



Department of Defense MANUAL

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Incorporating Change 1, Effective July 16, 2021

USD(P&R)

SUBJECT: Family Advocacy Program: Clinical Case Staff Meeting and Incident Determination Committee

References: See Enclosure 1

1. PURPOSE.

a. Manual. This manual is composed of several volumes, each containing its own purpose. In accordance with the authority in DoD Directive 5124.02 (Reference (a)) and DoD Instruction (DoDI) 6400.01 (Reference (b)), this manual implements policy, assigns responsibilities, and prescribes procedures for addressing child abuse and domestic abuse in military communities.

b. Volume. This volume prescribes guidance for the operation of the Clinical Case Staff Meeting (CCSM) and Incident Determination Committee (IDC) in responding to reports of child abuse and neglect and domestic abuse, and procedures for determining whether these allegations meet criteria for entry into the Service Family Advocacy Program (FAP) Central Registry.

2. APPLICABILITY. This volume applies to 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 in the DoD.

3. POLICY. It is DoD policy in accordance with Reference (b) that:

a. Uniform program standards and critical procedures for DoD-wide implementation of the FAP must reflect, to the maximum extent practicable, a coordinated community response to child abuse and domestic abuse.

b. Appropriate clinical consultation is provided for the delivery of assessment, supportive services, and rehabilitative treatment in child abuse and domestic abuse cases, and uniform criteria used for determining whether allegations of child abuse and domestic abuse are entered into the FAP Central Registry.

c. Personally identifiable information collected and used in the execution of this volume must be safeguarded to prevent any unauthorized use in accordance with DoDI 5400.11 (Reference (c)), DoD 5400.11-R (Reference (d)), and DoD Manual (DoDM) 6025.18 (Reference (e)).

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This volume is available on the Directives Division Website at <https://www.esd.whs.mil/DD/>.

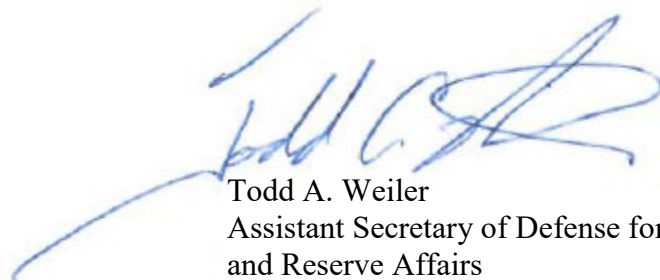
7. SUMMARY OF CHANGE 1. This change:

a. Is a result of a review by the Government Accountability Office, which recommended a modification of membership and voting guidelines for the IDC.

b. Amends responsibilities of health care providers to include them as core IDC members, in accordance with Section 2 of Enclosure 3.

c. Includes administrative updates (e.g., updating references for currency and accuracy).

8. EFFECTIVE DATE. This volume is effective August 11, 2016.



Todd A. Weiler
Assistant Secretary of Defense for Manpower
and Reserve Affairs

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (b) DoD Instruction 6400.01, “Family Advocacy Program (FAP),” May 1, 2019
- (c) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- (d) DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- (e) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (f) DoD Manual 6400.01, Volume 1, “Family Advocacy Program (FAP): FAP Standards,” July 22, 2019
- (g) DoD Instruction 5505.18, “Investigation of Adult Sexual Assault in the Department of Defense,” March 22, 2017, as amended
- (h) DoD Instruction 5505.03, “Initiation of Investigations by Defense Criminal Investigative Organizations,” March 24, 2011, as amended
- (i) 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
- (j) 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
- (k) Chapter 47 of Title 10, United States Code (also known as the “Uniform Code of Military Justice (UCMJ)”))
- (l) Manual for Courts-Martial, United States, current edition
- (m) American Psychiatric Association, “Diagnostic and Statistical Manual of Mental Disorders,” current edition
- (n) DoD Instruction 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” August 21, 2007, as amended
- (o) DoD Instruction 6400.03, “Family Advocacy Command Assistance Team (FACAT),” April 25, 2014, as amended
- (p) DoD Manual 6400.01, Volume 2, “Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System,” August 11, 2016

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(M&RA) has overall responsibility for the development of DoD family policy covered by this volume.

2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY COMMUNITY AND FAMILY POLICY (DASD(MC&FP)). Under the authority, direction, and control of the ASD(M&RA), the DASD(MC&FP):

a. Monitors compliance with this volume.

b. Promotes the Military Service training in the prevention, assessment, treatment, and risk management of child abuse and neglect and domestic abuse.

c. Annually reviews the findings of the fatality reviews conducted by the Services and disseminates findings relevant to the prevention, assessment, treatment, and risk management of child abuse and domestic abuse.

d. Develops and updates guidance supporting the policy in Reference (b).

e. Assists the Military Services in:

(1) Identifying tools to assess outcome measures (treatment progress and risk reduction).

(2) Developing and using pre- and post-treatment measures of effectiveness.

3. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the Assistant Secretary of Defense for Health Affairs, in coordination with the Assistant Secretary of Defense for Manpower and Reserve Affairs, ensures the Military Health System complies with the requirements of this guidance.

4. DIRECTOR, DEFENSE HEALTH AGENCY. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs, and by agreement with the Assistant Secretary of Defense for Manpower and Reserve Affairs:

a. Designates appropriate health care providers and alternates from or via the forensic healthcare program of the installation military medical treatment facility (MTF), or another MTF supporting the installation, who will serve as core members on the IDC in accordance with Section 2 of Enclosure 3.

b. Requires that:

(1) Health care providers and alternates designated as core members have the requisite medical training, expertise, and available consultation resources to offer a medical opinion on domestic abuse, child abuse, and neglect-related injuries.

(2) All health care providers designated as core members complete the requisite training on the IDC process and procedures before their participation.

(3) MTF providers, including mental health providers involved in the care of victims or abusers, participate in the CCSM when invited by the Chair of the CCSM.

c. Provides all health care providers designated as core members with:

(1) Centrally-funded, educational resources.

(2) Direct consultation channels with individuals licensed, certified, or registered in forensic health care.

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

a. Issue Service implementing guidance for the FAP CCSM and IDC in accordance with Reference (b), Volume 1 of DoDM 6400.01 (Reference (f)), and this volume. Service implementing guidance on CCSM and IDC procedures may **not** contain additions, deviations, or deletions from the procedures, criteria, and exclusions contained in this volume without prior approval by the DASD(MC&FP).

b. Ensure that the collection, maintenance, use, and dissemination of personal identifiable information complies with the requirements in References (c), (d), and (e).

c. Ensure that all reports of child abuse or unrestricted domestic abuse that involve an allegation of sexual assault or aggravated assault with grievous bodily harm are immediately reported to the appropriate Military Criminal Investigative Organization (MCIO) as required by DoDI 5505.18 (Reference (g)), DoDI 5505.03 (Reference (h)), and DoDI 5505.19 (Reference (i)).

ENCLOSURE 3

PROCEDURES

1. CCSM

a. General. The attendees of the FAP CCSM generate clinical recommendations for:

(1) Supportive services and, as appropriate, treatment for victims of child abuse or domestic abuse who are eligible for treatment in an MTF.

(2) Ongoing coordinated case management, including risk assessment and ongoing monitoring of child abuse and domestic abuse victims' safety, between military and civilian agencies.

(3) Supportive services, clinical intervention, and appropriate treatment for alleged abusers who are eligible for treatment in an MTF.

b. Safety Planning, Supportive Services, and Clinical Treatment

(1) In preparation for the CCSM, the FAP clinical provider must plan and deliver the following before the case is presented at the CCSM:

(a) Safety planning and supportive services to a victim who is eligible to receive treatment in an MTF.

(b) Immediate safety planning and referrals to non-military resources and services to intimate partners and child victims who are not eligible for care in the MTF.

(c) Protective measure recommendations to the commander regarding an alleged abuser for a victim who is eligible to receive treatment in a military medical program. Such measures include a military protection order, weapons removal, relocation, escort assignment, restrictions, bar to the installation, removal of child(ren), etc.

(d) Clinical treatment to the victim and to the alleged abuser, as appropriate, who are eligible to receive treatment in an MTF.

(e) Consultation with the director or principal of a DoD-sanctioned activity in which an allegation of extra-familial child abuse or neglect has arisen to ensure all investigations, assessments, and safety planning measures are in place pending presentation of the allegation to the IDC.

(2) Those attending the CCSM support the delivery of supportive services and clinical treatment, as appropriate, by providing clinical consultation on child abuse and domestic abuse cases to the FAP case manager. Such clinical consultation must be directed to:

(a) Ongoing safety planning for the victim.

(b) The planning and delivery of supportive services and clinical treatment, as appropriate, for the victim and other family members, and the results of such services and treatment.

(c) The planning and delivery of rehabilitative treatment for the alleged abuser, as appropriate, and the results of such treatment.

(d) Case management, including risk assessment and ongoing safety planning and protective measure recommendations.

(3) In absence of unusual circumstances or a refusal to participate in the FAP assessment, a case must not be presented to the CCSM until the FAP assessments of the victim, alleged abuser, and all other family members have been completed. Attempts to engage the victim, alleged abuser, and all other family members and any resultant refusals to participate in the FAP assessment must be included in the CCSM presentation.

c. CCSM Attendees.

(1) The installation Family Advocacy Program Manager (FAPM) or FAP supervisor of clinical services must chair the CCSM.

(2) Attendance at CCSMs is limited to those with expertise in child abuse and domestic abuse. Within this limitation, the Chair may consider inviting other military or civilian medical, behavioral health, or clinical social services providers who can add value to the clinical case discussions and to reflect a multi-disciplinary approach to services, including:

(a) In child abuse incidents only, a representative from the civilian child protective services (CPS) agency.

(b) In domestic abuse incidents only, for the discussion of recommended safety planning, supportive and treatment services for the victim, a domestic abuse victim advocate.

(c) In child abuse or domestic abuse incidents in families where there is an expectant parent or child 3 years old and younger, a New Parent Support Program (NPSP) home visitor.

1. NPSP home visitors providing supportive services to families in which there has been a maltreatment incident cannot be the case manager or primary or sole provider.

2. The goals and objectives of the NPSP supportive services will be clearly identified as separate from the maltreatment intervention.

d. Agenda. The agenda of CCSMs must include:

(1) A review of newly reported child abuse and domestic abuse incidents, and if the incidents have been presented to the IDC.

(2) Currently open cases, including open cases transferred from another installation. Currently open cases must be reviewed:

(a) At least monthly for incidents of child sexual abuse, high risk for violence or injury, chronic child neglect, and civilian court-involved child abuse cases.

(b) At least quarterly for all other incidents.

(3) Currently open cases recommended for termination of services and case closure. Child maltreatment cases that result in open and ongoing civilian CPS involvement should not be closed until CPS has closed their case or the family or child is no longer eligible for services.

e. CCSM Discussions. Persons attending the CCSM must provide clinical consultation to the FAP case manager as needed for each incident to ensure thorough discussion of:

(1) The safety plan and protective measures in place.

(2) The severity of the incident as determined by the Family Advocacy Program Incident Severity Scale.

(3) The results of risk assessments and psychosocial history, and what, if any, additional assessments should be conducted, and the assignment of a risk level.

(4) Clinical intervention, as appropriate, to address the needs of each victim and any other family members for supportive services.

(5) The success of such intervention and supportive services in protecting and assisting the victim, potential changes to or enhancement of such intervention and supportive services, and the appropriateness of terminating such intervention when clinically indicated.

(6) Clinical intervention to address the behavior of each alleged abuser, in accordance with Volume 4 of DoDM 6400.01 (Reference (j)).

(7) The success of such clinical intervention in assisting the alleged abuser in changing his or her behavior, changes to or enhancement of treatment provided to each alleged abuser, and the appropriateness of terminating treatment when clinically indicated.

(8) Coordination of military and civilian service providers for such assessments, supportive services, treatment, and clinical intervention.

(9) With respect to victim safety:

(a) Any current victim statement describing the impact of the abuse on the victim, including financial, social, psychological, and physical harm suffered by the victim, if any.

(b) The victim's safety plan and any recommended changes.

(c) Steps taken by military or civilian authorities to ensure the victim's safety and the safety of any children cared for in the home.

(d) The effect of any new incidents of abuse since the last CCSM discussion of the case on the risk of further abuse or risk of increased severity to the victim.

(10) Coordination with the chain of command and other community or collateral contacts, such as the CPS agency, schools, law enforcement, victim advocacy, NPSP.

(11) Recommendations for continued child placement in foster care.

(12) Recommendations for command intervention.

f. Quorum. The participation by two credentialed clinical social services providers is required to achieve a quorum. At small and remote installations quorum may be achieved by teleconferencing or video conferencing CCSM members in from a larger installation or MTF.

g. Record of CCSM Discussions. Notes of CCSM discussions must be documented in the FAP record.

h. Confidentiality of CCSM Discussions.

(1) The FAP case manager may only disclose the results of the CCSM discussion, or any other information from the CCSM discussion, as authorized by the procedures in References (c), (d), and (e), or otherwise required by law. For example, the FAP case manager may only disclose the results of the CCSM discussion pertaining to:

(a) The victim or non-abusing parent of a child victim to such victim or non-abusing parent, and to others only as authorized by the procedures in References (c), (d), and (e), but may not otherwise disclose the results of the CCSM discussion pertaining to the victim to any other person.

(b) The alleged abuser and others only as authorized by procedures in References (c), (d), and (e) but may not otherwise disclose the results of the CCSM discussion pertaining to the alleged abuser to any other person.

(2) The FAP case manager must not reveal the identity of any person at the CCSM who made specific comments. The FAP case manager must not disclose any other information from the CCSM discussion to any other person except as authorized by procedures in References (c), (d), or (e).

(3) Any person who attended a CCSM and directly provides clinical services to the victim, the alleged abuser, a child cared for in the home or, in a child abuse case, the non-abusing parent may, as appropriate and at his or her discretion, disclose the relevant results of the CCSM discussion pertaining solely to such person receiving the clinical services. Such disclosure must not reveal the identity of any person at the CCSM who made specific comments. The person making the disclosure must not disclose any information from CCSM discussions to any other person except as authorized by procedures in References (c), (d), or (e).

(4) Any person who attended a CCSM but who does not directly provide clinical services to any of the individuals listed in paragraph 1h(3), must not disclose any information from the CCSM discussions except as authorized by procedures in References (c), (d), or (e).

(5) Information disclosed at the CCSM that is protected from disclosure in accordance with References (c), (d), or (e) must not be disclosed except as authorized by those references.

2. IDC.

a. Purpose. The purpose of the IDC is to decide which reports for suspected child abuse or domestic abuse meet the DoD definition of abuse, requiring entry into the Service FAP Central Registry. This decision is known as the incident status determination (ISD). All incidents of alleged abuse or neglect connected to the death of the victim **must** be presented to the IDC.

(1) With respect to child abuse incidents, an ISD may differ from a case substantiation decision made by a civilian CPS agency. Such differences may occur because the DoD criteria that define the type of abuse may be more or less inclusive than the criteria used by the civilian CPS agency and because the IDC may have different or more information than the civilian CPS agency.

(2) An IDC meeting is not a disciplinary proceeding in accordance with chapter 47 of Title 10, United States Code, also known and referred to as the “Uniform Code of Military Justice (UCMJ)” (Reference (k)), and the requirements for due process for UCMJ disciplinary proceedings are inapplicable to IDC meetings and actions.

(a) A commander may not take administrative or disciplinary action against a Service member based solely upon an ISD for an act of child abuse or domestic abuse allegedly committed by that Service member; however, commanders may take disciplinary or administrative action based on legal or other appropriate advice independent of the ISD.

(b) When making an initial disposition decision pursuant to Rule 306 of the “Manual for Courts-Martial, United States” (Reference (i)) with respect to an act of child abuse or domestic abuse that qualifies as an offense under the UCMJ or State or Federal law, a commander may consider information presented to the IDC.

(c) Information presented to an IDC may be introduced into evidence in a disciplinary proceeding in accordance with Reference (k) provided such information otherwise meets all applicable legal requirements.

b. Composition

(1) The deputy to the installation or garrison commander must chair the IDC. In the chair's absence, the IDC may be chaired by an alternate of comparable grade or position who reports directly to the installation or garrison commander.

(2) The Chair of the IDC must appoint core members and alternate members of the IDC in writing. Core IDC members must have one vote. Core IDC members must be limited to:

(a) The IDC Chair.

(b) The senior enlisted noncommissioned officer advisor to the installation commander or garrison commander.

(c) A representative from the installation Staff Judge Advocate's office.

(d) A representative from the office of the Provost Marshal, Security Forces Investigation, or Navy Base Security.

(e) The FAPM or FAP supervisor of clinical services.

(f) A designated health care provider from or via the forensic healthcare program of the installation MTF, or another MTF supporting the installation, with the requisite medical training and expertise to offer a medical opinion on domestic abuse, child abuse, and neglect-related injuries.

(3) The commander or alternate authorized by authority and designated within the chain of command of an active duty sponsor, of an alleged abuser, or of an active duty victim may attend the meeting for that portion in which the incident(s) involving the alleged abuser or victim of his or her command is presented. The commander or alternate must have one vote with respect to that incident. If active duty members have both been identified as victims in an incident involving bi-directional abuse, both of their commanders or the commanders' alternates may attend the presentation and vote on both incidents.

(4) The commander or alternate of an active duty, non-sponsor, and non-offending parent may attend the meeting for that portion in which a child abuse incident involving the child of such parent is presented. The commander or alternate must have one vote with respect to the incident.

(5) A representative from the military criminal investigative organization (MCIO) detachment may be invited to attend as a non-voting member when investigative information is available that can inform the IDC in their determination process. Consider placing MCIO

involved incidents first on the IDC agenda so that the MCIO representative can be excused after the incident is presented.

(6) The principal of a Department of Defense Educational Activity school or director of a DoD sanctioned activity may attend the meeting as a non-voting member for that portion in which an incident(s) involving an employee or volunteer as an alleged abuser is being presented.

(7) If additional information is required to determine whether an incident meets the appropriate criteria in accordance with section 3 of this enclosure, the IDC Chair may invite a non-voting guest to attend and present relevant information.

(8) Attendance at the IDC is limited to individuals with an authorized “need to know” outlined in paragraph 2b(2) of this enclosure, or who have relevant information to present. Any non-United States government personnel who presents information to the IDC will be immediately excused after presenting any relevant information and prior to any discussion by anyone else in attendance at the IDC. No other individual is permitted to attend the IDC. No active duty Service member or family member who is an alleged abuser or victim or non-offending parent is authorized to attend the IDC, nor is an attorney for such individuals permitted to attend the IDC.

c. Training

(1) The IDC Chair or alternate must complete IDC training prior to participating in an IDC and annually thereafter.

(2) The FAPM must ensure that all IDC members and alternate members including principals of Department of Defense Education Activity schools and directors of DoD-sanctioned activities are trained prior to voting at an IDC and at least annually in accordance with Service implementing policy.

d. Notice of IDC Meeting

(1) The IDC must meet at the call of the Chair.

(2) The FAPM or FAP supervisor of clinical services serves as the IDC coordinator and oversees the compilation and distribution of the agenda for each meeting. Every reported incident of abuse or neglect must be presented to the IDC for an ISD unless there is **no** possibility as mutually determined by the FAPM and FAP clinician or case manager who responded to the report, that the incident could meet **any** of the criteria for abuse or neglect.

e. Quorum. No IDC may consider an incident or make an ISD with less than the quorum (2/3 of the voting members).

f. Deliberations

(1) Relevant Information. The IDC must only discuss that information related and pertinent to the current specific allegation(s), and the criteria each type of alleged abuse requires in section 3 of this enclosure. This information does not need to meet the requirements for admissibility in accordance with Reference (l).

(a) Any information otherwise protected from disclosure in accordance with References (c), (d), and (e) must be disclosed to the IDC in accordance with procedures in those references.

(b) The FAPM or FAP supervisor of clinical services must introduce the case. The commander of the sponsor must open the discussion of the incident by presenting the information that the command has received about the incident. When a law enforcement response or criminal investigation has occurred with respect to the incident, the office of the Provost Marshal, Security Forces Investigation, or MCIO, if available, must present information for the criteria relevant to the incident, if providing such information will not negatively impact any ongoing investigation. Each IDC member and guest may present additional information relevant to determining whether the incident met the appropriate criteria as listed in section 3 of this enclosure.

(2) ISD Voting. The IDC must make ISDs within the time period specified by the Service implementing procedures.

(a) Core members or their alternates and all involved active duty members' commanders or their alternates must participate in ISD voting by show of hands. Each voting member must cast a vote based on the totality of the available information and on a "preponderance of the information" standard. The IDC chair votes last and in the case of a tie, the IDC chair votes twice.

(b) If an IDC member has a conflict of interest, the IDC member must notify the Chair of the IDC prior to voting and request to abstain.

(c) The decision of whether the incident meets the specified criteria must be made by a majority vote of the voting members in attendance. In deciding whether to enter the reported incident into the Central Registry, do not use recantation by the victim, in and of itself, to conclude that abuse did not occur.

(d) Each type of abuse has two possible criteria:

1. Part A. An act or failure to act.

2. Part B. Physical injury or harm or reasonable potential for physical injury or harm, or psychological harm or reasonable potential for psychological harm, or stress-related somatic symptoms resulting from such act or failure to act.

(e) There may be a Part C containing one or more exclusions that negate Parts A and B criteria.

(3) Voting for Part A. Each voting member must vote “meets” or “does not meet” criteria for Part A for each type of abuse described in section 3 of this enclosure.

(a) If the vote indicates the IDC determined the incident did not meet the specified criteria for Part A for the type of abuse, the ISD must be “did not meet criteria.” No further IDC discussion or deliberation concerning the incident is required.

(b) If the vote indicates that the IDC determined that the incident met the specified criteria for Part A, the IDC must consider the Part B criteria. If there are no Part B criteria, the ISD must be “meets criteria” and no further IDC discussion or deliberation concerning the incident is required.

(4) Voting for Part B. If the IDC determined that the incident met the specified criteria for Part A for each type of abuse, each voting member must vote “meets” or “does not meet” criteria for Part B except for child sexual abuse (see paragraph 3b(2)), child abandonment under child neglect (see paragraph 3d(1)) and spouse or intimate partner sexual abuse (see paragraph 3f(2)).

(a) If the vote indicates that an incident met the criteria for Part A but did not meet the specified criteria for Part B for the type of abuse, the ISD must be “did not meet criteria.” No further IDC discussion or deliberation concerning the incident is required.

(b) If the vote indicates that an incident met the criteria for both Part A and Part B for the type of abuse, the ISD must consider the Part C criteria. If there are no Part C criteria, the ISD must be “meets criteria” and no further IDC discussion or deliberation concerning the incident is required.

(5) Voting for Part C. If the IDC determined that the incident met criteria for Parts A and B, each voting member must vote “meets” or “does not meet” the specified criteria for any Part C exclusions. If the vote indicates that the incident does not meet the specified criteria for any Part C exclusion, then the ISD must be “meets criteria.” If the vote indicates that the incident meets the specified criteria for Part C exclusion, then the ISD must be “does not meet criteria.”

g. Record of IDC Deliberations

(1) Minutes of the IDC deliberations must be recorded.

(2) The FAPM or FAP supervisor of clinical services must sign and ensure the ISD is recorded in the FAP record of the incident. The ISD must be recorded in the FAP record but must NOT be recorded in the medical record of any Service member or family member.

(3) The FAPM or FAP supervisor of clinical services must ensure that the ISD and an explanation of the FAP process for reviewing the ISD is communicated in accordance with References (c), (d), and (e) to the unit commander of each active duty member involved in an ISD and to the family member or other person who is an alleged abuser, victim, or parent of a victim.

h. Confidentiality of IDC Deliberations

(1) IDC members and guests at an IDC meeting must not disclose the deliberations or individual votes in making ISDs to other individuals.

(2) Information disclosed within the IDC meeting that is protected from disclosure in accordance with References (c), (d), and (e) must not be disclosed by those attending the meeting to others.

i. Reconsideration of IDC ISDs. When the alleged abuser, victim, or a parent on behalf of a child victim requests reconsideration of the IDC ISD, the FAPM or supervisor of FAP clinical services must respond to the request in accordance with Service implementing policy which will include guidance on reconsideration requests.

3. CRITERIA FOR IDC DETERMINATION OF REPORTS OF CHILD ABUSE AND DOMESTIC ABUSE. The types of abuse discussed in this section are defined in the Glossary.

a. Child Physical Abuse

(1) Part A: Criteria. The non-accidental use of physical force on the part of the child's caregiver. Physical force includes, but is not limited to, at least one of the following:

- (a) Hitting with open hand or slapping, including spanking.
- (b) Dropping.
- (c) Pushing or shoving.
- (d) Grabbing or yanking limbs or body.
- (e) Poking.
- (f) Hair-pulling.
- (g) Scratching.
- (h) Pinching.
- (i) Restraining or squeezing.

- (j) Shaking.
- (k) Throwing.
- (l) Biting.
- (m) Kicking.
- (n) Hitting with fist.
- (o) Hitting with a stick, strap, belt, electrical cord, or other object.
- (p) Scalding or burning.
- (q) Poisoning.
- (r) Stabbing.
- (s) Applying force to throat.
- (t) Strangling or cutting off air supply.
- (u) Holding under water.
- (v) Brandishing or using a weapon.

(2) Part B: Impact Evaluation. Any act of child physical abuse that meets the criteria of Part A must be considered to have a significant impact on the child in cases involving **any** of the following:

- (a) A more than inconsequential physical injury, involving:
 - 1. Any injury to the face or head.
 - 2. Any injury to a child under 2 years of age.
 - 3. A more-than-superficial bruise. (The bruise was a color other than very light red or had a total area exceeding that of the victim's hand or was tender to a light touch.)
 - 4. A more-than-superficial cut or scratch. (The cut or scratch was bleeding and required pressure to stop the bleeding.)
 - 5. Bleeding internally or from mouth or ears.
 - 6. A welt (a bump or ridge raised on the skin).

7. Loss of consciousness.
8. A burn.
9. Heat exhaustion or heat stroke.
10. Hypothermia or frostbite.
11. Loss of functioning, including, but not limited to, a sprain, broken bone, detached retina, or a loose or chipped tooth.
12. Damage to an internal organ.
13. Disfigurement including, but not limited to, scarring.
14. Swelling lasting at least 24 hours.
15. Pain felt in the course of normal activities **and** at least 24 hours after the physical injury was suffered. If the child is unable to report orally or in writing about pain or is inaccessible to clinical authorities for assessment of pain, the criterion of harm is met if the nature of the injury would typically result in such a level of pain.

16. Death.

(b) Reasonable potential for more than inconsequential physical injury, given the:

1. Inherent dangerousness of the act.
2. Degree of force used.
3. Physical environment in which the acts occurred.

(c) A more than inconsequential fear reaction: fear (verbalized or displayed) of bodily injury to self or others, **and** at least one of the following signs of fear or anxiety lasting at least 48 hours:

1. Persistent intrusive recollections of the incident, including recollections as evidenced in the child's play.
2. Marked negative reactions to cues related to the incident, including the presence of the alleged abuser, as evidenced by:
 - a. Avoidance of cues.
 - b. Subjective or overt distress to cues.

- c. Physiological hyperarousal to cues including to the alleged abuser.
- 3. Acting or feeling as if incident is recurring.
- 4. Marked symptoms of increased arousal, including any of the following:
 - a. Difficulty falling or staying asleep.
 - b. Irritability or outbursts of anger.
 - c. Difficulty concentrating.
 - d. Hypervigilance (e.g., acting overly sensitive to sounds and sights in the environment; scanning the environment expecting danger; feeling keyed up and on edge).
- 5. Exaggerated startle response.

(3) Part C: Exclusions From Part A Criteria. Any non-accidental act of physical force must **not** be considered to meet the criteria for Part A if it is determined to be:

(a) An act committed to protect the caregiver from imminent physical harm. The act must include **all** of the following:

1. The act occurred while the child was in the act of using physical force. “In the act” begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the caregiver to hit him or her, and ends when the use of force is no longer imminent.

2. The sole function of the act was to stop the child’s use of physical force, and did not include punishment for the child’s use of physical force.

3. The act used only that force that was minimally sufficient to stop the child’s use of physical force.

(b) An act committed during developmentally appropriate physical play with the child, including, but not limited to, horseplay, wrestling, and tackle football.

(c) An act committed to protect the child, another person, or a pet from imminent physical harm, including, but not limited to, grabbing the child to prevent the child from being hit by a car, taking a weapon from a suicidal child, or physically intervening to prevent the child from inflicting injury on another person. However, this does not include non-accidental use of physical force as punishment for the child’s behavior that may have subjected the child, another person, or pet to the risk of imminent harm. The act must include all of the following:

1. The sole function of the act was to protect the child, another person, or pet from imminent physical harm.

2. The act used only that force that was minimally sufficient to stop imminent physical harm.

b. Child Sexual Abuse

(1) Part A: Criteria

(a) Sexual Exploitation Without Direct Contact. Forcing, tricking, enticing, threatening, or pressuring a child to participate in an act to gratify the sexual desire of any person without direct physical contact between the child and the alleged abuser. Sexual gratification means providing sexual arousal or pleasure or appealing to prurient interest but does **not** require overt evidence of arousal such as an erection, vaginal lubrication, ejaculation, or orgasm. Sexual exploitation acts include, but are not limited to:

1. Exposing the child's genitals or anus or, if the child is a female, the child's breasts.

2. Exposing the alleged abuser's genitals or anus or, if the alleged abuser is a female, the alleged abuser's breasts, to the child.

3. Having the child masturbate or watch any other person masturbate.

4. Having the child participate in sexual activity with a third person, including child prostitution.

5. Having the child pose, undress, or perform in a sexual fashion, including posing or performing for child pornography.

6. Exposing the child to child pornography, adult pornography, or a live sexual performance.

7. Engaging in voyeurism ("peeping") or other prurient watching of a child's genitals or anus or, if the child is a female, the child's breasts without the child's knowledge.

(b) Rape or Sexual Assault. The caregiver's use of force, emotional manipulation, trickery, threats, or the child's youth or naiveté to engage in penetration of the vagina or anus, however slight:

1. By the penis; or

2. By a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

(c) Sodomy. The caregiver's engaging in any of the following:

1. Placing the alleged abuser's sexual organ in the mouth or anus of a child, however slight the penetration; or

2. Taking into the alleged abuser's mouth or anus the sexual organ of a child, however slight the penetration.

(d) Sexual Contact. Physical contact of a sexual nature not involving rape, sexual assault, or sodomy between the child and the caregiver including, but not limited to, any of the following:

1. The fondling or stroking of the genitals, groin, inner thigh, or buttocks, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

2. The fondling or stroking of a female's breast, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

3. The attempted penile penetration of vagina, anus, or mouth or the attempted penetration of the vagina or anus with a hand or finger or an object with the intent to abuse, humiliate, harass, or degrade the child or to arouse or gratify the sexual desire of the alleged abuser, the child or any other person.

(2) Part B: Impact Evaluation. Any act of child sexual abuse that meets the criteria of Part A must be considered to have a significant impact on the child, which is the criterion for Part B. No voting is required for Part B.

(3) Part C: Exclusions From Part A Criteria. There are **no** exclusions from any act of child sexual abuse. No voting is required for Part C.

c. Child Emotional Abuse. Child emotional abuse must **not** include acts that meet the criteria of child physical abuse or child sexual abuse as described in this section.

(1) Part A: Criteria. Non-accidental act or acts as listed below:

(a) Berating, disparaging, degrading, scapegoating, or humiliating the child, or other similar behavior directed toward the child.

(b) Threatening the child including, but not limited to, indicating or implying future physical abuse, abandonment, or sexual abuse.

(c) Harming or indicating that the caregiver will harm a person or thing that the child cares about, such as:

1. A loved one, including, but not limited to, a relative or friend of the child.
2. A pet.
3. Real or tangible property.

(d) Abandoning or indicating that the caregiver will abandon a person or thing that the child cares about, such as:

1. A loved one, including, but not limited to, a relative or friend of the child.
2. A pet.
3. Tangible property.

(e) Restricting the child's movement by:

1. Fastening the child's arms or legs together.
2. Binding the child to a chair, bed, or other object, or
3. Confining a child to an enclosed area, such as a closet.

(f) Coercing the child to inflict pain on himself or herself, including, but not limited to:

1. Ordering the child to kneel on split peas, rice, or a similar substance for long periods.
2. Ordering the child to ingest a highly spiced food, spice, or herb.

(g) Disciplining the child through non-physical means or with the non-accidental use of force that does not meet the criteria of child physical abuse, when such discipline is excessive because there is disproportion between the:

1. Frequency of punishment and the infrequency of the child's bad behavior.
2. Severity of punishment and the undesirability of the child's bad behavior.
3. Duration of punishment and the undesirability of the child's bad behavior.

(2) Part B: Impact Evaluation. Any act of child emotional abuse that meets the criteria of Part A must be considered to have a significant impact on the child in cases involving **any** of the following:

(a) Psychological harm, including either:

1. More than inconsequential fear reaction, as described in paragraph 4a(2)(c) of this enclosure; or

2. Significant psychological distress related to the act, including one or more psychiatric disorders at or near diagnostic thresholds as defined by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (Reference (m)).

(b) Reasonable potential for psychological harm, including either when:

1. The act or pattern of acts creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic threshold, related to or exacerbated by the act(s) when taken into consideration with the child's level of functioning and any risk and resilience factors present; or

2. The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged emotional abuse.

(c) Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

(3) Part C: Exclusions From Part A Criteria. The following must **not** be considered to meet the criteria for Part A:

(a) Any generally accepted caregiving practice such as:

1. Confining a small child in a child car seat or safety harness; or

2. Swaddling an infant.

(b) Any generally accepted disciplinary practice proportionate to the seriousness of the child's behavior that involves:

1. Restriction of a child's normal privileges (e.g., "grounding" a child); or

2. Restricting a child to his or her room for a period of time.

d. Child Neglect. Defiance of base guidance may be cause for referral to FAP for services, but it is not necessarily neglectful unless the alleged act or omission meets the criteria for Part A and Part B.

(1) Part A: Criteria

(a) Abandonment. The absence of the caregiver with no intent to return or the absence of the caregiver from the home for more than 24 hours without having arranged for an appropriate surrogate caregiver. Any act of child abandonment that meets the criteria of Part A must be considered to have a significant impact on the child, which is the criterion for Part B. No voting is required for Part B for abandonment.

(b) Lack of Supervision. Egregious absence or inattention, taking into account the child's age and level of functioning. Egregious acts or omissions show striking disregard for the child's well-being. As such, they are not merely examples of inadvisable or deficient parenting, but must clearly fall below the lower bounds of normal parenting.

(c) Exposure to Physical Hazards. Inattention to the child's safety by exposing the child to physical dangers or home hazards including, but not limited to:

1. Exposed electrical wiring.
2. Broken glass.
3. Non-secured, loaded firearms in the home.
4. Illegal drugs in home.
5. Dangerous or unhygienic pets.
6. Asking the child to perform dangerous activities.
7. Driving a vehicle while intoxicated, with the child in the vehicle.
8. Hazardous chemicals.
9. Unhygienic living conditions dangerous to health.
10. Caregivers known to be abusive or neglectful.
11. An act of domestic violence physically close enough to the child to have created a risk of injury to the child.

(d) Educational Neglect. When education is compulsory by law, any of the following:

1. Knowingly allowing the child to have extended or frequent absences from school.

2. Neglecting to enroll the child in appropriate home schooling or public or private education.

3. Preventing the child from attending school for other than justifiable reasons.

(e) Neglect of Health Care. Refusal or failure to provide appropriate health care, including, but not limited to, failure to obtain appropriate professionally indicated medical, mental health, or dental services, procedures, or medications, although the caregiver was financially able to do so or was offered other means to do so. It includes withholding of medically indicated treatment for a child with life-threatening conditions.

(f) Deprivation of Necessities. The failure to provide age-appropriate nourishment, shelter, and clothing to the child. It includes non-organic failure to thrive as determined by a competent medical authority.

(g) Promoting Illegal Acts. Forcing, tricking, enticing, threatening or pressuring a child to commit illegal acts. No impact (Part B) criterion is necessary for promoting illegal acts to be deemed neglect.

(2) Part B: Impact Evaluation. Any act of child neglect that meets the criteria of Part A must be considered to have a significant impact on the child in cases involving **any** of the following:

(a) More-than-inconsequential physical injury as described in paragraph 4a(2)(a) of this enclosure and including heat exhaustion or heat stroke.

(b) Reasonable potential for more than inconsequential physical injury given the:

1. Act(s) or omission(s).

2. The child's physical environment.

(c) Psychological harm, as described in paragraph 3b(2)(a) of this enclosure.

(d) Reasonable potential for psychological harm, as described in paragraph 3b(2)(b) of this enclosure.

(e) Stress-related somatic symptoms, as described in paragraph 3b(2)(c) of this enclosure.

(3) Part C: Exclusions From Part A Criteria. The following must **not** be considered to meet the relevant criteria for Part A:

(a) Unattended Older Child in a Vehicle. A caregiver leaving a child age 10 or older unattended in a vehicle for a brief period of time in a safe area **does not** meet the Part A criterion for lack of supervision.

(b) Unforeseen Lack of Supervision or Exposure to Physical Hazards. When lack of supervision or exposure to physical hazards occurs, but a person who is not the caregiver is directly responsible for such lack of supervision or exposure to physical hazards, such lack of supervision or exposure to physical hazards does not meet the Part A criterion if the IDC concludes that a reasonably competent caregiver would not have foreseen such lack of supervision or exposure to physical hazards by such other person.

(c) First Time Exclusion. The Part A criteria for lack of supervision or exposure to physical hazards are not met if **all** of the following criteria are met:

1. The impact on the child meets the criteria for potential harm, but **not** for actual harm.

2. The caregiver has no other significant risk factors for neglect (e.g., low self-esteem, high impulsivity, lack of social support, high daily stress, substance abuse diagnosis).

3. Two-thirds of the voting members determine the neglect to have barely met criteria.

4. There has been no previous incident of problematic caregiving, as evidenced by both:

a. The caregiver has not come to the attention of any community helper (including, but not limited to, teachers, security forces, medical professionals, civilian authorities) for potential child maltreatment or extreme parenting practices.

b. The caregiver has not been reported to the FAP or a civilian CPS agency previously for allegations of child abuse or child neglect.

e. Spouse or Intimate Partner Physical Abuse

(1) Part A: Criteria. The non-accidental use of physical force against a spouse or intimate partner. Physical force includes, but is not limited to, at least one of the acts in paragraph 3a(1) of this enclosure.

(2) Part B: Impact Evaluation. Any act of spouse or intimate partner physical abuse that meets the criteria of Part A must be considered to have a significant impact on the spouse or partner in cases involving **any** of the following:

(a) Any physical injury, including, but not limited to:

1. Pain that lasts at least 4 hours.

2. A bruise.

3. A cut.
4. A sprain.
5. A broken bone.
6. Loss of consciousness.
7. Death.

(b) Reasonable potential for more than inconsequential physical injury given:

1. The inherent dangerousness of the act.
2. The degree of force used.
3. The physical environment in which the acts occurred.

(c) More than inconsequential fear reaction as described in paragraph 3a(2)(c) of this enclosure, but excluding “intrusive recollections as evidenced in the child’s play.”

(3) Part C: Exclusions From Part A Criteria. Any non-accidental use of physical force that meets any of the following situations must **not** be considered to meet the criteria for Part A. These exclusions do not include subsequent non-accidental use of physical force against the spouse or intimate partner that was not protective.

(a) The act was committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who was in the act of using physical force. The act must include **all** of the following:

1. The act occurred while the spouse or intimate partner was in the act of using physical force. “In the act” begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the alleged abuser to hit him or her, and ends when the use of force is no longer imminent.

2. The sole function of the act was to stop the spouse or intimate partner’s use of physical force.

3. The act used only that force that was minimally sufficient to stop the spouse or intimate partner’s use of physical force.

(b) The act was committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who had previously inflicted a more than inconsequential physical injury on the alleged abuser. This requires that:

1. The act followed the spouse or intimate partner's verbal or nonverbal threat to imminently inflict more than inconsequential physical injury on the alleged abuser.

2. The IDC determined that there was at least one previous incident of the spouse or intimate partner inflicting more than inconsequential physical injury on the alleged abuser. "More-than-inconsequential physical injury" must have the meaning in paragraph 3a(2)(a) of this enclosure, but excludes "any injury to a child under 2 years of age."

(c) The act was committed to protect the spouse or intimate partner, another person, or pet from imminent physical harm, including, but not limited to:

1. Grabbing or pushing the spouse or intimate partner to prevent him or her from being hit by a vehicle.

2. Taking a weapon away from a suicidal spouse or intimate partner.

3. Stopping the spouse or intimate partner from inflicting physical abuse on a child as described in paragraph 3a(1) of this enclosure.

(d) In reference to paragraph 3e(3)(c), the act must meet all of the following:

1. The sole function of the act was to protect the spouse or intimate partner, another person or pet from imminent physical harm.

2. The act used minimally sufficient force to stop the imminent physical harm.

(e) The act was committed during physical play with the spouse or intimate partner, including, but not limited to, horseplay, wrestling, and tackle football.

f. Spouse or Intimate Partner Sexual Abuse. Corroboration of the report of the spouse or intimate partner is **not** required to meet the Part A criteria for spouse or intimate partner sexual abuse.

(1) Part A: Criteria

(a) The use of physical force to compel the spouse or intimate partner to engage in a sexual act or sexual contact against his or her will, whether or not the sexual act or sexual contact is completed.

(b) The use of a physically aggressive act as described in paragraph 4a(1) of this enclosure, or use of one's body, size, or strength, or an emotionally aggressive act as described in paragraph 4g(1) of this enclosure, to coerce the spouse or intimate partner to engage in a sexual act or sexual contact, whether or not the sexual act or sexual contact is completed.

(c) An attempted or completed sexual act involving a spouse or intimate partner who is unable to provide consent. The spouse or intimate partner is unable to understand the nature or

conditions of the act, to decline participation, or to communicate unwillingness to engage in the sexual act because of illness, disability, being asleep, being under the influence of alcohol or other drugs, or other reasons.

(d) Physical contact of a sexual nature including, but not limited to, kissing, groping, rubbing, or fondling, directly or through clothing, of the spouse or intimate partner that does not meet the criteria of a sexual act as defined in the Glossary, but is against the expressed wishes of the spouse or intimate partner.

(2) Part B: Impact Evaluation. Any act that meets the criteria for Part A spouse or intimate partner sexual abuse must be considered to have a significant impact on the spouse or intimate partner, which is the criterion for Part B. No voting is required for Part B for spouse or intimate partner sexual abuse.

(3) Part C: Exclusions From Part A Criteria. There are **no** exclusions from any act of spouse sexual abuse or from any act of intimate partner sexual abuse that meets the criteria for Part A.

g. Spouse or Intimate Partner Emotional Abuse

(1) Part A: Criteria. Non-accidental act or acts, excluding physical or sexual abuse, or threat adversely affecting the psychological well-being of the partner, such as those listed below. Acts not listed but of similar severity are also eligible.

(a) Interrogating the spouse or intimate partner.

(b) Berating, disparaging, or humiliating the spouse or intimate partner or using other similar behavior against the spouse or intimate partner.

(c) Isolating the spouse or intimate partner from his or her family, friends, or social support resources.

(d) Interfering with the spouse's or intimate partner's adaptation to American culture or the military subculture.

(e) Restricting the spouse's or intimate partner's access to or use of economic resources despite an obviously grave economic situation, when such restriction does not reasonably obstruct the spouse or intimate partner from recklessly incurring debts for which the alleged abuser would be responsible for repayment.

(f) Restricting the spouse's or intimate partner's access to or use of appropriate military services and benefits, including, but not limited to, taking away the spouse's or intimate partner's military identification card.

(g) Obstructing the spouse or intimate partner from obtaining medical, mental health, or dental services.

(h) Restricting the spouse's or intimate partner's ability to come and go freely when such restriction is not intended to prevent the spouse or intimate partner from committing:

1. An act or acts injurious to the spouse or intimate partner.
2. An act or acts that may injure another person.

(i) Trying to make the spouse or intimate partner believe that he or she is mentally ill, or trying to make others think that the spouse or intimate partner is mentally ill.

(j) Threatening to harm the spouse or intimate partner directly or indirectly, including threats to:

1. Inflict physical abuse or sexual abuse on the spouse or intimate partner.
2. Harm the spouse or intimate partner's children, pets, or people that the spouse or intimate partner cares about.

3. Damage or destroy the spouse or intimate partner's property.

(k) Harming the spouse or intimate partner's children, pets, or property.

(l) Stalking the spouse or intimate partner.

(m) Obstructing the spouse or intimate partner's access to protective assistance, including, but not limited to, assistance from:

1. A military domestic violence victim advocate or the FAP.
2. The military command.
3. A military or civilian law enforcement agency.
4. An attorney.
5. A civilian court of competent jurisdiction.
6. A civilian domestic violence program of shelter, support, or other assistance.

(2) Part B: Impact Evaluation. Any act that meets the criteria of Part A must be considered to have a significant impact on the spouse or partner in cases involving psychological harm, in **any** of the following:

(a) More than inconsequential fear reaction (fear, verbalized or displayed) as described in paragraph 3a(2)(c) of this enclosure, but excluding “intrusive recollections as evidenced in the child’s play.”

(b) Significant psychological distress as described in paragraph 3c(2)(a)2 of this enclosure.

(c) Fear of an emotionally abusive act that significantly interferes with the spouse or intimate partner’s ability to carry out any of five major life activities: employment, education, religious faith, obtaining necessary medical or mental health services or following prescribed treatment, or contact with family or friends.

(d) Stress-related somatic symptoms as described in paragraph 3b(2)(c) of this enclosure.

(3) Part C: Exclusions From Part A Criteria. There are **no** exclusions from any act of spouse or intimate partner emotional abuse that meets the criteria for Part A.

h. Neglect of Spouse

(1) Part A: Criteria. The IDC must determine that **all** of the following conditions are present:

(a) The alleged abuser withholds, or threatens to withhold the spouse’s access to, any of the following:

1. Appropriate, medically indicated health care, including, but not limited to, appropriate medical, mental health, or dental care;

2. Appropriate nourishment, shelter, clothing, or hygiene; or

3. Caregiving for more than 24 hours without having arranged for an appropriate surrogate caregiver.

(b) The alleged abuser is able to provide care, or access to care, specified in paragraph 3h(1)(a) of this enclosure or has been offered assistance to do so.

(c) The spouse is incapable of self-care due to substantial limitations in one or more of the following areas:

1. Physical, including, but not limited to, quadriplegia;

2. Psychological or intellectual, including, but not limited to, vegetative depression, very low intelligence, or psychosis; or

3. Cultural, including, but not limited to, the inability to communicate in English or the inability to manage activities of rudimentary daily living in American culture.

(2) Part B: Impact Evaluation. Deprivation-related significant impact involves either of the following:

(a) More-than-inconsequential physical injury, as described in paragraph 3a(2)(a) of this enclosure, but excluding “any injury to a child under 2 years of age”.

(b) Reasonable potential for more than inconsequential physical injury, given:

1. The reason(s) why the spouse is incapable of self-care.

2. The care required for the spouse’s condition(s).

3. The more-than-inconsequential injury that the spouse could suffer if appropriate access to care is withheld.

(3) Part C: Exclusions From Part A Criteria. There are **no** exclusions from any act of spouse neglect that meets the criteria for Part A.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
CCSM	clinical case staff meeting
CPS	Child Protective Services
DASD(MC&FP)	Deputy Assistant Secretary of Defense for Military Community and Family Policy
DoDI	DoD instruction
DoDM	DoD manual
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
IDC	Incident Determination Committee
ISD	incident status determination
MCIO	military criminal investigative organization
MTF	military medical treatment facility
NPSP	New Parent Support Program
UCMJ	Uniform Code of Military Justice

PART II. DEFINITIONS

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

alleged abuser. Defined in Reference (b).

bi-directional abuse. An incident in which both spouses or intimate partners report being the victim of domestic abuse.

case. Defined in Reference (f).

child. Defined in Reference (b).

child abuse. Defined in Reference (b).

child emotional abuse. A type of child abuse including non-accidental acts resulting in an adverse effect upon the child's psychological well-being. Emotional abuse includes intentional berating, disparaging, or other verbally abusive behavior toward the child, and excessive disciplinary acts that may not cause observable physical injury.

child physical abuse. See physical abuse in this Glossary.

child pornography. Material that contains either an obscene visual depiction of a minor engaging in sexually explicit conduct or a visual depiction of an actual minor engaging in sexually explicit conduct.

child prostitution. An act of engaging or offering the services of a child to a person to perform sexual acts for money or other consideration with that person or any other person.

child sexual abuse. Defined in Reference (o).

clinical case management. Defined in Reference (f).

CCSM. Defined in Reference (f).

clinical intervention. Defined in Reference (f).

conflict of interest. A situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duty as a core member of the IDC.

core members. Individuals formally appointed by the Chair of the IDC to serve as voting members on the IDC. A quorum ($2/3$) of voting members is required at every meeting to make any determination on an incident of abuse or neglect.

deprivation of necessities. A type of neglect including the failure to provide appropriate nourishment, shelter, and clothing.

domestic abuse. Defined in Reference (n).

domestic violence. Defined in Reference (n).

emotional abuse of a spouse or intimate partner. A type of domestic abuse including acts or threats adversely affecting the psychological well-being of a current or former spouse or intimate partner, including those intended to intimidate, coerce, or terrorize the spouse or intimate partner. Such acts and threats include those presenting likely physical injury, property damage or loss, or economic injury.

exploitation. A type of child sexual abuse in which the child is made to participate in the sexual gratification of another person without direct physical contact between them. Exploitation includes forcing or encouraging a child to do any of the following: to expose the child's genitals of (if female) breasts, to look at another individual's genitals or (if female) breasts, to observe another's masturbatory activities, to masturbate, to view pornographic photographs or read pornographic literature, to hear sexually explicit speech, or to participate in sexual activity with another person, such as in pornography or prostitution, in which the alleged offender does not have direct physical contact with the child.

FAP. Defined in Reference (b).

FAP case manager. A staff member of the FAP authorized to provide clinical assessment and services to clients of the FAP.

family member. The designation of an alleged abuser as an individual who is entitled to care in a military medical treatment program for whom the sponsor provides medical, financial, and logistical (e.g., housing, food, clothing) support. This includes the spouse, a child under the age of 18, a family member who is a senior citizen or parent being cared for, and any person with a disability.

force. With respect to rape of or intercourse with a child, rape of a spouse or intimate partner, and sodomy of a spouse or intimate partner, action to compel submission of the child, spouse, or intimate partner or to overcome or prevent the resistance of the child, spouse, or intimate partner by the use or display of a dangerous weapon or object; the suggestion of possession of a dangerous weapon or object that is used in a manner to cause the child, spouse, or intimate partner to believe it is a dangerous weapon or object; or physical violence, strength, power, or restraint applied to the child, spouse, or intimate partner sufficient that the child, spouse, or intimate partner could not avoid or escape the sexual conduct.

grievous bodily harm. Defined in Reference (i).

health care provider. Any Service member, civilian employee of the Department of Defense, or personal services contract employee under Section 1091 of Title 10, United States Code, authorized by the DoD to perform health care functions. For the purposes of appointment to the IDC as a core member, "health care provider" is defined as a health care professional who is:

Licensed, certified, or registered in forensic health care, pediatrics, or family medicine.

Privileged by an MTF or another DoD organization.

IDC. Defined in Reference (b).

ISD. Defined in Reference (b).

incident. Defined in Reference (p).

installation FAPM. Defined in Reference (f).

intimate partner. Defined in Reference (p).

lack of supervision. A type of child neglect characterized by the egregious absence or inattention of the parent, guardian, foster parent, or other caregiver that deprives the child of appropriate care, resulting in injury, psychological harm, or serious threat of injury or psychological harm to the child.

MCIIO. U.S. Army Criminal Investigation Command, Naval Criminal Investigative Service, and Air Force Office of Special Investigations.

molestation. A type of child sexual abuse involving fondling or stroking a child's breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

neglect. The negligent treatment of a person through acts or omissions by an individual responsible for the victim's welfare under circumstances indicating the victim's welfare is harmed or threatened.

child neglect. The negligent treatment of a child through egregious acts or omissions below the lower bounds of normal caregiving, which shows a striking disregard for the child's well-being, under circumstances indicating that the child's welfare has been harmed or threatened by the deprivation of age-appropriate care.

educational neglect. A type of child neglect including knowingly allowing the child to have extended or frequent absences from school, neglecting to enroll a child in home schooling or public or private education, or preventing the child from attending school for other than justified reasons.

medical neglect. A type of child neglect in which a parent or guardian refuses or fails to provide appropriate, medically necessary health care (medical, mental health, dental) for the child although the parent or guardian is financially able to do so or was offered other means to do so. The term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to a child when, in the treating physician's or physicians' reasonable medical judgment:

The child is chronically and irreversibly comatose;

The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of the survival of the child; or

The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

spousal neglect. A type of domestic abuse in which the alleged abuser withholds necessary care or assistance for his or her current spouse who is incapable of self-care physically, psychologically, or culturally, although the caregiver is financially able to do so or has been offered other means to do so.

non-organic failure to thrive. A type of child neglect evidenced by the failure of an infant or young child to adequately grow and develop to or above the third percentile in height and weight when no organic basis for this deviation is found.

physical abuse. The non-accidental use of physical force such as grabbing, pushing, holding, slapping, choking, punching, kicking, sitting or standing upon, lifting and throwing, burning, immersing in hot liquids or pouring hot liquids upon, hitting with an object (such as a belt or electrical cord), and assaulting with a knife, firearm, or other weapon that causes or may cause significant impact. Does not include discipline administered by a parent or legal guardian to his or her child provided it is reasonable in manner and moderate in degree and otherwise does not constitute cruelty.

preponderance of the information. The information that supports the report as meeting the relevant criteria that define abuse or neglect, requiring entry into the Service FAP Central Registry data base, is of greater weight or more convincing than the information that indicates that the criteria that define abuse or neglect were not met. The voting member need not be certain that the information meets the criterion but may vote to “concur” if he or she is only 51 percent sure that it does (i.e., he or she may vote to “concur” even if there is reasonable doubt) as long as the voting member finds that given the information, the abuse or neglect is more likely than not to meet criteria.

rape of a spouse or intimate partner. A type of domestic violence by causing the spouse or intimate partner to engage in a sexual act by using force; causing grievous bodily harm to any person; threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping; rendering the spouse or intimate partner unconscious; or administering by force or threat of force or without the knowledge or permission of the spouse or intimate partner a drug, intoxicant, or other similar substance that substantially impairs the ability of the spouse or intimate partner to appraise or control conduct.

reasonable medical judgment. A judgment made by a reasonably prudent physician knowledgeable about the case and the treatment possibilities for the medical conditions involved.

safety planning. A process whereby a FAP clinical provider or victim advocate, working with a victim, creates a plan, tailored to that victim’s needs, concerns, and situation, that will help increase the victim’s safety and help the victim to prepare for, and potentially avoid, future violence.

sexual act. Contact between the penis and the vulva, anus, or mouth; or the penetration, however slight, of the vulva, anus, or mouth with any part of the offender's body or by the offender's use of any object; or masturbation by self or partner.

sexual contact. The intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks, of another person, or intentionally causing another person to touch, either directly or through the clothing, the genitalia, anus, groin, breast, inner thigh or buttocks, of any person with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person.

sexually explicit conduct. (See child pornography definition above). Includes actual or simulated sexual intercourse or sodomy, including genital-genital, anal-genital, oral-genital, or oral-anal, whether between persons of the same or opposite sex; bestiality; masturbation; sadistic or masochistic abuse; or lascivious exhibition of the genitals or pubic area of any person.

sodomy of a spouse or intimate partner. A type of domestic violence involving the taking into the alleged abuser's mouth or anus, by means of physical force, the sexual organ of a spouse or intimate partner; or placing the alleged abuser's sexual organ, by means of physical force, in the mouth or anus of a spouse or intimate partner. Penetration, however slight, is sufficient to complete the act.

spouse or intimate partner emotional abuse. A non-accidental act or acts, excluding physical abuse or sexual abuse, or threat adversely affecting the psychological well-being of a current or former spouse or current or former intimate partner.

spouse or intimate partner physical abuse. See physical abuse.

spouse or intimate partner sexual abuse. A sexual act or sexual contact with the spouse or intimate partner without the consent of the spouse or intimate partner or against the expressed wishes of the spouse or intimate partner. Includes abusive sexual contact with a spouse or intimate partner, aggravated sexual assault of a spouse or intimate partner, aggravated sexual contact of a spouse or intimate partner, rape of a spouse or intimate partner, sodomy of a spouse or intimate partner, and wrongful sexual contact of an intimate partner.

wrongful sexual contact of an intimate partner. A type of domestic violence by engaging in sexual contact with an intimate partner without legal justification or lawful authorization.