
restricted reporting	<p>A process allowing an adult victim of domestic abuse—who is eligible to receive medical care from the DoD, including civilians and contractors who are eligible to receive military health care OCONUS on a reimbursable basis—to report an incident to an individual in a named position without initiating the investigative process or notification to the victim’s or alleged abuser’s commander or supervisor. Restricted reporting allows an adult domestic abuse victim to receive medical treatment, victim advocacy services, and clinical treatment without requiring that notice be provided to the alleged abuser’s commander, MCIO, or LEAs.</p>
retaliation	<p>Defined in Attachment 4 of the October 15, 2019 USD(P&R) Memorandum.</p>
safety planning	<p>A process by which a FAP clinical provider or DAVA, working with a domestic abuse victim, creates a plan, tailored to that victim’s needs, concerns, and situation, to help increase the victim’s safety and help the victim to prepare for, and potentially avoid, future abuse. Safety planning:</p> <p>Is strength-based and accepts that the victim, with support, has internal capabilities to overcome the situation and to develop great self-advocacy.</p> <p>Includes an assessment of risk to the alleged abuser (including potential self-harm) and intervention for keeping impacted children safe.</p>
SARC	<p>Defined in DoDD 6495.01.</p>
suicide	<p>Defined in DoDI 6490.16.</p>
suicide related to an act of domestic abuse or child abuse	<p>Death caused by self-directed injurious behavior, made with an intent to die as a result of the behavior, that is known or is reasonably suggested by the circumstances to have some connection with:</p> <p>An act of domestic abuse or child abuse the individual recently committed.</p> <p>A recent act of domestic abuse or child abuse in a DoD-related context in which the individual was the abuser or the victim.</p>

TERM	DEFINITION
SVC	Defined in Volume 1 of DoDI 6495.02.
trauma-informed approach	<p>A recognition of the widespread impact of trauma which:</p> <ul style="list-style-type: none">Understands potential paths for recovery.Recognizes the signs and symptoms of trauma in clients, families, and others involved with the system.Responds by fully combining knowledge about trauma into responses, procedures, and practices.Seeks to actively resist re-traumatization.
unrestricted reporting	A process by which an adult victim of domestic abuse reports an incident for appropriate intervention. Under these circumstances, the incident is reported to command authorities and law enforcement to initiate the official investigative process.
VWAP	<p>A program established by DoDI 1030.02 that helps victims and witnesses of crimes punishable under the UCMJ from first contact with the program through:</p> <ul style="list-style-type: none">Investigation;Prosecution;Confinement; orRelease.
warm handoff	A transfer of care between two helping agencies, or a referral from one helping agency to another, where a provider or representative from the referral source directly introduces the patient or client to a provider or representative at the receiving agency.

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- DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5205.16, “The DoD Insider Threat Program,” September 30, 2014, as amended
- DoD Directive 6495.01, “Sexual Assault Prevention and Response (SAPR) Program,” January 23, 2012, as amended
- DoD Instruction 1030.02, “Victim and Witness Assistance,” September 2, 2020, as amended
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- DoD Instruction 5105.04, “Department of Defense Federal Advisory Committee Management Program,” August 6, 2007
- DoD Instruction 5200.48, “Controlled Unclassified Information (CUI),” March 6, 2020
- DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- DoD Instruction 5505.03, “Initiation of Investigations by Defense Criminal Investigative Organizations,” March 24, 2011, as amended
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- DoD Instruction 5505.18, “Investigation of Adult Sexual Assault in the Department of Defense,” March 22, 2017, as amended
- DoD Instruction 5505.19, “Establishment of Special Victim Investigation and Prosecution (SVIP) Capability Within the Military Criminal Investigative Organizations (MCIOs),” February 3, 2015, as amended
- DoD Instruction 5525.15, “Law Enforcement (LE) Standards and Training in the DoD,” December 22, 2016, as amended
- DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
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- DoD Instruction 6310.09, “Healthcare Management for Patients Associated with a Sexual Assault,” May 7, 2019
- DoD Instruction 6400.01, “Family Advocacy Program (FAP),” May 1, 2019
- DoD Instruction 6400.07, “Standards for Victim Assistance Services in the Military Community,” November 25, 2013, as amended

- DoD Instruction 6400.09, “DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm,” September 11, 2020
- DoD Instruction 6490.16, “Defense Suicide Prevention Program,” November 6, 2017, as amended
- DoD Instruction 6495.02, Volume 1, “Sexual Assault Prevention and Response: Program Procedures,” March 28, 2013, as amended
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- DoD Manual 6400.01, Volume 1, “Family Advocacy Program (FAP): FAP Standards,” July 22, 2019
- DoD Manual 6400.01, Volume 2, “Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System,” August 11, 2016
- DoD Manual 6400.01, Volume 3, “Family Advocacy Program: Clinical Case Staff Meeting and Incident Determination Committee,” August 11, 2016, as amended
- DoD Manual 6400.01, Volume 4, “Family Advocacy Program (FAP): Guidelines for Clinical Intervention for Persons Reported as Domestic Abusers,” March 2, 2015, as amended
- DoD Manual 8910.01, Volume 1, “DoD Information Collections Manual: Procedures for DoD Internal Information Collections,” June 30, 2014, as amended
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