



DoD MANUAL 6400.01, VOLUME 1

FAMILY ADVOCACY PROGRAM (FAP): FAP STANDARDS

Originating Component:	Office of the Under Secretary of Defense for Personnel and Readiness
Effective:	July 22, 2019
Releasability:	Cleared for public release. Available on the Directives Division Website at https://www.esd.whs.mil/DD/ .
Reissues and Cancels:	DoD Manual 6400.01, Volume 1, "Family Advocacy Program (FAP): FAP Standards," March 3, 2015, as amended
Approved by:	James N. Stewart, Assistant Secretary of Defense for Manpower and Reserve Affairs

Purpose: This issuance is composed of several volumes, each containing its own purpose. In accordance with the authority in DoD Directive 5124.10 and DoD Instruction (DoDI) 6400.01:

- This manual implements policy, assigns responsibilities, and provides procedures for addressing child abuse, domestic abuse, and problematic sexual behavior in children and youth (PSB-CY) in military communities.
- This volume prescribes uniform program standards (PSs) for all installation FAPs.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance 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 the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

1.2. POLICY. It is DoD policy to:

a. Promote early identification, reporting, and coordinated, comprehensive intervention, assessment, and support to victims of child abuse, domestic abuse, and children and youth exhibiting or impacted by PSB-CY.

b. Safeguard personally identifiable information collected in the course of FAP activities to prevent any unauthorized use or disclosure and collect, use, and release personally identifiable information in accordance with DoDI 5400.11 and DoD 5400.11-R.

1.3. INFORMATION COLLECTIONS.

a. The Child Abuse and Domestic Abuse Incident Report and the DD Form 2901, “Child Abuse or Domestic Violence Related Fatality Notification,” to be used in fulfilling the requirements of Paragraph 3.9.a. are exempt from licensing with a report control symbol in accordance with Paragraph 1.b.(8) in Enclosure 3 of Volume 1 of DoD Manual (DoDM) 8910.01.

b. The Child Abuse and Domestic Abuse Incident Reporting System, referred to in Paragraph 3.8.c., has been assigned Office of Management and Budget control number 0704-0536 in accordance with Volume 2 of DoDM 8910.01 and is prescribed in DoDI 6400.01. The expiration date of this information collection is listed on the DoD Information Collections System at <https://apps.sp.pentagon.mil/sites/dodiic/Pages/default.aspx>.

SECTION 2: RESPONSIBILITIES

2.1. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY COMMUNITY AND FAMILY POLICY (DASD(MC&FP))

Under the authority, direction, and control of the Assistant Secretary of Defense for Manpower and Reserve Affairs, the DASD(MC&FP):

- a. Monitors compliance with this volume.
- b. Collaborates with the Secretaries of the Military Departments to develop policies and procedures for monitoring compliance with the PSs in this volume.
- c. Convenes an annual DoD Accreditation, Inspection, and Certification Summit to review and respond to the findings and recommendations of the Military Departments' accreditation, inspection, or certification review results.

2.2. SECRETARIES OF THE MILITARY DEPARTMENTS

The Secretaries of the Military Departments:

- a. Develop Service-wide FAP policy, supplementary standards, and instructions to provide for unique requirements within their respective installation FAPs to implement the PSs in this volume as appropriate.
- b. Require that all installation personnel with responsibilities in this volume receive appropriate training to implement the PSs in this volume.
- c. Conduct accreditation, inspection, or certification reviews to monitor compliance with the PSs outlined in this volume.

SECTION 3: PROCEDURES

3.1. PURPOSES OF THE STANDARDS.

a. Quality Assurance (QA) to Address Child Abuse, Domestic Abuse, and PSB-CY.

The FAP PSs provide DoD and Service FAP headquarters QA guidelines for installation FAP-sponsored prevention and clinical intervention programs. Therefore, the PSs presented in this section and cross-referenced in the Index of FAP Topics in Appendix 3A represent the minimal necessary elements for effectively dealing with child abuse, domestic abuse, and PSB-CY in installation programs in the military community.

b. Minimum Requirements for Oversight, Management, Logistical Support, Procedures, and Personnel Requirements. The PSs set minimum requirements for oversight, management, logistical support, procedures, and personnel necessary to ensure all Service members and their family members receive family advocacy services that are informed by the best science and evidence available, as determined by an established clearinghouse that reviews the existing research.

c. Measuring Quality and Effectiveness. The PSs provide a basis for:

- (1) Measuring the quality and effectiveness of each installation FAP.
- (2) Systematically projecting personnel and other fiscal resources needed to support worldwide DoD FAP efforts.

3.2. INSTALLATION RESPONSE TO CHILD ABUSE AND DOMESTIC ABUSE.

a. Family Advocacy Committee (FAC).

(1) **PS 1: Establishment of the FAC.** In accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance, the installation commander must establish an installation FAC and appoint a FAC chairperson to serve as the policy-implementing, coordinating, and advisory body to address child abuse and domestic abuse at the installation.

(2) **PS 2: Coordinated Community Response and Risk Management Plan.** The FAC must develop and approve an annual plan for the coordinated community response and risk management of child abuse and domestic abuse with specific objectives, strategies, and measurable outcomes. The plan is based on a review of:

- (a) The most recent installation needs assessment.
- (b) Research-supported protective factors that promote and sustain healthy family relationships and support the prevention of child abuse and domestic abuse.
- (c) Risk factors for child abuse and domestic abuse.

(d) The most recent prevention strategy to include primary, secondary, and tertiary interventions.

(e) Trends in the installation's risk management approach to high risk for violence, child abuse, and domestic abuse incidents.

(f) The most recent accreditation, inspection, or certification review or DoD Component inspector general inspection of the installation agencies represented on the FAC.

(g) The evaluation of the installation's coordinated community response to child abuse and domestic abuse.

(h) Compliance with Section 575 of Public Law 114-328 which requires covered professionals to report all suspected incidents of child abuse in military families and homes.

(i) Compliance with DoD Directive 5205.16 and the February 2, 2017 Deputy Secretary of Defense Memorandum to report direct, indirect, or veiled threats of harm or violence and any acts of physical assault or wrongful physical violence to the installation prevention, assistance, and response capability and appropriate DoD Component insider threat office.

(3) [PS 3: Monitoring Coordinated Community Response and Risk Management Plan](#). The FAC monitors the implementation of the coordinated community response and risk management plan. Such monitoring includes a review of:

(a) The development, signing, and implementation of formal memorandums of understanding (MOUs) among military activities and between military activities, civilian authorities, and agencies to address child abuse and domestic abuse.

(b) Steps taken to address problems identified in the most recent FAP accreditation, inspection, or certification review and evaluation of the installation's coordinated community response and risk management approach.

(c) FAP recommended criteria to identify populations at higher risk to commit or experience child abuse and domestic abuse, the special needs of such populations, and appropriate actions to address those needs.

(d) Effectiveness of the installation coordinated community response and risk management approach in responding to high risk for violence, child abuse, and domestic abuse incidents.

(e) Implementation of the installation prevention strategy to include primary, secondary, and tertiary interventions.

(f) The annual report of fatality reviews that Service FAP headquarters fatality review teams conduct. The FAC should also review the Service FAP headquarters' recommended changes for the coordinated community response and risk management approach. The coordinated community response will focus on strengthening protective factors that promote

and sustain healthy family relationships and reduce the risk factors for future child abuse and domestic abuse-related fatalities.

b. Coordinated Community Response.

(1) **PS 4: Roles, Functions, and Responsibilities.** The FAC must monitor collaboration between all installation agencies involved with the coordinated community response to child abuse and domestic abuse in their respective roles, functions, and responsibilities as expressed in DoDI 6400.06 and Service FAP headquarters implementing policies and guidance.

(2) **PS 5: MOUs.** The FAC must verify that:

(a) Formal MOUs are established, as appropriate, with counterparts in the local civilian community to improve coordination on:

1. Trauma-informed assessment.
2. Care and support.
3. Child abuse and domestic abuse investigations.
4. PSB-CY assessment and intervention.
5. Emergency removal of children from homes.
6. Fatalities.
7. Criminal investigations and arrests.
8. Prosecutions.
9. Issuing and disseminating orders of protection involving Service members.

(b) Installation agencies have MOUs establishing the respective roles and functions of the installation and the appropriate federal, State, local, or foreign agencies or organizations (in accordance with status-of-forces agreements) that provide:

1. Child welfare services (CWS), including foster care, to ensure ongoing and active collaborative case management among the relevant courts, foster care agencies, and FAP.
2. Trauma-informed child abuse victim advocacy.
3. Medical examination and treatment.
4. Mental health examination and treatment.
5. Trauma-informed domestic abuse victim advocacy.
6. Related social services, including home visitation programs when appropriate.

7. Safe shelter.

(3) **PS 6: Collaboration Between Military Installations.** The installation commander must require that installation agencies have interfaced with counterpart agencies on military installations in geographical proximity and within joint bases to ensure coordination and collaboration in providing child abuse and domestic abuse services to military families. Collaboration includes developing MOUs, as appropriate.

(4) **PS 7: Domestic Abuse Victim Advocacy Services.** In accordance with Section 575 of Public Law 114-328 and Service FAP headquarters implementing policies and guidance, the installation FAC must establish 24-hour access to domestic abuse victim advocacy services through personal or telephone contact for unrestricted and restricted reports of domestic abuse and the domestic abuse victim advocate services.

(5) **PS 8: Domestic Abuse Victim Advocate Personnel Requirements.** The installation commander must require that qualified personnel provide domestic abuse victim advocacy services in accordance with DoDIs 6400.06 and 6400.07, and Service FAP headquarters implementing policies and guidance.

(a) Such personnel may include federal employees, civilians working under contract for the DoD, civilians providing services pursuant to a formal MOU between the installation and a local civilian victim advocacy service agency, volunteers, or a combination of such personnel, in accordance with Service FAP headquarters implementing policies and guidance.

(b) All domestic abuse victim advocates are supervised by the Family Advocacy Program Manager (FAPM) or clinical supervisor in accordance with Service FAP headquarters implementing policies and guidance.

(6) **PS 9: 24-Hour Emergency Response Plan.** An installation 24-hour emergency response plan to child abuse and domestic abuse incidents must be established in accordance with DoDI 6400.06 and Service FAP headquarters implementing policies and guidance. This plan may permit reporting of suspected child abuse through law enforcement as a designated intermediary to accomplish immediate reporting to FAP as required by Section 575 of Public Law 114-328. When FAP receives a report through law enforcement as a designated intermediary, FAP will contact the original referral source within 24 hours or the next available duty day to complete the referral.

(7) **PS 10: FAP Communication with CWS Agencies and Military Law Enforcement.**

(a) Within 24 hours, FAP will communicate all reports of child abuse involving Service members or their family members to the appropriate civilian CWS agency and appropriate military law enforcement agency in accordance with DoDIs 6400.01 and 6400.06; Section 20341 of Title 34, United States Code (U.S.C.); and Part 81.2 of Title 28, Code of Federal Regulations (CFR).

(b) Within 24 hours, FAP will communicate all unrestricted reports of domestic abuse involving Service members and their current or former spouses or their current or former

intimate partners to the appropriate military law enforcement agency in accordance with DoDIs 6400.01 and 6400.06.

(c) Upon receipt of a referral involving allegations of sexual abuse, grievous bodily harm, or life-threatening neglect of a child, FAP will immediately notify the appropriate Military Criminal Investigative Organization and civilian CWS agency, and ensure that covered professionals on the installation are aware of mandatory reporting requirements for child abuse and neglect.

(8) **PS 11: Protection of Children.** In accordance with Service FAP headquarters implementing policies and guidance, the installation FAC must set forth the procedures and criteria for:

(a) The safety of child victim(s) of abuse or other children in the household when they are in danger of continued abuse or life-threatening child neglect.

(b) Safe transit of such child(ren) to appropriate care. When the installation is located outside the continental United States, the installation FAC must issue procedures for transit to a location of appropriate care within the United States.

(c) Ongoing collaborative case management between FAP, relevant courts, and the appropriate CWS agency when military children are placed in civilian foster care.

(d) Notification of the affected Service member's command when a dependent child has been taken into custody or foster care by local or State courts or a CWS agency.

c. Risk Management.

(1) **PS 12: Primary Managing Authority (PMA).** When an installation FAP receives a report of a case of child abuse or domestic abuse where the victim is at a different location than the abuser, the PMA must be:

(a) In child abuse cases:

1. The sponsor's installation when the alleged abuser is the sponsor; a non-sponsor family member eligible to receive treatment at a military treatment facility (MTF); or a non-sponsor, status unknown.

2. The alleged abuser's installation when the alleged abuser is a non-sponsor active duty Service member; a non-sponsor, extra-familial caregiver eligible to receive treatment at an MTF; or a DoD-sanctioned out-of-home care provider.

3. The victim's installation when the alleged abuser is an extra-familial caregiver not eligible for treatment in an MTF.

(b) In domestic abuse cases:

1. The alleged abuser's installation when both the alleged abuser and the victim are active duty Service members.
2. The alleged abuser's installation when the alleged abuser is the only sponsor.
3. The victim's installation when the victim is the only sponsor.
4. The installation FAP who received the initial referral when both parties are alleged abusers in bi-directional domestic abuse involving dual military spouses or intimate partners.

(2) PS 13: Risk Management Approach.

(a) All installation agencies involved with the installation's coordinated community risk management approach to child abuse and neglect and domestic abuse must comply with their defined roles, functions, and responsibilities in accordance with DoDIs 6400.06 and 6400.07, Section 20341 of Title 34, U.S.C., and Service FAP headquarters implementing policies and guidance.

(b) When victim(s) and alleged abuser(s) are assigned to different servicing FAPs or are from different Military Services, the PMA is assigned in accordance with PS 12 at Paragraph 3.2.c.(1), and both servicing FAP offices and, if applicable, both Military Services are kept informed of the status of the case, regardless of PMA.

(c) When the issue at hand is sexual assault and it has been determined that it does not involve domestic abuse or domestic violence, the FAPM will issue installation FAP guidance directing the victim be referred to a sexual assault response coordinator or sexual assault prevention and response victim advocate.

(3) PS 14: Risk Assessments. FAP conducts risk assessments of alleged abusers, victims, and other family members to assess the risk of re-abuse and communicate any increased levels of risk to appropriate agencies for action, as appropriate. Risk assessments are conducted:

- (a) Quarterly on all open FAP cases.
- (b) Monthly on FAP cases assessed as high risk and those involving children placed in out-of-home care by court order, child sexual abuse, and severe child neglect.
- (c) Within 30 days of any change since the last risk assessment that presents increased risk to the victim or warrants additional safety planning.

(4) PS 15: Disclosure of Information in Risk Assessments. Protected information collected during FAP referrals, intake, and risk assessments is only disclosed in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

(5) PS 16: Risk Management and Deployment. In accordance with DoDIs 6400.01 and 6400.06, as well as Service FAP headquarters implementing policies and guidance, procedures

are established to manage child abuse or domestic abuse incidents or high risk for violence situations that occur during the deployment cycle of a Service member, so that when an alleged Service member abuser is deployed:

(a) The forward command notifies the home station command when the deployed Service member will return to the home station command.

(b) The home station command implements procedures to reduce the risk of subsequent child abuse and domestic abuse during the reintegration of the Service member into the FAP case management process.

d. Incident Determination Committee (IDC).

(1) **PS 17: IDC Established.** An installation IDC must be established to review reports of child abuse and unrestricted reports of domestic abuse.

(2) **PS 18: IDC Operations.** The IDC reviews reports of child abuse and unrestricted reports of domestic abuse to determine whether the reports meet the criteria for entry into the Service FAP headquarters central registry of child abuse and domestic abuse incidents in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance.

(3) **PS 19: Responsibility for Training FAC and IDC Members.** All FAC and IDC members must receive:

(a) Training on their roles and responsibilities before assuming their positions on their respective teams.

(b) Annual training and periodic information on DoD policies and Service FAP headquarters implementing policies and guidance.

(4) **PS 20: IDC QA.** An IDC QA process must be established for monitoring and QA review of IDC decisions in accordance with Service FAP headquarters implementing policies and guidance.

3.3. INSTALLATION RESPONSE TO PSB-CY.

a. FAC.

(1) **PS 21: Multi-Disciplinary Team (MDT).** The FAC will designate an MDT to respond to reports of PSB-CY using a trauma-informed coordinated community response model in accordance with DoD policy and Service FAP headquarters implementing policies and guidance.

(2) **PS 22: Parent Engagement.** The FAC must require that all installation agencies involved in the MDT coordinated community response to PSB-CY implement a trauma-informed parent engagement strategy for all involved children and youth.

b. Coordinated Community Response.

(1) **PS 23: Roles, Functions, and Responsibilities.** The FAC must define the roles, functions, and responsibilities of each member of the MDT coordinated community response to PSB-CY in accordance with DoDI 6400.01, this volume, and Service-specific FAP implementing policies and guidance.

(2) **PS 24: FAP Review of PSB-CY.** Any report or other allegation of PSB-CY that is received by FAP, the installation commander, a law enforcement organization, a child development center, an MTF, or a DoD school operating on the installation or otherwise under DoD administration for the installation shall be reviewed by the installation FAP in accordance with Section 1089 of Public Law 115-232. FAP personnel conducting reviews shall have appropriate training and experience in working with children and youth in accordance with Section 1089 of Public Law 115-232.

(3) **PS 25: MOUs.** The FAC must seek to establish formal MOUs, as appropriate, with counterparts in the local civilian community to improve coordination on trauma-informed child advocacy, assessment, and treatment for all children and youth impacted by PSB-CY.

(4) **PS 26: Collaboration Between Military Installations.** The installation commander must require that installation agencies interface with counterpart agencies on military installations in geographical proximity and on joint bases to ensure coordination and collaboration in providing services to address PSB-CY. Collaboration includes developing MOUs, as appropriate.

(5) **PS 27: FAP Communication with Law Enforcement.**

(a) Within 24 hours, FAP will communicate all reports of PSB-CY to the appropriate law enforcement agency.

(b) Within 24 hours after a trauma-informed assessment of any children or youth involved in PSB-CY, FAP will communicate:

1. All suspected incidents of child abuse and neglect in military families and homes to the appropriate civilian CWS agency and appropriate law enforcement agency in accordance with Section 20341 of Title 34, U.S.C.; Part 81.2 of Title 28, CFR; and PS 10.

2. In accordance with DoDI 6400.01; Section 20341 of Title 34, U.S.C.; and Part 81.2 of Title 28, CFR, all suspected incidents of co-occurring domestic abuse that involve children to the appropriate law enforcement agency for:

a. The safety of all children potentially impacted by PSB-CY and any other children living in the home of the child or youth exhibiting PSB-CY.

b. Safe transit of such child(ren) or youth to appropriate care when the installation is located within the continental United States. When the installation is located outside the continental United States, FAP must initiate procedures for transit to a location of

appropriate care within the United States in accordance with Service FAP headquarters implementing policies and guidance.

c. Ongoing collaborative case management between FAP, relevant courts, and the appropriate CWS agency that may be serving children and youth impacted by PSB-CY.

c. Risk Management.

(1) **PS 28: Primary Managing Authority.** When an installation FAP receives a report of PSB-CY where the impacted child(ren) is at a different location than the exhibiting child(ren), the PMA must be:

(a) The sponsor's installation when the exhibiting child is the dependent of the sponsor, regardless of the dependency status of the impacted child.

(b) The sponsor's installation when the impacted child is the dependent of the sponsor and the exhibiting child is a non-dependent, ineligible to receive treatment in an MTF.

(c) When the impacted child(ren) and exhibiting child(ren) are assigned to different servicing FAPs or are from different Military Services, the PMA is assigned in accordance with Paragraph 3.3.c.(1), and both servicing FAP offices and, if applicable, both Military Services are kept informed of the status of the case, regardless of PMA.

(2) **PS 29: MDT.** In accordance with DoDI 6400.01, the installation MDT designated to respond to PSB-CY coordinates with the installation FAP to monitor ongoing risk and safety factors and communicates any increased levels of risk to appropriate agencies for action.

(3) **PS 30: Risk Monitoring Frequency.** Risk and safety are monitored monthly at minimum by the installation FAP in collaboration with the MDT.

(4) **PS 31: Disclosure of Information in Risk Management.** Protected information collected during FAP referrals, intake, and risk assessments is only disclosed in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

d. Parent Engagement.

(1) **PS 32: Parent Engagement and the MDT.** Parent engagement strategies must include a plan for how each agency involved in the coordinated community response to PSB-CY will engage parents about the agency's specific role and responsibilities and sustain communication with parents throughout the process.

(2) **PS 33: FAP Parent Engagement Strategy.** The installation FAP will develop a parent engagement strategy that is trauma-informed and developmentally aligned, and provides parents with the information and skills they need to support developmentally appropriate sexual behaviors in children and youth. Parent engagement strategies must include offering the following:

- (a) Education on normative sexual behavior.
- (b) Information on indicators that sexual behavior may be problematic.
- (c) Information on additional resources and helping agencies.

3.4. ORGANIZATION AND MANAGEMENT OF FAP.

a. General Organization of FAP.

(1) **PS 34: Establishment of FAP.** The installation commander must establish a FAP to address child abuse and domestic abuse in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance.

(2) **PS 35: Operations Policy.** In accordance with DoDIs 6400.01 and 6400.06, as well as Service FAP headquarters implementing policies and guidance, the installation FAC will establish coordination among the following key agencies interacting with FAP:

- (a) Family center(s).
- (b) Substance abuse prevention and treatment program(s).
- (c) Sexual assault response coordinator.
- (d) Child and youth program(s).
- (e) Program(s) that serve families with special needs.
- (f) Medical treatment facility, including:
 - 1. Mental health and behavioral health personnel.
 - 2. Social services personnel.
 - 3. Dental personnel.
- (g) Law enforcement.
- (h) Military Criminal Investigative Organization.
- (i) Staff judge advocate or servicing legal office.
- (j) Insider Threat Program Manager.
- (k) Chaplain(s).
- (l) DoD Education Activity (DoDEA) school personnel.

(m) Military housing personnel.

(n) Transportation office personnel.

(3) **PS 36: Appointment of an Installation FAPM.** The installation commander or designee must appoint an installation FAPM to implement and manage FAP, in accordance with Service FAP headquarters implementing policy and guidance. The FAPM must direct the development, oversight, coordination, administration, and evaluation of the installation FAP in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance.

(4) **PS 37: Funding.** Funds received for prevention, treatment, counseling, and case management activities for child abuse, domestic abuse, and PSB-CY must be programmed and allocated in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance, and the plan developed under PS 2, described in Paragraph 3.2.a.(2).

(a) Funds that OSD provides for FAP must be used in direct support of the prevention of and response to child abuse, domestic abuse, and PSB-CY, including but not limited to:

1. Management.
2. Staffing.
3. Victim advocate services.
4. Public awareness.
5. Prevention.
6. Training.
7. Intensive risk-focused secondary prevention services.
8. Intervention.
9. Record keeping.
10. Evaluation in accordance with this volume.

(b) Funds that OSD provides for the New Parent Support Program (NPSP) must be used only for secondary prevention activities to support the screening, assessment, and provision of home visitation services to prevent child abuse and neglect in vulnerable families in accordance with DoDI 6400.05.

(5) **PS 38: Other Resources.** FAP services must be housed and equipped in a manner suitable to the delivery of services, including but not limited to:

(a) Adequate telephones.

- (b) Office automation equipment.
- (c) Access to facilities for those with disabilities.
- (d) Access to emergency transport.
- (e) Private offices and rooms available for interviewing and counseling victims, alleged abusers, and other family members in a safe and confidential setting.
- (f) Appropriate equipment for 24-hour accessibility.

b. FAP Personnel.

(1) **PS 39: Personnel Requirements.** The installation commander is responsible for ensuring there is a sufficient number of qualified FAP personnel in accordance with DoDIs 6400.01, 6400.06, and 6400.05, as well as Service-specific FAP implementing policy and guidance. FAP personnel may consist of Service members on active duty, employees of the federal civil service, contractors, volunteers, or a combination of such personnel.

(2) **PS 40: Criminal History Record Check.** All FAP personnel whose duties involve services to children require a criminal history record check in accordance with DoDI 1402.05.

(3) **PS 41: Clinical Staff Qualifications.** All FAP personnel who conduct clinical assessment of, or provide counseling or clinical treatment to, victims of child abuse or domestic abuse, alleged abusers, or their family members must have all of the following qualifications:

(a) A Master of Social Work, Master of Science, Master of Arts, or doctoral-level degree in human service or mental health from an accredited university or college.

(b) The highest licensure by a State regulatory board that authorizes independent clinical practice and is current, valid, and unrestricted.

(c) Two years of experience working in the field of child abuse and domestic abuse.

(d) Clinical privileges or credentialing in accordance with Service FAP headquarters policies.

(4) **PS 42: Additional Clinical Staff Qualifications for PSB-CY.** All FAP personnel who provide direct services to children, youth, and families impacted by PSB-CY must meet the qualifications in PS 41, described in Paragraph 3.4.b.(3), and have or obtain, within 1 year of employment, training in all of the following:

(a) Child and adolescent development.

(b) PSB-CY.

(c) Trauma-informed care.

(5) **PS 43: Pre-licensed Clinical Staff Qualifications.** Pre-licensed clinical staff work under the direct supervision of a FAPM or clinical supervisor who meets the requirements in PS 40 and any applicable requirements for supervision set forth by the state licensing board.

(a) All FAP personnel who provide direct services under the supervision of a FAPM or clinical supervisor must have all of the following qualifications:

1. A Master of Social Work, Master of Science, Master of Arts, or doctoral-level degree in human service or mental health from an accredited university or college.
2. Experience working or serving as a volunteer or intern in the field of child abuse and domestic abuse, or with contemporary social issues involving families.

(b) Pre-licensed clinical staff are responsible for obtaining supervision under an approved supervision plan as required by the state licensing board from which they are seeking licensure, and meet any applicable requirements related to credentialing and privileging in accordance with Service FAP headquarters policies.

(6) **PS 44: Prevention and Education Staff Qualifications.** All FAP personnel who provide prevention and education services must have all of the following qualifications:

(a) A bachelor's degree from an accredited university or college in any of the following disciplines:

1. Social work.
2. Psychology.
3. Marriage and family therapy
4. Child and adolescent counseling.
5. Counseling or behavioral science.
6. Nursing.
7. Education.
8. Community health or public health.

(b) Two years of experience in a public family and children's services agency or family and children's services community organization, 1 year of which is in prevention, intervention, counseling, or treatment of child abuse and domestic abuse.

(c) Supervision by the FAPM or clinical supervisor.

(7) **PS 45: Victim Advocate Staff Qualifications.** All FAP personnel who provide victim advocacy services must have all of the following qualifications:

(a) A bachelor's degree from an accredited university or college in any of the following disciplines:

1. Social work.
2. Psychology.
3. Marriage and family therapy
4. Child and adolescent counseling.
5. Counseling or behavioral science.
6. Criminal justice.

(b) Two years of experience in assisting and providing advocacy services to victims of domestic abuse or sexual assault.

(c) Supervision by the FAPM or clinical supervisor.

(8) **PS 46: Victim Advocate Staff Qualifications for PSB-CY.** All FAP personnel who provide advocacy services to parents or guardians of children and youth impacted by PSB-CY must meet the qualifications in PS 45, described in Paragraph 3.4.b.(7), and have or obtain, within 1 year of employment, training in all of the following:

- (a) Child and adolescent development.
- (b) PSB-CY.
- (c) Trauma-informed care.

(9) **PS 47: Non-clinical Case Manager Staff Qualifications.** Non-clinical case managers work under the direct supervision of the FAPM or clinical supervisor and provide administrative support for clinical case management without any direct service to individuals or families. Non-clinical case managers must have all of the following qualifications:

(a) A bachelor's degree from an accredited university or college in any of the following disciplines:

1. Social work.
2. Psychology.
3. Marriage and family therapy
4. Child and adolescent counseling.
5. Counseling or behavioral science.

6. Criminal justice.

- (b) Two years of experience in providing case management in a clinical environment.

(10) **PS 48: NPSP Staff Qualifications.** All FAP personnel who provide services in the NPSP must have qualifications in accordance with DoDI 6400.05 and be supervised by the FAPM or clinical supervisor.

c. Safety and Home Visits.

(1) **PS 49: Internal and External Duress System Established.** The installation FAPM must establish a system to:

- (a) Identify and manage potentially violent clients.

- (b) Promote the safety of, and reduce the risk of harm to, staff working with clients and to others when inside the office and when conducting official business outside the office.

(2) **PS 50: Protection of Home Visitors.** The installation FAPM must:

- (a) Issue written FAP procedures to minimize risk and maximize personal safety when FAP or NPSP staff perform home visits.

- (b) Require all FAP and NPSP personnel who conduct home visits to be trained in FAP procedures to minimize risk and maximize personal safety before conducting a home visit.

(3) **PS 51: Home Visitors' Reporting of Known or Suspected Child Abuse and Domestic Abuse.** All FAP and NPSP personnel who conduct home visits must report all:

- (a) Known or suspected child abuse in accordance with DoDI 6400.01 and Section 20341 of Title 34, U.S.C.

- (b) Domestic abuse in accordance with DoDI 6400.06 and Service FAP headquarters implementing policies and guidance.

d. Management Information System.

(1) **PS 52: Management Information System Policy.** The installation FAPM must establish procedures for the collection, use, analysis, reporting, and distributing of FAP information in accordance with DoDI 6400.01, DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), Volume 2 of DoDM 6400.01, and Service FAP headquarters implementing policies and guidance. This information must provide accurate and comparable statistics needed for planning, implementing, assessing, and evaluating the installation coordinated community response to child abuse and domestic abuse.

(2) **PS 53: Reporting of Statistics.** FAP reports statistics annually to the Service FAP headquarters, including the accurate and timely reporting of FAP metrics as required by the

DASD(MC&FP) in accordance with DoDI 6400.01, Volume 2 of DoDM 6400.01, and Service FAP headquarters implementing policies and guidance.

3.5. PUBLIC AWARENESS, PREVENTION, NPSP, AND TRAINING.

a. Public Awareness Activities.

(1) **PS 54: Implementation of Public Awareness Activities in the Coordinated Community Response and Risk Management Plan.** FAP will conduct public awareness activities that:

- (a) Highlight community strengths.
- (b) Promote FAP core concepts and messages.
- (c) Advertise specific services.
- (d) Use appropriate available techniques to reach out to the military community, especially to military families who reside outside of the military installation.
- (e) Are customized to the local population and its needs.

(2) **PS 55: Collaboration to Increase Public Awareness of Child Abuse and Domestic Abuse.** FAP partners and collaborates with other military and civilian organizations to conduct public awareness activities.

(3) **PS 56: Components of Public Awareness Activities.** Installation public awareness activities promote community awareness of:

(a) Protective factors that promote and sustain healthy parent and child relationships, such as:

- 1. The importance of nurturing and attachment in the development of young children.
- 2. Infant, childhood, and teen development.
- 3. Programs, strategies, and opportunities to build parental resilience.
- 4. Opportunities for social connections and mutual support.
- 5. Programs and strategies to facilitate children's social and emotional development.
- 6. Information about access to community resources in times of need.

(b) The dynamics of risk factors for different types of child abuse and domestic abuse, including information for teenage family members on teen dating violence.

- (c) Developmentally appropriate supervision of children.
- (d) Creating safe sleep environments for infants.
- (e) How incidents of suspected child abuse should be reported in accordance with DoDIs 6400.01, 6400.03, and 6400.06; Section 20341 of Title 34, U.S.C.; Part 81.2 of Title 28, CFR; and Service FAP headquarters implementing policies and guidance.
- (f) The availability of domestic abuse victim advocates.
- (g) Hotlines and crisis lines that provide 24/7 support to families in crisis.
- (h) How victims of domestic abuse may make restricted reports of incidents of domestic abuse in accordance with DoDI 6400.06.
- (i) The availability of FAP clinical assessment, counseling, and treatment.
- (j) The availability of NPSP home visitation services.
- (k) The availability of transitional compensation for victims of child abuse and domestic abuse in accordance with DoDI 1342.24 and Service FAP headquarters implementing policies and guidance.

b. Prevention Activities.

(1) **PS 57: Implementation of Prevention Activities in the Coordinated Community Response and Risk Management Plan.** FAP implements coordinated child abuse and domestic abuse primary and secondary prevention activities identified in the annual plan formed in accordance with PS 2 in Paragraph 3.2.a.(2).

(2) **PS 58: Collaboration for Prevention of Child Abuse and Domestic Abuse.** FAP collaborates with other military and civilian organizations to implement primary and secondary child abuse and domestic abuse prevention activities, and to provide other services that are available on a voluntary basis, to all persons eligible for services in a military medical treatment facility.

(3) **PS 59: Primary Prevention Activities.** Primary prevention activities include, but are not limited to:

(a) Information, classes, and non-medical counseling as defined in the Glossary to assist Service members and their family members in:

1. Strengthening their interpersonal relationships and marriages.
2. Building their parenting skills.
3. Adapting successfully to military life.

(b) Proactive outreach to identify and engage families during pre-deployment, deployment, and reintegration timeframes to decrease the negative effects of deployment and other military operations on parenting and family dynamics.

(c) Family strengthening programs and activities that:

1. Facilitate social connections and mutual support.
2. Link families to services and opportunities for growth.
3. Promote children's social and emotional development.
4. Promote safe, stable, and nurturing relationships.
5. Encourage parental involvement.

(4) **PS 60: Identification of Populations for Secondary Prevention Activities.** FAP identifies populations at higher risk for child abuse or domestic abuse from a review of:

- (a) Relevant research findings.
- (b) One or more relevant needs assessments in the locality.
- (c) Data from unit deployments and returns from deployment.
- (d) Data of expectant parents and parents of children 3 years of age or younger.
- (e) Lessons learned from Service FAP headquarters and local fatality reviews.
- (f) Feedback from the FAC, the IDC, and the command.

(5) **PS 61: Secondary Prevention Activities.**

(a) FAP implements secondary prevention activities that:

1. Are results-oriented, trauma-informed, and evidence-supported.
2. Stress the positive benefits of seeking help.
3. Promote available resources to build and sustain protective factors for healthy family relationships.
4. Reduce risk factors for child abuse or domestic abuse.

(b) Such activities include, but are not limited to:

1. Educational classes and counseling to assist Service members and their family members with troubled interpersonal relationships and marriages in improving their interpersonal relationships and marriages.

2. The NPSP, in accordance with DoDI 6400.05 and Service FAP headquarters implementing policies and guidance.

3. Educational classes and counseling to help improve the parenting skills of Service members and their family members who experience parenting problems.

4. Health care screening for signs of domestic abuse.

5. Referrals to essential services, supports, and resources when needed.

c. NPSP.

(1) **PS 62: Referrals to NPSP.** The installation FAPM issues local procedures through which expectant parents and parents with children ages birth to 3 years may self-refer to the NPSP or be encouraged to participate by a health care provider, the commander of an active duty Service member parent or expectant parent, the staff of a family support program, or community professionals.

(2) **PS 63: Informed Consent for NPSP.** In accordance with DoDIs 6400.01 and 6400.05, as well as Service FAP headquarters implementing policies and guidance, the FAPM issues local procedures that parents who ask to participate in the NPSP provide informed consent.

(3) **PS 64: Eligibility for NPSP.** Contingent upon adequate staffing and other fiscal capabilities, the installation FAPM prioritizes NPSP intensive home visiting services on a voluntary basis to expectant parents and parents with children ages 0 to 3 years who:

(a) Are eligible to receive services in an MTF.

(b) Have been assessed by NPSP staff as:

1. At-risk for child abuse or domestic abuse.

2. Displaying some indicators of high risk for child abuse or domestic abuse but whose overall assessment does not place them in the at-risk category.

3. Previous recipients of NPSP services for a report to FAP for an incident of abuse of a child age 0 to 3 years in their care.

(4) **PS 65: Review of NPSP Screening.** Results of NPSP screening are reviewed within 3 business days of completion. If the screening indicates potential for risk, parents are invited to participate in further assessment by a NPSP home visitor using standardized, in-depth measurements as prescribed in Service FAP headquarters implementing policies and guidance.

(5) **PS 66: NPSP Services.** The NPSP offers expectant parents and parents with children ages 0 to 3 years who are eligible for the NPSP access to intensive home visiting services that:

(a) Are sensitive to cultural attitudes and practices, to include the need for interpreter or translation services.

(b) Are based on a comprehensive assessment of research-based protective and risk factors.

(c) Emphasize developmentally appropriate parenting skills that build on the strengths of the parent(s).

(d) Support the dual roles of the parent(s) as Service member(s) and parent(s).

(e) Promote the involvement of both parents when applicable.

(f) Decrease any negative effects of deployment and other military operations on parenting.

(g) Provide education to parent(s) on how to adapt to parenthood, children's developmental milestones, age-appropriate expectations for their child's development, parent-child communication skills, parenting skills, and effective discipline techniques.

(h) Empower parents to seek support and take steps to build proactive coping strategies in all domains of family life.

(i) Provide referral to additional community resources to meet identified needs.

(6) **PS 67: NPSP Protocol.** The installation FAPM requires NPSP personnel to implement Service FAP headquarters protocol for NPSP services, which includes the NPSP intervention plan with clearly measurable goals. Such goals are based on needs identified by standardized screening instruments, assessment tools, the NPSP staff member's assessment, and active input from the family.

(7) **PS 68: Frequency of NPSP Home Visits.** NPSP personnel exercise professional judgment in determining the frequency of home visits based on the assessment of the family but make a minimum of two home visits to each family per month. If at least two home visits are not provided to a high-risk family enrolled in the program, NPSP personnel will document what circumstance(s) occurred to preclude twice monthly home visits and what services or contacts were provided instead.

(8) **PS 69: Continuing NPSP Risk Assessment.** The installation FAPM requires NPSP personnel to assess risk and protective factors impacting parents receiving NPSP home visitation services on an ongoing basis to continuously monitor progress toward intervention goals.

(9) **PS 70: Opening, Transferring, or Closing NPSP Cases.** NPSP home visitors open, transfer, or close cases in accordance with Service FAP headquarters implementing policy and guidance.

(10) **PS 71: Disclosure of Information in NPSP Cases.** Information gathered during NPSP screening, assessments, and in the provision of supportive services, counseling, or

treatment is only disclosed in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

d. Training.

(1) **PS 72: Implementation of Training Requirements.** FAP implements coordinated training activities for commanders, senior enlisted advisors, Service members and their family members, DoD civilians, and contractors.

(2) **PS 73: Training for Commanders and Senior Enlisted Advisors.** The installation commander or senior mission commander must require that qualified FAP trainers, defined in accordance with Service FAP headquarters implementing policies and guidance, provide training on the prevention of, and response to, child abuse and domestic abuse to:

- (a) Commanders within 90 days of assuming command.
- (b) Noncommissioned officers who are senior enlisted advisors annually.

(3) **PS 74: Training for Other Installation Personnel.** Qualified FAP trainers, defined in accordance with Service FAP headquarters implementing policies and guidance, conduct training (or help provide subject matter experts who conduct training) on child abuse and domestic abuse in the military community to installation:

- (a) Law enforcement and investigative personnel.
- (b) Health care personnel.
- (c) Sexual assault prevention and response personnel.
- (d) Chaplains.
- (e) Personnel in DoDEA schools.
- (f) Personnel in child development centers.
- (g) Family home care providers.
- (h) Personnel and volunteers in youth programs.
- (i) Family center personnel.
- (j) Service members.

(4) **PS 75: Content of Training.** FAP training for personnel, in accordance with PS 73 and PS 74 in Paragraphs 3.5.d.(2) and (3), includes:

- (a) Research-supported protective factors that promote and sustain healthy family relationships.

(b) Risk factors for, and the dynamics of, child abuse and domestic abuse.

(c) Requirements and procedures for reporting child abuse in accordance with DoDIs 6400.01 and 6400.03; Section 20341 of Title 34, U.S.C.; and Part 81.2 of Title 28, CFR.

(d) The availability of domestic abuse victim advocates and their response to restricted and unrestricted reports of incidents of domestic abuse in accordance with DoDI 6400.06.

(e) The dynamics of domestic abuse, reporting options, safety planning, and response unique to the military culture that establishes and supports competence in performing core victim advocacy duties.

(f) Roles and responsibilities of FAP and the command under the installation's coordinated community response to a report of child abuse or unrestricted domestic abuse, including:

1. The response to a report of child sexual abuse in a DoD-sanctioned child or youth activity in accordance with DoDIs 6400.01 and 1342.24, or domestic abuse incident.

2. Actions that may be taken to protect the victim in accordance with DoDIs 6400.01 and 6400.06.

(g) Available resources on and off the installation that promote protective factors and support families at risk before abuse occurs.

(h) Procedures for the management of child abuse and domestic abuse incidents that happen before a Service member is deployed, in accordance with PS 16 in Paragraph 3.2.c.(5).

(i) The availability of transitional compensation for victims of child abuse and domestic abuse in accordance with DoDI 1342.24 and Service FAP headquarters implementing policies and guidance.

(5) [PS 76: Additional FAP Training for NPSP Personnel](#). The installation FAPM requires that all personnel offering NPSP services are trained in accordance with DoDI 6400.05 and PS 74 in Paragraph 3.5.d.(4).

(6) [PS 77: Additional FAP Training for Members of the Installation Multi-Disciplinary Team Designated to Respond to PSB-CY](#). The installation FAPM requires that all members, including principals of DoDEA schools and directors of DoD-sanctioned activities, are trained in PSB-CY prior to participating on the MDT.

3.6. FAP RESPONSE TO INCIDENTS OF CHILD ABUSE OR DOMESTIC ABUSE.

a. Reports of Child Abuse.

(1) **PS 78: Responsibilities in Responding to Reports of Child Abuse.** In accordance with DoDI 6400.01 and Service FAP headquarters implementing policy and guidance, the installation commander monitors compliance with the specified role and responsibility of each member of the multi-disciplinary coordinated community response when responding to reports of:

(a) Suspected incidents of child abuse in accordance with DoDI 6400.01; Section 20341 of Title 34, U.S.C.; Part 81.2 of Title 28, CFR; Service FAP headquarters implementing policies and guidance, other federal and State laws, and applicable status-of-forces agreements.

(b) Suspected incidents of child abuse involving students, ages 3 to 18 years, enrolled in a DoDEA school, or any children participating in DoD-sanctioned child or youth activities or programs.

(c) Suspected incidents of the sexual abuse of a child in DoD-sanctioned child or youth activities or programs that must be reported to the DASD(MC&FP) in accordance with DoDI 6400.03 and Service FAP headquarters implementing policies and guidance.

(d) Suspected incidents involving fatalities or serious injuries involving child abuse that must be reported to OSD FAP in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance.

(2) **PS 79: Responsibilities During Emergency Removal of a Child From the Home.**

(a) When responding to reports of child abuse, FAP complies with DoDI 6400.01, Service-specific FAP implementing policy and guidance, and installation policies, procedures, and criteria in accordance with PS 11 in Paragraph 3.2.b.(8) during emergency removal of a child from the home.

(b) FAP:

1. Provides ongoing and direct case management and coordination of care of children placed in foster care in collaboration with CWS and foster care agencies.

2. Will not close the FAP case until a permanent plan for all involved children is in place.

(3) **PS 80: Coordination with Other Authorities to Protect Children.** FAP coordinates with the appropriate law enforcement agencies, Military Criminal Investigative Organizations, and CWS agencies in response to reports of child abuse incidents in accordance with DoDI 6400.01; Section 20341 of Title 34, U.S.C.; Part 81.2 of Title 28, CFR; Volume 2 of DoDM 6400.01; and appropriate MOUs in accordance with PS 5 in Paragraph 3.2.b.(2).

(4) **PS 81: Responsibilities in Responding to Reports of Child Abuse Involving Infants and Toddlers from Birth to Age 3 Years.** FAP delivers services and support in a developmentally appropriate manner to infants, toddlers, and their families to meet the social and emotional needs of this vulnerable population.

(a) FAP makes a direct referral to the servicing early intervention agency, such as the educational and developmental intervention services where available, for infants and toddlers from birth to 3 years of age who are involved in an incident of child abuse in accordance with DoDI 1342.12.

(b) FAP provides ongoing and direct case management services to families and their infants and toddlers placed in foster care or other out-of-home placements to ensure the unique developmental, physical, social-emotional, and mental health needs of such families are addressed in CWS agency-initiated care plans.

(5) PS 82: Assistance in Responding to Reports of Multiple Victim Child Sexual Abuse in DoD Sanctioned Activities and PSB-CY Occurring on Military Installations.

(a) The installation FAPM assists the installation commander in assessing the need for and implementing procedures for requesting deployment of a DoD family advocacy command assistance team (FACAT) in cases of multiple-victim child sexual abuse occurring in DoD-sanctioned or operated activities or PSB-CY occurring on military installations, in accordance with DoDI 6400.03 and Service FAP headquarters implementing policies and guidance.

(b) The installation FAPM acts as the installation coordinator for the FACAT before it arrives to the installation.

b. PS 83: Responsibilities in Responding to Reports of Domestic Abuse. Installation procedures for responding to unrestricted and restricted reports of domestic abuse are established in accordance with DoDI 6400.06 and Service FAP headquarters implementing policies and guidance.

c. Informed Consent.

(1) **PS 84: Informed Consent for FAP Clinical Assessment, Intervention Services, and Supportive Services, Counseling, or Clinical Treatment.** Every person referred for FAP clinical intervention and supportive services must give informed consent for such assessment or services. Clients are considered voluntary, non-mandated recipients of services except when the person is:

- (a) Issued a lawful order by a military commander to participate.
- (b) Ordered by a court of competent jurisdiction to participate.
- (c) A child, and the parent or legal guardian has authorized such assessment or services.

(2) **PS 85: Documentation of Informed Consent.** FAP staff document when a person gives informed consent in the FAP case record, in accordance with DoDI 6400.06 and Service FAP headquarters implementing policies and guidance.

(3) **PS 86: Privileged Communication.** Every person referred for FAP clinical intervention and support services is informed of their right to assert privilege with respect to

communications with specified service providers as expressed in Military Rules of Evidence Rules 513 and 514.

(4) **PS 87: FAP Clients Receiving FAP Clinical Services in the MTF.** Patients have the right to be informed in advance of making a sensitive disclosure during a health care encounter that in certain circumstances a health care provider is mandated to make a notification to an individual, agency, or service, without requiring the patient's permission or consent. For example, types of sensitive disclosures that may lead to notification include, but are not limited to, reports of sexual assault or harassment, domestic violence, substance misuse or abuse, or intent to harm self or others.

d. Clinical Case Management and Risk Management.

(1) **PS 88: FAP Case Manager.** A clinical service provider is assigned to each FAP referral immediately when the case enters the FAP system in accordance with Service FAP headquarters implementing policies and guidance.

(2) **PS 89: Initial Risk Monitoring.** FAP monitoring of the risk of further abuse begins when the report of suspected child abuse or domestic abuse is received and continues through the initial clinical assessment. The FAP case manager:

(a) Requests information from a variety of sources, in addition to the victim and the abuser (whether alleged or adjudicated), to identify additional risk factors and to clarify the context of the use of any violence.

(b) Ascertains the level of risk and the risk of lethality using standardized instruments in accordance with DoDIs 6400.01 and 6400.06, as well as Service FAP headquarters implementing policies and guidance.

(3) PS 90: Ongoing Risk Assessment.

(a) FAP risk assessment activities are conducted from the clinical assessment until the case closes:

1. During each contact with the victim;
2. During each contact with the abuser (whether alleged or adjudicated);
3. Whenever the abuser is alleged to have committed a new incident of child abuse or domestic abuse;
4. During significant transition periods for the victim or abuser;
5. When destabilizing events for the victim or abuser occur; or
6. When any clinically relevant issues are uncovered during clinical intervention services.

(b) The FAP case manager monitors risk at least quarterly when civilian agencies provide clinical intervention services or CWS through MOUs with such agencies.

(c) The FAP case manager monitors risk at least monthly when the case is high risk or involves serious child neglect or child sexual abuse.

(4) **PS 91: Communication of Increased Risk.** The FAPM communicates increases in risk to the appropriate commander(s), law enforcement, or civilian officials for the purposes of updating safety plans and notifying the individual targets of any threats. FAP clinical staff assess whether the increased risk requires the victim or the victim advocate to review the victim's safety plan urgently.

e. Clinical Assessment.

(1) **PS 92: Clinical Assessment Policy.** In accordance with DoDI 6400.01, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance, the installation FAPM establishes procedures for the prompt clinical assessment of victims, abusers (whether alleged or adjudicated), and other family members who are eligible to receive treatment in an MTF, following reports of child abuse and unrestricted reports of domestic abuse, including:

(a) Methods for prioritizing assessments based on the severity of the alleged abuse and further risk of child abuse or domestic abuse.

(b) Developmentally appropriate clinical tools and measures to be used, including those that take into account relevant cultural attitudes and practices.

(c) Timelines for FAP staff to complete the assessment of an alleged abuse incident.

(2) **PS 93: Gathering and Disclosure of Information.** Service members who conduct clinical assessments and provide clinical services to Service member abusers (whether alleged or adjudicated) must adhere to Service policies with respect to advisement of rights in accordance with Chapter 47 of Title 10, U.S.C., also known and referred to in this issuance as "The Uniform Code of Military Justice." Clinical service providers must also seek guidance from the servicing legal office when a question of applicability arises. Before obtaining information about and from the person being assessed, FAP staff fully discuss with such person:

(a) The nature of the information that is being sought.

(b) The sources from which such information will be sought.

(c) The reason(s) why the information is being sought.

(d) The circumstances in which the information may be released to others in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

(e) The procedures for requesting the person's authorization for release of information in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

(f) The procedures where a person may request access to his or her record in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

(3) **PS 94: Components of Clinical Assessment.** In accordance with PS 88 in Paragraph 3.6.e.(1), a FAP clinical service provider conducts a clinical assessment of each victim, abuser (whether alleged or adjudicated), and other family member who is eligible for treatment in a military medical treatment facility, including:

- (a) An interview.
- (b) A review of pertinent records.
- (c) A review of information obtained from collateral contacts, including, but not limited to, medical providers, schools, child development centers, and youth programs.
- (d) A psychosocial assessment, including developmentally appropriate assessment tools for infants, toddlers, and children.
- (e) An assessment of the basic health, developmental, safety, and special and mental health needs of infants and toddlers.
- (f) An assessment of the presence and balance of risk and protective factors.
- (g) A safety assessment.
- (h) A lethality assessment.

(4) **PS 95: Ethical Conduct in Clinical Assessments.** When conducting FAP clinical assessments, FAP staff treat those being clinically assessed with respect, fairness, and in accordance with professional ethics.

f. Intervention Strategy and Treatment Plan.

(1) **PS 96: Intervention Strategy and Treatment Plan for the Alleged Abuser.** The FAP case manager prepares an appropriate intervention strategy based on the clinical assessment for every abuser (whether alleged or adjudicated) who is eligible to receive treatment in an MTF and for whom a FAP case is opened. The intervention strategy documents the client's goals for self and the level of client involvement in developing the treatment goals and recommends appropriate:

- (a) Actions that may be taken by appropriate authorities under the coordinated community response, including safety and protective measures, to reduce the risk of another act

of child abuse or domestic abuse, and assignments of responsibilities for carrying out such actions.

(b) Intervention strategies based on the clinical assessment that may assist the abuser (whether alleged or adjudicated) in ending his or her abusive behavior.

(c) Actions that may be taken by appropriate authorities to assess and monitor the risk of recurrence.

(2) **PS 97: Commanders' Access to Relevant Information for Disposition of Allegations.** FAP provides commanders and senior enlisted personnel timely access to relevant information on child abuse incidents and unrestricted reports of domestic abuse incidents to support appropriate disposition of allegations. Relevant information includes:

(a) The intervention goals and activities described by PS 96 in Paragraph 3.6.f.(1).

(b) The alleged abuser's prognosis for rehabilitation, as determined from a clinical assessment.

(c) The extent to which the alleged abuser accepts responsibility for his or her behavior and expresses a genuine desire for change, provided that such information from the alleged abuser was obtained in accordance with Article 31 of the Uniform Code of Military Justice.

(d) Status of any child taken into protective custody.

(e) Other factors considered appropriate for the command, including the results of any previous intervention with the alleged abuser for child abuse or domestic abuse and his or her compliance with the previous intervention or treatment plan, and the estimated time the alleged abuser will be required to be away from military duties to fulfill intervention or treatment commitments.

(3) **PS 98: Supportive Services Plan for the Victim and Other Family Members.** The FAP case manager prepares a plan for appropriate supportive services, counseling, or clinical treatment, based on clinical assessments, for every victim or family member who is eligible to receive treatment in an MTF, who expresses a desire for FAP services, and for whom a FAP case is opened. The plan recommends appropriate counseling or treatment modalities or support services, in accordance with DoDIs 6400.01, 6400.05, and Service FAP headquarters implementing policies and guidance.

(4) **PS 99: Clinical Consultation.** All FAP clinical assessments and intervention or treatment plans for persons in incidents of child abuse or domestic abuse are reviewed in the clinical case staff meeting (CCSM), in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service-specific FAP policies and guidance.

g. Intervention and Treatment Services.

(1) **PS 100: Intervention Services for Abusers.** Appropriate intervention services for an abuser (whether alleged or adjudicated) who is eligible to receive treatment in an MTF are available either from FAP or from contractors or civilian services providers, including:

- (a) Psycho-educationally based programs and services.
- (b) Supportive services that may include financial counseling and spiritual support.
- (c) Clinical intervention specifically designed to address risk and protective factors and dynamics associated with child abuse or domestic abuse.
- (d) Trauma-informed clinical treatment, when appropriate.

(2) **PS 101: Supportive Services, Counseling, or Treatment for Victims Who Are Eligible to Receive Treatment in an MTF.** Appropriate supportive services, counseling, and treatment are available either from FAP or from other military agencies, contractors, or civilian services providers, including:

- (a) Immediate and ongoing domestic abuse victim advocacy services, available 24 hours per day through personal or telephone contact, in accordance with DoDI 6400.06 and Service FAP headquarters implementing policies and guidance.
- (b) Supportive services that may include financial counseling and spiritual support.
- (c) Psycho-educationally based programs and services.
- (d) Appropriate trauma-informed clinical intervention specifically designed to address risk and protective factors and dynamics associated with child abuse or domestic abuse victimization.
- (e) Supportive services, information and referral, safety planning, counseling, and treatment (when appropriate) for child victims and their family members of abuse by non-caretaking alleged abusers.

(3) **PS 102: Supportive Services for Victims or Alleged Abusers Who Are Not Eligible to Receive Treatment in an MTF.** Victims must receive initial safety-planning services only and must be referred to civilian support services for all follow-on care. Alleged abusers must receive referrals to appropriate civilian intervention or treatment programs.

(4) **PS 103: Ethical Conduct in Supportive Services, Counseling, and Treatment for Abusers and Victims.** When providing FAP supportive services, counseling, and treatment, FAP staff treat those receiving such services with respect, fairness, and in accordance with professional ethics.

(5) **PS 104: CCSM Review of Counseling or Treatment Progress.** Counseling or treatment progress and the results of the latest risk assessment are reviewed periodically in the CCSM in accordance with DoDI 6400.01.

(a) Cases involving child sexual abuse, high risk for violence or injury, or chronic child neglect, as well as foster care placement and civilian court-involved child abuse cases, are reviewed monthly in the CCSM.

(b) All other cases are reviewed at least quarterly in the CCSM.

(c) Cases must be reviewed within 30 days of any significant event or a pending significant event that would impact care, including, but not limited to:

1. A subsequent maltreatment incident;
2. Geographic move;
3. Deployment;
4. Pending separation from the Military Service; or
5. Retirement.

(6) **PS 105: Continuity of Services.** The FAP case manager establishes continuity of services before the transfer or referral of open child abuse or domestic abuse cases to other service providers:

(a) At the same installation or other installations of the same Service FAP headquarters.

(b) At installations of other Service FAP headquarters.

(c) In the civilian community.

(d) In CWS agencies in the civilian community.

h. Termination and Case Closure.

(1) **PS 106: Criteria for Case Closure.** FAP services are terminated and the case is closed when intervention or treatment provided to the abuser (whether alleged or adjudicated) is terminated and counseling, treatment, or supportive services provided to the victim are terminated.

(a) Intervention or treatment provided to the abuser(s) (whether alleged or adjudicated) is terminated only if either:

1. The CCSM discussion produced a consensus that clinical objectives have been substantially met and the results of a current risk assessment indicate that the risk of additional abuse and risk of lethality have declined; or

2. The CCSM discussion produced a consensus that clinical objectives have not been met due to:

a. Noncompliance of such abuser(s) with the requirements of the intervention or treatment program.

b. Unwillingness of such abuser(s) to make changes in behavior that would result in intervention or treatment progress.

(b) Supportive services, counseling, or treatment provided to the victim are terminated only if either:

1. The CCSM discussion produced a consensus that clinical objectives have been substantially met; or

2. The victim declines further FAP supportive services.

(2) **PS 107: Communication of Case Closure.** Upon closure of the case, FAP notifies:

(a) The abuser (whether alleged or adjudicated), victim, and in a child abuse case, the non-abusing parent or legal guardian.

(b) The commander of an active duty victim or abuser (whether alleged or adjudicated).

(c) Any appropriate civilian court currently exercising jurisdiction over the abuser (whether alleged or adjudicated) or, in a child abuse case, over the child.

(d) A CWS agency currently exercising protective authority over a child victim.

(e) The NPSP, if the family has been currently receiving NPSP intensive home visiting services.

(f) The domestic abuse victim advocate if the victim has been receiving victim advocacy services.

(3) **PS 108: Disclosure of Information.** Information gathered during FAP clinical assessments and during treatment, counseling, or supportive services is only disclosed in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

3.7. FAP RESPONSE TO INCIDENTS OF PSB-CY.

a. Responsibilities in Responding to Reports of PSB-CY.

(1) **PS 109: Roles and Responsibilities on the MDT.** The FAC defines the roles, functions, and responsibilities of the MDT, with the FAPM serving as either chair or co-chair, in accordance with PS 23 in Paragraph 3.3.b.(1) of this volume.

(2) **PS 110: Activation of the MDT.** In coordination with MDT members, the FAPM will establish procedures for the activation of the installation MDT designated to respond to

PSB-CY on receipt of a referral in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance.

b. Informed Consent.

(1) **PS 111: Informed Consent for FAP Clinical Assessment, Intervention Services, and Supportive Services, Counseling, or Clinical Treatment.** Parental consent, or consent by a child's non-parent legal guardian, if applicable, must be obtained for every child referred for FAP assessment, clinical intervention, and supportive services for such assessment or services. Clients are considered voluntary, non-mandated recipients of services except when the individual is:

- (a) A child, and the parent or legal guardian has authorized such assessment or services.
- (b) Ordered by a court of competent jurisdiction to participate.
- (c) A military child or youth exhibiting PSB-CY who may also be a victim of co-occurring child abuse or exposed to domestic abuse or exhibiting potential for harm to other children in the home.

(2) **PS 112: Documentation of Informed Consent.** FAP staff document when the parent or non-parent legal guardian gives informed consent in the FAP case record, in accordance with the Service FAP headquarters implementing policies and guidance.

(3) **PS 113: Privileged Communication.** When applicable, those referred for FAP clinical intervention and support services are informed of their right to assert privilege with respect to communications with specified service providers as expressed in Military Rules of Evidence Rules 513 and 514.

c. Clinical Case Management and Risk Management.

(1) **PS 114: FAP Case Management.** A clinical service provider is assigned to each FAP referral immediately when the case enters the FAP system in accordance with Service FAP headquarters implementing policies and guidance.

(2) **PS 115: Initial Risk Monitoring.** The installation MDT initiates monitoring risk of further PSB-CY on receipt of the report. The FAP case manager provides the MDT with available information from a variety of sources, to include the referral source, any children or youth impacted, and their family members, in order to identify additional risk factors, to clarify the context of the behavior, and to ascertain the need for safety planning.

(3) **PS 116: Ongoing Risk Monitoring.** The FAP case manager monitors risk at least:

- (a) Monthly, through meetings of the CCSM, for all children and youth impacted by PSB-CY. Any increase in risk must be communicated immediately to the MDT.

(b) Quarterly, through meetings of the MDT, when civilian agencies provide the clinical intervention services or CWS through MOUs with such agencies.

(4) **PS 117: Communication of Increased Risk.** The FAPM communicates increases in risk to the appropriate military and civilian law enforcement or CWS agency.

d. Clinical Assessment.

(1) **PS 118: Clinical Assessment Policy.** In accordance with Service FAP headquarters implementing policies and guidance, the installation FAPM establishes procedures for the clinical assessment of any child or youth exhibiting or impacted by PSB-CY and other family members who are eligible to receive treatment in an MTF, including:

(a) Developmentally appropriate clinical tools and measures to use, including those that take into account relevant cultural attitudes and practices.

(b) Procedures for communication with the referral source, other members of the MDT, and any involved or relevant civilian agencies, as appropriate.

(2) **PS 119: Components of Clinical Assessment.** In accordance with PS 92 in Paragraph 3.6.e.(1), a FAP clinical service provider conducts a trauma-informed clinical assessment of any child or youth exhibiting or impacted by PSB-CY and other family members who are eligible for treatment in an MTF, including:

(a) A biopsychosocial assessment, including developmentally appropriate assessment tools for children and youth, specific to PSB-CY.

(b) A review of information obtained from the referral source and any relevant collateral contacts, including but not limited to law enforcement, medical providers, schools, child development centers, and youth programs.

(c) An assessment to determine whether any credible information exists to indicate co-occurring child abuse or domestic abuse.

(d) An assessment of the presence and balance of risk and protective factors.

(e) A safety assessment.

(3) **PS 120: Referral to Civilian Provider for Clinical Assessment.** In the absence of adequately trained FAP clinical service providers to conduct a trauma-informed clinical assessment, the FAPM will coordinate an appropriate referral for assessment in the civilian community.

(4) **PS 121: Ethical Conduct in Clinical Assessments.** When conducting FAP clinical assessments, FAP staff must treat those being clinically assessed with respect, fairness, and in accordance with professional ethics.

e. PS 122: Intervention and Safety Plan. The FAP case manager, in coordination with the MDT, prepares an appropriate intervention and safety plan based on the clinical assessment of any child or youth exhibiting PSB-CY who is eligible to receive treatment in a MTF. The intervention and safety plan documents and recommends appropriate:

(1) Actions that may be taken by appropriate authorities in the MDT coordinated community response, including safety and protective measures, to reduce the risk of another act of PSB-CY, and the assignment of responsibilities for carrying out such actions.

(2) Evidence-based treatment modalities based on the clinical assessment that may assist the child or youth exhibiting PSB-CY in changing his or her behavior.

(3) Actions that may be taken by appropriate authorities to assess and monitor the effectiveness of the safety plan.

f. Intervention and Treatment.

(1) **PS 123: Intervention Services for Children and Youth Exhibiting PSB-CY Who Are Eligible to Receive Treatment in an MTF.** The FAP case manager identifies and offers intervention services available either from FAP or from other military agencies, contractors, or civilian service providers for a child or youth exhibiting PSB-CY. Intervention services may include:

(a) Evidence-based clinical treatment specifically designed to address risk and protective factors and dynamics associated with PSB-CY.

(b) Referral to clinical evaluation or treatment for co-occurring behavioral health concerns.

(c) Referral to the installation exceptional family member program-family support office for co-occurring developmental issues.

(2) **PS 124: Supportive Services for Parents and Other Caregivers Who Are Eligible to Receive Treatment in an MTF.** The FAP case manager offers appropriate trauma-informed, developmentally-attuned support and intervention services that are available either from FAP or from other military agencies, contractors, or civilian service providers. Supportive services may include:

(a) Information and referral to behavioral health resources for family members.

(b) Non-medical counseling.

(3) **PS 125: Supportive Services or Treatment for Children Impacted by PSB-CY Who Are Eligible to Receive Treatment in an MTF.** The FAP case manager offers appropriate trauma-informed, developmentally-attuned supportive services or evidence-based treatment available either from the FAP or from other military agencies, contractors, or civilian service providers. Supportive services or treatment may include:

(a) Clinical assessment and treatment specifically designed to address risk and protective factors and dynamics associated with child trauma.

(b) Non-medical counseling.

(4) **PS 126: Supportive Services for Children Who Are Not Eligible to Receive Treatment in an MTF.** Impacted children will receive initial safety-planning services only and will be referred to civilian support services for all follow-on care. Children exhibiting PSB-CY will receive referrals to appropriate civilian intervention or treatment programs.

(5) **PS 127: Ethical Conduct in Supportive Services, Counseling, and Treatment for Children.** When providing FAP supportive services, counseling, or treatment, FAP staff must treat those receiving such services with respect, fairness, and in accordance with professional ethics

(6) **PS 128: Continuity of Services.** The FAP case manager establishes continuity of services before the transfer or referral of a case involving PSB-CY to other service providers:

(a) At the same installation or other installations of the same Service FAP headquarters.

(b) At installations of other Service FAP headquarters.

(c) In the civilian community.

(d) In CWS agencies.

g. Termination and Case Closure.

(1) **PS 129: Criteria for Case Closure.** FAP services are terminated and the case is closed when intervention or treatment provided to the child or youth exhibiting PSB-CY is completed or discontinued for any reason and treatment, counseling, or supportive services (if elected) provided to the impacted child are completed or discontinued for any reason.

(2) **PS 130: Communication of Case Closure.** On closure of the case, FAP notifies:

(a) The MDT designated to respond to PSB-CY.

(b) Through the MDT, any appropriate civilian court currently exercising jurisdiction over a child or youth who has engaged in PSB-CY (whether alleged or adjudicated).

(c) Any civilian CWS agency currently exercising protective authority over any involved children or youth.

(d) The parent(s) or legal guardian(s) of any child or youth involved in the incident, as appropriate.

(3) **PS 131: Disclosure of Information.** Information gathered during FAP clinical assessments and during treatment, counseling, or supportive services is only disclosed in

accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

3.8. DOCUMENTATION AND RECORDS MANAGEMENT.

a. Documentation of NPSP Cases.

(1) **PS 132: NPSP Case Record Documentation.** For every client screened for NPSP services, NPSP personnel must document in accordance with Service FAP headquarters implementing policies and guidance, at a minimum:

- (a) The informed consent of the parents based on the services offered.
- (b) The results of the initial screening for risk and protective factors and, if the risk was high, document:
 1. The assessment(s) conducted.
 2. The plan for services and goals for the parents.
 3. The services provided and whether suspected child abuse or domestic abuse was reported.
 4. The parents' progress toward their goals at the time NPSP services ended.

(2) **PS 133: Maintenance, Storage, and Security of NPSP Case Records.** NPSP case records are maintained, stored, and kept secure in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and guidance.

(3) **PS 134: Transfer of NPSP Case Records.** NPSP case records are transferred in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and procedures.

(4) **PS 135: Disposition of NPSP Records.** NPSP records are disposed in accordance with DoDI 5015.02 and Service FAP headquarters implementing policies and guidance.

b. Documentation of Reported Incidents.

(1) **PS 136: Reports of Child Abuse and Unrestricted Reports of Domestic Abuse.** For every new reported incident of child abuse and unrestricted report of domestic abuse in accordance with Service FAP headquarters implementing policies and guidance, the FAP documents, at a minimum:

- (a) An accurate accounting of all risk levels.
- (b) Actions taken.

- (c) Assessments conducted.
- (d) Foster care placements.
- (e) Clinical services provided.
- (f) Results of the quarterly or monthly CCSM from the initial report of an incident to case closure.

(2) **PS 137: Documentation of Multiple Incidents.** Multiple reported incidents of child abuse and unrestricted reports of domestic abuse involving the same Service member or family members are documented separately within one FAP case record.

(3) **PS 138: Documentation of PSB-CY.** For every reported incident of PSB-CY in accordance with Service FAP headquarters implementing policies and guidance, FAP documents, at a minimum:

- (a) Referral source.
- (b) The nature of the report.
- (c) Screening and assessment findings.
- (d) Counseling and treatment recommendations.
- (e) Ongoing recommendations and actions of the MDT team from the initial report of an incident to case closure.
- (f) Services offered and provided.

(4) **PS 139: Maintenance, Storage, and Security of FAP Case Records.** FAP case records are maintained, stored, and kept secure in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and procedures.

(5) **PS 140: Transfer of FAP Case Records.** FAP case records are transferred in accordance with DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), DoDI 6400.05, and Service FAP headquarters implementing policies and procedures.

(6) **PS 141: Disposition of FAP Records.** FAP records are disposed in accordance with DoDI 5015.02 and Service FAP headquarters implementing policies and guidance.

c. Central Registry of Child Abuse and Domestic Abuse Incidents.

(1) **PS 142: Recording Data into the Service FAP Headquarters Central Registry of Child Abuse and Domestic Abuse Incidents.** Data pertaining to child abuse and unrestricted domestic abuse incidents reported to FAP are added to the Service FAP headquarters central registry of child and domestic abuse incidents. Quarterly edit checks are conducted in accordance with Service FAP headquarters implementing policies and guidance. Data that

personally identifies the sponsor, victim, or alleged abuser are not retained in the central registry for any incidents that did not meet criteria for entry or on any victim or alleged abuser who is not an active duty member or retired Service member, DoD civilian employee, contractor, or eligible beneficiary.

(2) **PS 143: Access to the DoD Central Registry of Child and Domestic Abuse Incidents.** Access to the DoD central registry of child and domestic abuse incidents and disclosure of information therein complies with DoDI 5400.11, DoD 5400.11-R, Volume 2 of DoD Manual 6400.01, and Service FAP headquarters implementing policies and guidance.

(3) **PS 144: Access to the Service FAP Headquarters Central Registry of Child and Domestic Abuse Reports.** Access to the Service FAP headquarters central registry of child and domestic abuse incidents and disclosure of information therein complies with DoDI 5400.11, DoD 5400.11-R, Volume 2 of DoDM 6400.01, and Service FAP headquarters implementing policies and guidance.

d. Documentation of Restricted Reports of Domestic Abuse.

(1) **PS 145: Documentation of Restricted Reports of Domestic Abuse.** Restricted reports of domestic abuse are documented in accordance with DoDI 6400.06 and Service FAP headquarters implementing policies and guidance.

(2) **PS 146: Maintenance, Storage, Security, and Disposition of Restricted Reports of Domestic Abuse.** Records of restricted reports of domestic abuse are maintained, stored, kept secure, and disposed in accordance with DoDI 5015.02, DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), DoDI 6400.06, and Service FAP headquarters implementing policies and procedures.

e. Documentation of Reports of PSB-CY.

(1) **PS 147: Documentation of PSB-CY.** Reports of PSB-CY are documented in accordance with relevant DoD and Service FAP headquarters implementing policies and guidance.

(2) **PS 148: Maintenance, Storage, Security, and Disposition of Reports of PSB-CY.** Records of reports of PSB-CY are maintained, stored, kept secure, and disposed of in accordance with DoDI 5015.02, DoDI 5400.11, DoD 5400.11-R, DoDM 6025.18 (when applicable), and Service FAP headquarters implementing policies and procedures.

f. PS 149: Requests for Release of Information. If a records manager is unable to determine the extent to which a portion or a particular piece of information in a FAP-related system of record is subject to protections, the records manager and FAPM will consult the appropriate office at the installation or Service headquarters that is responsible for compliance with DoDI 5400.11, DoD 5400.11-R, DoDM 5400.07, and DoDM 6025.18 (when applicable).

3.9. FATALITY NOTIFICATION AND REVIEW.

a. Fatality Notification.

(1) **PS 150: Domestic Abuse Fatality and Child Abuse Fatality Notification.** In accordance with Service FAP headquarters implementing policies and guidance, the FAPM reports fatalities known or suspected as a result from an act of domestic abuse, child abuse, or suicide related to an act of domestic abuse or child abuse that involve personnel assigned to the installation or within its area of responsibility. Fatalities are reported through the Service FAP headquarters and the Secretaries of the Military Departments to the DASD(MC&FP) in accordance with DoDIs 6400.01, 6400.06, and Service FAP headquarters implementing policies and guidance.

(2) **PS 151: Timeliness of Reporting Domestic Abuse and Child Abuse Fatalities to DASD(MC&FP).** The installation FAPM reports domestic abuse and child abuse fatalities through Service FAP headquarters channels to the DASD(MC&FP) within the timeframe specified in DoDI 6400.06 in accordance with Service FAP headquarters implementing policies and guidance.

(3) **PS 152: Reporting Format for Domestic Abuse and Child Abuse Fatalities.** Installation reports of domestic abuse and child abuse fatalities are reported on the DD Form 2901 and in accordance with DoDI 6400.01.

b. Review of Fatalities.

(1) **PS 153: Information Forwarded to the Service FAP Headquarters Fatality Review.** The installation provides written information concerning domestic abuse and child abuse fatalities that involve personnel assigned to the installation or within its area of responsibility promptly to the Service FAP headquarters fatality review team in accordance with DoDI 6400.06 and in the format specified in Service FAP headquarters implementing policies and guidance.

(2) **PS 154: Cooperation with Non-DoD Fatality Review Teams.** Authorized installation personnel provide information about domestic abuse and child abuse fatalities that involve personnel assigned to the installation or within its area of responsibility to non-DoD fatality review teams in accordance with DoDI 5400.11, DoD 5400.11-R, and written MOUs.

3.10. QA AND ACCREDITATION, INSPECTION, OR CERTIFICATION.

a. QA.

(1) **PS 155: Installation FAP QA Program.** The installation FAC will establish local QA procedures that address compliance with the PSs in this section in accordance with DoDI 6400.01, DoDI 1342.22, when applicable, and Service FAP headquarters implementing policies and guidance.

(2) **PS 156: QA Training.** All FAP personnel must be trained in installation QA procedures in accordance with local QA procedures developed by the installation FAC.

(3) **PS 157: Monitoring FAP Compliance with PSs.** The installation FAPM monitors compliance of FAP personnel to installation QA procedures and the PSs in this section.

b. Accreditation, Inspection, or Certification.

(1) **PS 158: Accreditation, Inspection, or Certification.** The installation FAP undergoes accreditation, inspection, or certification review at least every 4 years to monitor compliance with the PSs in this section, in accordance with DoDI 6400.01 and Service FAP headquarters implementing policies and guidance.

(2) **PS 159: Review of Accreditation, Inspection, or Certification Results.** The installation FAC reviews the results of the FAP accreditation, inspection, or certification review and submits findings and corresponding corrective action plans to the Service FAP headquarters in accordance with its implementing policies and guidance.

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GLOSSARY

G.1. ACRONYMS.

CCSM	clinical case staff meeting
CFR	Code of Federal Regulations
CWS	child welfare services
DASD(MC&FP)	Deputy Assistant Secretary of Defense for Military Community and Family Policy
DoDEA	DoD Education Activity
DoDI	DoD instruction
DoDM	DoD manual
FAC	family advocacy committee
FACAT	family advocacy command assistance team
FAP	family advocacy program
FAPM	family advocacy program manager
IDC	incident determination committee
MDT	multidisciplinary team
MOU	memorandum of understanding
MTF	military treatment facility
NPSP	New Parent Support Program
PMA	primary managing authority
PS	program standard
PSB-CY	problematic sexual behavior in children and youth
QA	quality assurance
U.S.C.	United States Code

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

alleged abuser. Defined in DoDI 6400.01.

case. One or more reported incidents of suspected child abuse or domestic abuse pertaining to the same victim.

CCSM. An installation FAP meeting of clinical service providers to assist the coordinated delivery of supportive services, counseling, and clinical treatment in child abuse, domestic abuse, and PSB-CY cases, as appropriate. They provide:

Clinical consultation directed to ongoing safety planning for the victim or child impacted by PSB-CY.

The planning and delivery of supportive services, counseling, and clinical treatment, as appropriate, for the victim or child impacted by PSB-CY.

The planning and delivery of rehabilitative treatment for the alleged abuser or child exhibiting PSB-CY.

Case management, including risk assessment and ongoing safety monitoring.

child. Defined in DoDI 6400.01.

child abuse. Defined in DoDI 6400.01.

clinical case management. The FAP process of providing or coordinating the provision of clinical services, as appropriate, in each FAP child abuse, domestic abuse, or PSB-CY incident from entry into to exit from the FAP system. It includes:

Identifying risk factors.

Safety planning.

Conducting and monitoring clinical case assessments.

Presentation to the IDC in child abuse and domestic abuse incidents.

Developing and implementing intervention and treatment plans and services.

Completion and maintenance of forms, reports, and records.

Communication and coordination with relevant agencies and professionals on the case.

Case review and advocacy.

Case counseling with the individual victim, alleged abuser, and family member, as appropriate.

Other direct services to the victim, alleged abuser, and family members, as appropriate.

Case transfer or closing.

clinical intervention. A continuous risk management process that includes identifying risk factors, safety planning, initial clinical assessment, formulation of a clinical treatment plan, counseling or clinical treatment based on assessing readiness for and motivating behavioral

change and life skills development, periodic assessment of behavior in the treatment setting, and monitoring behavior and periodic assessment of outside-of-treatment settings.

domestic abuse. Defined in DoDI 6400.06.

domestic violence. Defined in DoDI 6400.06.

extra-familial caregiver. A caregiver who is not a family member. It includes nannies, temporary babysitters certified by the Red Cross, temporary babysitters in the home, and other individuals who provide care for or supervision of children.

FAC. Defined in DoDI 6400.01.

FACAT. Defined in DoDI 6400.01.

FAP. Defined in DoDI 6400.01.

grievous bodily harm. Defined in DoDI 5505.19.

high risk for violence. A level of risk describing families or individuals experiencing severe abuse or the potential for severe abuse, or alleged abusers engaging in high-risk behaviors such as making threats to cause grievous bodily harm, preventing victim access to communication devices, stalking, etc. Such cases require coordinated community safety planning activities that actively involve installation law enforcement, command, legal, and FAP.

home visitation. Defined in DoDI 6400.05.

home visitor. A person who provides FAP services to promote child and family functioning to parents in their homes.

IDC. Defined in DoDI 6400.01.

informed consent. The process of informing clients of the purpose of services, risks related to services, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent.

installation FAPM. The individual at the installation level designated by the installation commander in accordance with Service FAP headquarters implementing policies and guidance to manage FAP, supervise FAP staff, and coordinate all FAP activities. If Service FAP headquarters implementing policies and guidance splits the responsibilities of the local FAPM between two individuals, the FAPM is the individual who has been assigned the responsibility for implementing the specific procedure.

military criminal investigative organization. U.S. Army Criminal Investigation Command, Naval Criminal Investigative Service, and Air Force Office of Special Investigations.

NPSP. Defined in DoDI 6400.05.

non-medical counseling. Defined in DoDI 6490.06.

PMA. The installation FAP that has primary authority and responsibility for the management and incident status determination of reports of child abuse and unrestricted reports of domestic abuse.

PSB-CY. Defined in DoDI 6400.01.

restricted reporting. Defined in DoDI 6400.06.

risk assessment. The collection and analysis of information to determine the degree to which key factors are present in a family or relationship that increase the likelihood of future abuse or neglect.

risk management. The process of identifying risk factors associated with increased risk for child abuse or domestic abuse and controlling those factors that can be controlled through collaborative partnerships with key military and civilian agencies, including the commander(s) of any involved Service member(s), law enforcement personnel, any CWS agency involved, and victim advocates. It includes the development and implementation of an intervention plan when significant risk of lethality or serious injury is present to reduce the likelihood of future incidents and to increase the victim's safety, continuous assessment of risk factors associated with the abuse, and prompt updating of the victim's safety plan, as needed.

safety planning. Defined in DoDI 6400.06.

Service FAP headquarters. The office designated by the Secretary of the Military Department to develop and issue Service FAP implementing guidance in accordance with DoD policy, manage the Service-level FAP, and provide oversight for Service FAP functions.

status-of-forces agreement. A bilateral or multilateral agreement that defines the legal position of a visiting military force deployed in the territory of a friendly state.

unrestricted reporting. Defined in DoDI 6400.06.

victim. Defined in Volume 2 of DoDM 6400.01.

victim advocate. Defined in DoDI 6400.06.

REFERENCES

- Code of Federal Regulations, Title 28, Part 81.2
- Deputy Secretary of Defense Memorandum, “Final Implementation Actions of Fort Hood Recommendations,” February 2, 2017
- DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- DoD Directive 5124.10, “Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)),” March 14, 2018
- DoD Directive 5205.16, “The DoD Insider Threat Program,” September 30, 2014, as amended
- DoD Instruction 1342.12, “Provision of Early Intervention and Special Education Services to Eligible DoD Dependents,” June 17, 2015
- DoD Instruction 1342.22, “Military Family Readiness,” July 3, 2012, as amended
- DoD Instruction 1342.24, “Transitional Compensation for Abused Dependents,” May 23, 1995, as amended
- DoD Instruction 1402.05, “Background Checks on Individuals in DoD Child Care Services Programs,” September 11, 2015, as amended
- DoD Instruction 5015.02, “DoD Records Management Program,” February 24, 2015, as amended
- DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019
- DoD Instruction 5505.19, “Establishment of Special Victim Investigation and Prosecution (SVIP) Capability Within the Military Criminal Investigative Organizations (MCIOs),” September 4, 2015, as amended
- DoD Instruction 6400.01, “Family Advocacy Program (FAP),” May 1, 2019
- DoD Instruction 6400.03, “Family Advocacy Command Assistance Team (FACAT),” April 25, 2014, as amended
- DoD Instruction 6400.05, “New Parent Support Program (NPSP),” June 13, 2012
- DoD Instruction 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” August 21, 2007, as amended
- DoD Instruction 6400.07, “Standards for Victim Assistant Services in the Military Community,” November 25, 2013, as amended
- DoD Instruction 6490.06, “Counseling Services for DoD Military, Guard and Reserve, Certain Affiliated Personnel, and Their Family Members,” April 21, 2009, as amended
- DoD Manual 5400.07, “DoD Freedom of Information Act (FOIA) Program,” January 25, 2017
- DoD Manual 6025.18, “DoD Health Information Privacy Regulation,” March 13, 2019
- DoD Manual 6400.01, Volume 2, “Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System,” August 11, 2016
- DoD Manual 8910.01, Volume 1, “DoD Information Collections Manual: Procedures for DoD Internal Information Collections,” June 30, 2014, as amended
- DoD Manual 8910.01, Volume 2, “DoD Information Collections Manual: Procedures for DoD Public Information Collections,” June 30, 2014, as amended

Public Law 114-328, Section 575, “National Defense Authorization Act for Fiscal Year 2017,”
December 23, 2016

Public Law 115-232, Section 1089, “John S. McCain National Defense Authorization Act for
Fiscal Year 2019,” August 13, 2018

United States Code, Title 10, Chapter 47 (also known as “The Uniform Code of Military
Justice”)

United States Code, Title 34, Section 20341