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comprehensive assistance and liaison to and for victims of domestic abuse, and to educate personnel on the installation regarding the most effective responses to domestic abuse on behalf of victims and at-risk family members.

VICTIM AND WITNESS ASSISTANCE PROGRAM (VWAP). A program established by DoD Directive 1030.1, "Victim and Witness Assistance" and DoD Instruction 1030.2, "Victim and Witness Assistance Procedures" that assists victims and witnesses of crimes punishable under the Uniform Code of Military Justice from initial contact with the program through investigation, prosecution, and confinement. Under this program, an installation level Victim/Witness Coordinator or Liaison shall be designated to ensure that the rights of victims are protected. Advocacy services are not provided through this program.

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ATTACHMENT 2

DOMESTIC ABUSE VICTIM ADVOCATE PROTOCOL

2.1. VICTIM ADVOCATE PROGRAM Domestic abuse victim advocates provide victims of domestic abuse a resource for immediate and ongoing information and referral assistance, safety planning, and support services. Victims who are eligible to receive military medical treatment shall have access to both immediate and ongoing support. Victims who are not eligible to receive military medical treatment shall receive only referral information on civilian support services. In partnership with military and civilian service providers, victim advocates also promote a coordinated community response to the prevention of and intervention in domestic abuse.

2.2. ADVOCACY TO INDIVIDUAL VICTIMS

2.2.1. Initial Response. The domestic abuse victim advocate shall:

2.2.1.1. Ensure the availability of 24-hour victim advocacy services either through personal or telephonic contact.

2.2.1.2. Ensure that the victim understands that talking to the victim advocate is voluntary.

2.2.1.3. Inform the victim that victim advocates are mandated to report domestic abuse to the Family Advocacy Program.

2.2.1.4. Ascertain the victim's immediate needs.

2.2.1.5. Encourage the victim to seek medical consultation/examination.

2.2.1.6. Assess for imminent danger of life-threatening physical harm to the victim or another person. Law enforcement shall be notified if there is a threat of imminent danger, or of any criminal activity against the victim or another person.

2.2.1.7. Seek immediate consultation from a credentialed medical provider as defined in reference (c) when there is an imminent danger of life-threatening physical harm to the victim or another person for facilitation of further assessment and continued safety planning.

2.2.1.8. Discuss an initial safety plan and, with the active participation of the victim, develop a plan in accordance with the safety plan, DD Form ____, at Attachment 3. Victims who are not eligible for military medical care will be provided a copy of the

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initial safety plan. A copy of the safety plan shall be retained by the victim advocate only when victims are eligible for military medical care and will continue to see the advocate. In all other instances, a copy shall not be retained. A victim whose plan is retained shall be informed by the victim advocate that the plan will be kept in a record and where the record will be located. The victim shall also be informed that the purpose of maintaining a record is to enable the victim and the victim advocate to continue their discussion of the victim's safety, to develop the safety plan more fully, and to record services provided to the victim.

2.2.1.9. Ensure victims are aware of the legal actions available to promote their safety.

2.2.1.10. Offer victims information, as appropriate, regarding: local resources for immediate safety and long-term protection and support, workplace safety, housing, childcare, legal services, clinical resources, medical services, chaplain resources, transitional compensation, and other military and civilian support services.

2.2.1.11. Facilitate victim contact with military and civilian resources, as appropriate.

2.3. ONGOING ASSISTANCE The domestic abuse victim advocate shall:

2.3.1. When requested by the victim, or when the victim has provided consent, collaborate with the Family Advocacy Program (FAP), law enforcement, and the command to ensure that they are aware of the victim's safety plan.

2.3.2. Maintain follow-up contact with the victim as appropriate.

2.3.3. Develop a safety plan with the victim, if one hasn't already been completed, and review it periodically with the victim.

2.3.4. Support the victim in decision-making by providing relevant information and discussing available options.

2.3.5. Assist the victim with prioritizing actions and establishing short and long-term goals.

2.3.6. Support the victim in advocating on her or his own behalf.

2.3.7. Provide the victim comprehensive information and referral on relevant local military and civilian resources, the National Domestic Violence Hotline, and Military OneSource.

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2.3.8. Assist the victim in gaining access to service providers and victim support resources that can help the victim explore future options and prioritize actions.

2.3.9. Assist the victim in contacting appropriate military and civilian legal offices for personal legal advice and assistance specific to the victim's circumstances or case, including the filing for civilian or military protective orders. The victim advocate shall not provide legal advice, but can provide general information on the civil or criminal legal process.

2.3.10 Consult and work with the Victim/Witness Liaison assigned when the military is involved in the investigation or disposition of an offense punishable under the Uniform Code of Military Justice (UCMJ).

2.3.11. Advise the victim of FAP clinical resources.

2.3.12. Advise the victim of the impact of domestic violence on children and offer referrals for assessments of the physical and mental health of involved children.

2.3.13. Accompany the victim to appointments and civilian and military court proceedings, as appropriate and when requested by the victim.

2.4. ONGOING SAFETY PLANNING

2.4.1. Safety planning is an essential step in addressing the victim's immediate and long-term safety concerns. The safety planning process helps a victim explore options and prioritize actions. If children are involved, the process also explores their safety and emotional needs and the resources available to address those needs. Safety plans should be periodically reviewed with the victim.

2.4.2. In assessing the risk of imminent harm to the victim, and the potential for escalation of violence, the victim advocate should weigh the existence and frequency of the following risk factors:

2.4.2.1. Victimization patterns have increased in severity or frequency.

2.4.2.2. Abuser has threatened or attempted to kill the victim or his/her children.

2.4.2.3. Abuser has threatened or attempted suicide.

2.4.2.4. Abuser has choked the victim.

2.4.2.5. Abuser has used a weapon or threatened to use a weapon against the victim.

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2.4.2.6. Victim has sustained serious injury during the abusive incidents.

2.4.2.7. Police have had prior contact with the abuser regarding domestic abuse.

2.4.2.8. Victim has a restraining order or order of protection against the abuser.

2.4.2.9. Victim is estranged, separated, or attempting to separate from the abuser.

2.4.2.10. Abuser has stalked the victim.

2.4.2.11. Abuser exhibits obsessive behavior, extreme jealousy, or extreme dominance.

2.4.2.12. Abuser abuses drugs or alcohol.

2.4.2.13. Abuser has forced sex on the victim.

2.4.3. Prior to closure of the victim advocacy case file, the victim advocate should contact the victim to assess the need for additional or ongoing safety measures.

2.5. FAP CASE REVIEW COMMITTEE (CRC) The victim advocate shall:

2.5.1. Attend all CRC meetings involving the victim to represent the victim's needs.

2.5.2. Collaborate with other CRC team members to ensure the victim's needs are met.

2.6. SYSTEM ADVOCACY

2.6.1. The victim advocate is responsible for promoting a coordinated community response for the prevention of domestic abuse and intervention when domestic abuse occurs. As a system advocate, the victim advocate shall:

2.6.1.1. Conduct an ongoing assessment of the consistency and effectiveness of the Domestic Abuse Victim Advocate Program at the victim advocate's installation.

2.6.1.2. Collaborate with other agencies and activities to improve system response to, and support of, victims.

2.6.1.3. Advocate for victim services that involve the victim in the decision-making process.

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2.6.1.4. Collaborate with military and civilian law enforcement and criminal investigative units to establish a protocol and procedures to ensure: (1) availability of a victim advocate 24 hours a day for all incidents of suspected or reported domestic abuse occurring on or off the installation involving either active duty military personnel or DoD civilians eligible to receive military medical treatment; (2) collaboration on safety planning and safety measures; and (3) ongoing training of military and civilian law enforcement personnel on the victim advocate role.

2.6.1.5. Collaborate with the DoD sponsored Medical Treatment Facility (MTF) and Dental Treatment Facility (DTF) to establish a protocol and procedures to ensure availability of a victim advocate 24 hours a day for all incidents of suspected or reported domestic abuse, and ongoing training of medical/dental facility personnel on the victim advocate role.

2.6.1.6. Establish liaison with FAP intervention and prevention staff.

2.6.1.7. Establish liaison with civilian victim resources.

2.6.2. The victim advocate shall be a member of the installation Family Advocacy Committee (FAC). As a member of the FAC, the victim advocate shall participate in the development, implementation, and evaluation of installation domestic abuse policies and procedures, including Memoranda of Understanding (MOUs), victim services contracts, and Inter-Service Support Agreements.

2.7. EDUCATION/TRAINING AND PUBLIC AWARENESS

The victim advocate shall:

2.7.1. Assist in educating command and installation personnel on domestic violence and victim advocate services.

2.7.2. Provide briefings on victim advocacy services to active duty personnel, the civilian spouses of active duty personnel, and DoD civilians when the latter are eligible to receive military medical treatment.

2.7.3. Assist in training military first responders, including law enforcement and MTF/DTF personnel, command personnel, and chaplains.

2.7.4. Assist in training civilian service providers about military victim issues, resources and services.

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2.7.5. Participate in development and collaboration of public awareness campaigns on victim rights and advocacy services.

2.7.6. Assist in planning events for Domestic Violence Awareness Month.

2.7.7. Participate in private sector domestic abuse councils.

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ATTACHMENT 3

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: 5 U.S.C. 301, "Departmental Regulations"; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; and Section 534 of the National Defense Authorization Act for Fiscal Year 1995, Public Law 103-337.

PRINCIPAL PURPOSE: The information on this form will be used to provide victims of domestic violence with a plan for increasing their personal safety and to prepare victims for steps to take if further abuse or violence occurs.

ROUTINE USE(S): None

DISCLOSURE: Voluntary. However, failure to provide the information may make it more difficult to develop a comprehensive safety plan.

SAFETY PLAN

Name: _____

Date: _____

Review dates: _____

The following represents my plan for increasing my safety and preparing in advance for the possibility of further abuse or violence. Although I do not have control over my abuser's behavior, I do have a choice about how to respond to him/her and how to best get my children and myself to safety.

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02 01 2006 P.11**Some of the things I can do are:**

1. Increasing my overall safety. I may not always be able to avoid violent incidents. In order to increase my safety, I may use a variety of strategies.

I can use some or all of the following strategies:

- A. If I decide to leave, I will _____
(I will practice how to get out safely. What doors, windows, elevators, stairwells or fire escapes would I use?)
- B. I can keep my personal belongings (purse, car keys, etc.) ready and put them (place) _____ in order to leave quickly.
- C. I can tell _____ about the violence and request they call the military or civilian police if they hear suspicious noises coming from my house. I can also tell _____ about the violence and request they call the military or civilian police if they hear suspicious noises coming from my house.
- D. I can teach my children how to use the telephone to contact the police and the fire department, and how to report violence or other problems.
- E. I will use _____ as my code word with my children or my friends so they can call for help.
- F. If I have to leave my home, I will go _____
(I should decide this even if I don't think there will be a next time.)
If I cannot go to the location above, then I can go to _____
or _____.
- G. I can also teach some of these strategies to some/all of my children.
- H. When I expect we are going to have an incident, I will try to move to a space that is lowest risk, such as _____
(I will try to avoid incidents in the bathroom, garage, and kitchen, near weapons or in rooms without access to an outside door.)
- I. I will use my judgment and intuition. If the situation is very serious, I can give my abuser what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

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2. Protecting myself during an incident or if planning to leave. If I am planning to leave, I should do so without telling my abuser face-to-face. If I have to leave quickly (during an incident), I WILL JUST LEAVE. I will not talk with my abuser about it. If I am going to leave at another time, I will leave when my abuser is not home and communicate with him/her later by phone or letter from a safe place.

3. Safety when preparing to leave. I may decide to leave the residence I share with my abuser. I must have a careful plan for leaving in order to increase my safety. My abuser might strike out and become more violent if he/she believes that I am leaving the relationship.

I can use some or all of the following safety strategies:

- A. I will leave money and an extra set of keys with _____ so I can leave quickly.
- B. I will keep copies of important documents or keys at _____
- C. I will open a savings account by (date) _____, to increase my independence. I will use _____ as the mailing address so that the monthly statement is not sent to my home.
- D. Other things I can do to increase my independence include: _____
- E. The domestic violence program's hotline number is _____
I can seek shelter by calling this hotline.
- F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the telephone bill will tell my abuser those numbers that I called before or after I left. To keep my telephone communication confidential, I must either use coins or a pre-paid phone card or I might get a friend to permit me to use his/her telephone credit card for a limited time when I first leave.
- G. I will check with _____ and _____
to see who would be able to let me stay with them or lend me some money.
- H. I can leave extra clothes with _____

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- I. I will not tell my abuser face-to-face that I am leaving, or I will leave without talking with my abuser.
- J. I will sit down and review my safety plan every _____ in order to plan the safest way to leave the residence. (Domestic violence advocate or friend) _____ has agreed to help me review this plan.
- K. I will rehearse my escape plan and, as appropriate, practice it with my children.

4. Items to take when leaving. If I decide to leave my abuser, it is important to take certain items with me. I may also want to give an extra copy of papers and an extra set of clothing to a friend just in case I have to leave quickly.

Items with dots on the following list are the most important to take. If there is time, I might take the other items or store them somewhere outside my home so I can get to them easily.

These items might best be placed in one location, so that if we have to leave in a hurry, I can grab them quickly. When I leave, I should take:

- Identification for myself
- Military Identification Card
- Children's birth certificates
- My birth certificate
- Passports
- Social Security number for myself, the DoD sponsor, and my children
- Money
- Checkbook, ATM (Automatic Teller Machine) card
- Credit cards
- Keys – house/car/office
- Driver's license and registration
- Medications
- Work permits
- Green card
- Divorce papers/custody papers
- Medical records
- Lease/rental agreements, mortgage payment book
- Bank books
- School and vaccination records
- Insurance papers

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- Address book
- Pictures
- Jewelry
- Children's favorite toys and/or blankets
- Small saleable items (not abuser's property)

5. Safety in my own residence. If I no longer reside with my abuser or if I have my own residence, there are many things that I can do to increase my safety in my own residence. Depending on my residence, it may not be possible to do all the measures that are listed here or to do them all at once, but I will take all of them into consideration to protect my safety.

Safety measures I can use include:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can replace wooden doors with steel/metal doors.
- C. I can install security systems including additional locks, window bars, poles to wedge against doors, an electronic system, etc.
- D. I can purchase rope ladders to be used for escape from second floor windows.
- E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.
- F. I can install an outside lighting system that lights up when a person is coming close to my house.
- G. I will teach my children how to use the telephone to make a collect call to me and to _____ (friend/clergy person/other) in the event that my abuser takes the children.
- H. I will tell people who take care of my children which people have permission to pick up my children and that my abuser is not permitted to do so. The people I will inform about pick-up permission include:
 - _____ (school),
 - _____ (day care staff),
 - _____ (babysitter),
 - _____ (SundaySchool/religious school teacher),
 - _____ (Teacher), and
 - _____ (Others)

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I. I can inform

_____ (neighbor),
 _____ (pastor/religious leader), and
 _____ (friend)

that my abuser no longer resides with me and they should call the military or civilian police if he/she is observed near my residence.

6. Safety with a protection order. My abuser should obey protection orders, but I can never be sure. I recognize that I may need to ask the military or civilian police, the courts, and the military commanding officer to enforce my protection order.

The following are some steps that I can take to help the enforcement of my protection order:

A. I will keep my protection order at (location)

B. I will always keep a copy of my protection order with me. If I change purses/wallets, that's the first thing that should go in.

C. I will give a copy of my protection order to military and civilian police departments in the community where I work, in those communities where I usually visit family or friends, and in the community where I live.

D. There may be a county registry of protection orders that all police departments can call to confirm a protection order. I will check to make sure that my order is in the registry. The telephone number for the county registry of protection orders is _____

E. For further safety, if I often visit other counties, I might file my protection order with the court in those counties. I will register my protection order in the following counties: _____ and _____

F. I can call the domestic violence program if I am not sure about B., C., or D. above or if I have some problem with my protection order.

G. I will inform my employer, my clergy person, my closest friends, and _____ that I have a protection order in effect.

H. If my abuser destroys my protection order I can get another copy by going to _____ located at _____

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If my abuser violates my protection order, I can call the police and report a violation, contact my attorney, call my advocate, and/or advise the court of the violation.

- I. If law enforcement does not help, I can contact my advocate or attorney and will file a complaint with the chief of the law enforcement department.
- J. I can also file a private civil complaint in the jurisdiction in the U.S. where the violation occurred. I can charge my abuser with a violation of the protection order. (I can also ask if the jurisdiction where the violation occurred permits the filing of private criminal complaints.) I can call the domestic violence advocate to help me with this.

7. Safety on the job and in public. I must decide if and when I will tell others that my abuser is abusive and that I may be at continued risk. Friends, family and co-workers can all offer protection. I should carefully consider which people to invite to help secure my safety.

I might do any or all of the following:

- A. I can inform my boss, the security supervisor, military commanding officer, senior enlisted advisor, and _____ at work of my situation.
- B. I can ask _____ to help screen my telephone calls at work.
- C. When leaving work, I can _____.
- D. When driving home, if problems occur, I can _____.
- E. If I use public transit, I can _____.
- F. I can use different grocery stores and shopping malls to conduct my business and shop at hours that are different than those when I was residing with my abuser.
- G. I can use a different bank and take care of my banking at hours different from those I used when residing with my abuser.
- H. I can also _____.

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8. Safety and drug or alcohol use. Many people use alcohol. Many use mood-altering drugs. Some drugs are legal; others are not. The Department of Defense has a zero-tolerance policy for active duty members with regard to the use of illegal drugs, and there are Federal and State criminal laws addressing the use of illegal substances. Therefore, I should carefully consider the potential costs to my family and me if someone in my family is using illegal drugs. But beyond this, the use of any alcohol or other drugs can reduce my awareness and ability to act quickly to protect myself from my abuser. Alcohol or drug use may also effect the way my abuser responds to different situations. Therefore, in the context of drug or alcohol use, I need to make specific safety plans.

If drug or alcohol use has occurred in my relationship with my abuser, I can enhance my safety by some or all of the following:

- A. If I am going to use alcohol, I can do so in a safe place and with people who understand the risk of violence and are committed to my safety.
- B. I can also _____
- C. If my abuser is using, I can _____
- D. I might also _____
- E. To safeguard my children, I might _____
and _____

9. Safety and my emotional health. The experience of being battered and verbally degraded by abusers is usually exhausting and emotionally draining. The process of building a new life for myself takes much courage and incredible energy.

To conserve my emotional energy and resources and to avoid hard emotional times, I can do some of the following:

- A. If I feel down and ready to return to a potentially abusive situation, I can _____

- B. When I have to communicate with my abuser in person or by telephone, I can _____

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C. I can try to use "I can..." statements with myself and to be assertive with others.

D. I can tell myself: " _____ " whenever I feel others are trying to control or abuse me.

E. I can read _____ to help me feel stronger.

F. I can call _____ and _____ as other resources to be of support to me.

G. Other things I can do to help me feel stronger are _____, and _____.

H. I can attend workshops and support groups at the domestic violence program or _____ or _____ to gain support and strengthen my relationships with other people.

I SHOULD NOT KEEP THIS PLAN WITH ME. I SHOULD DISCUSS WITH MY VICTIM ADVOCATE WHERE AND WITH WHOM THIS PLAN WILL BE KEPT.

I SHOULD DETACH THE PHONE LISTING BELOW AT THE DOTTED LINE AND KEEP IT WITH ME.

PHONE LIST

DETACH AT DOTTED LINE AND KEEP WITH YOU AT ALL TIMES

Telephone numbers I need to know:

- National Domestic Violence Hotline – 1-800-799-SAFE
- Police Department – home _____
- Police Department – school _____
- Police Department – work _____
- Military Police _____
- Commanding Officer/Senior Enlisted Advisor _____

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- Family Advocacy Program Office _____
- Chaplain _____
- Domestic Violence Hotline _____
- Domestic Violence Program/Advocate _____
- County Registry of Protective Orders _____
- Work Number _____
- Supervisor's home number _____
- Clergy person _____
- Attorney _____
- School/Daycare _____
- Doctor _____
- Friend _____
- Family Member _____
- Military One Source – from the U.S.: 800-342-9647; overseas: 484-530-5747
- Other _____

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THE DEPUTY SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

JAN 22 2006

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
ASSISTANTS TO THE SECRETARY OF DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTOR, PROGRAM ANALYSIS AND EVALUATION
DIRECTOR, NET ASSESSMENT
DIRECTOR, FORCE TRANSFORMATION
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Restricted Reporting Policy for Incidents of Domestic Abuse

- References:
- (a) Section 585 of the National Defense Authorization Act for Fiscal Year 2000, Pub. L. 106-65
 - (b) Under Secretary of Defense for Personnel and Readiness Policy Memorandum, "Domestic Abuse Victim Advocate Program," signed February 17, 2005
 - (c) DoD Directive 6400.1, "Family Advocacy Program," August 23, 2004
 - (d) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 2003

The DoD is committed to ensuring victims of domestic abuse are protected, treated with dignity and respect, and provided support, advocacy, and care. DoD policy also strongly supports effective command awareness and prevention programs and law enforcement and criminal justice activities that will maximize accountability and prosecution of perpetrators of domestic abuse. To achieve these dual objectives, DoD policy prefers that personnel report suspected domestic abuse incidents promptly to activate both victims' services and accountability actions. However, a requirement that all domestic abuse incidents be reported can represent a barrier for victims hoping to gain access to medical and victim advocacy services without command or law enforcement involvement.

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This directive-type memorandum establishes Department of Defense (DoD) guidelines for restricted reporting of incidents of domestic abuse, as defined in Attachment 1, and implements regulations required by Section 585 of Public Law 106-65 (reference (a)). This policy reflects consideration of factors set forth in Section 585(b) of Public Law 106-65 through the deliberations of the Defense Task Force on Domestic Violence, its recommendations, and review and consideration of such recommendations by the Military Departments and the Under Secretary of Defense for Personnel and Readiness. For the purposes of this policy, restricted reporting is limited to adult victims of domestic abuse. Restricted reporting is defined as allowing a victim of domestic abuse, who is eligible to receive military medical treatment, including civilians and contractors who are eligible to receive military healthcare outside the Continental United States on a reimbursable basis, the option of reporting an incident of domestic abuse to specified individuals without initiating the investigative process or notification to the victim's or alleged offender's commander. This option provides domestic abuse victims access to medical care and to victim advocacy services, as defined in Attachment 1, as provided under the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Policy Memorandum, "Domestic Abuse Victim Advocate Program," (reference (b)).

Domestic abuse often goes unreported in society at large. Although the victim's decision to report the incident is a crucial step towards holding the offender accountable following a domestic abuse incident, it can have potential serious consequences for the safety and welfare of the victim and other family members. When domestic abuse is reported to military and or civilian authorities who fail to take appropriate action, the abuse may recur and escalate. In the military community, a victim is usually concerned that reporting will have immediate repercussions on the military career of the family-member offender, and thus affect the family's financial welfare. The result is that this potential impact may often deter the victim from seeking care at all or reporting the domestic abuse incident. Commanders have a responsibility to ensure community safety and due process of law, but they must also recognize the importance of protecting the safety and well-being of victims and other family members. A system that affords victims access to medical and victim advocacy services without immediate command or law enforcement involvement can encourage victims to feel more comfortable and safe about reporting domestic abuse.

In order to address these competing interests, adult victims of domestic abuse incidents will now have two reporting options, which are discussed below: unrestricted reporting and restricted reporting. Regardless of whether the victim elects restricted or unrestricted reporting, confidentiality of medical information will be maintained in accordance with DoD 6025.18-R, "DoD Health Information Privacy Regulation," (reference (d)).

Unrestricted Reporting: Victims of domestic abuse who want to pursue an official investigation of an incident should use current reporting channels, e.g., chain of

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command, Family Advocacy Program (FAP), or law enforcement (reference (c)). Upon notification of a reported domestic abuse incident, victim advocacy services and FAP clinical services will be offered to the victim. Additionally, at the victim's discretion/request, the healthcare provider shall conduct any forensic medical examination deemed appropriate. Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

Restricted Reporting: In cases where an adult victim instead elects restricted reporting, the victim advocate and healthcare providers may not disclose covered communications, as defined in Attachment 1, to either the victim's or offender's commander or to law enforcement either within or outside the DoD, except as provided in the exceptions below. However, for purposes of command responsibility and the gathering of accurate data, the victim advocate or his/her supervisor is responsible for reporting information concerning domestic abuse incidents, without information that could reasonably lead to personal identification of the victim or alleged offender, to command officials at the next Family Advocacy Committee (FAC) meeting following receipt of information about the alleged domestic abuse incident, or as directed by the commander responsible for convening the FAC. This will give commanders a clearer picture as to the number and type of domestic abuse incidents within their command, and enhance the commanders' ability to provide an environment that is safe and contributes to the well-being and mission-readiness of all of its Service members.

Restricted reporting is intended to give adult victims additional time, while benefiting from receiving relevant information and support, to make more informed decisions about reporting the domestic abuse incident to the appropriate commanders and possibly participating in a criminal investigation. A victim who receives appropriate care and treatment, and is provided an opportunity to make an informed decision about reporting to law enforcement or command and the possibility of a criminal investigation, is more likely to develop increased trust that his or her needs are of primary concern, and therefore decide to report the domestic abuse incident to the appropriate commander or law enforcement.

Restricted reporting allows an adult victim of domestic abuse to disclose the details of his or her abuse to specifically identified individuals and receive medical treatment and victim advocacy services without requiring that notice be provided to the alleged offender's commander or law enforcement. Victims of domestic abuse who desire restricted reporting under this policy must report the abuse to one of the following specified individuals: a victim advocate or healthcare provider, as defined in Attachment 1; or the supervisor of a victim advocate. The supervisor of a victim advocate will assure the assignment of a victim advocate to assist the victim.

Healthcare providers will initiate the appropriate care and treatment, and will report the domestic abuse only to a victim advocate or his/her supervisor. Upon receipt

of a report, the victim advocate will notify his or her supervisor as soon as possible if the supervisor is not already aware of the report. The victim advocate will contact the victim and provide the victim accurate information about the process of restricted reporting, as compared to unrestricted reporting, and victim advocacy services. The victim will acknowledge in writing his or her understanding that restricted reporting may limit the government's ability to prosecute the alleged offender in a domestic violence incident and an understanding of the reasons DoD policy favors unrestricted reporting. Additionally, in connection with an incident of domestic violence, at the victim's discretion/request, the healthcare provider, if appropriately trained and/or supervised, shall conduct any forensic medical examination deemed appropriate. In the absence of a DoD healthcare provider trained to conduct an examination of this nature, the victim will be appropriately referred for the forensic medical examination. If the victim elects to receive medical care at a civilian facility, regulations governing the release of medical information at that facility apply.

The Inspector General of the Department of Defense, in coordination with the Assistant Secretary of Defense (Health Affairs), shall establish, within 30 days from the date of this memorandum, guidelines for the collection and preservation of evidence, with non-identifying information about the victim and alleged offender, under the restricted reporting process. To the extent possible, the guidelines should be the same as those being developed for collecting and preserving sexual assault evidence under the sexual assault restricted reporting program.

Consistent with current policy regarding privileged communications, victims may also report the abuse to a chaplain. Although a report to a chaplain is not a restricted report under this policy, it is a communication that may be protected under the Military Rules of Evidence or applicable statutes and regulations. The restricted reporting process does not affect any privilege recognized under the Military Rules of Evidence. This restricted reporting policy is in addition to the current protections afforded privileged communications with a chaplain, and does not alter or affect those protections.

Exceptions to Confidentiality and Restricted Reporting and Limitations on Use. In cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

- Named individuals when disclosure is authorized by the victim in writing.
- Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

- FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the victim advocate or healthcare provider has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.
- Disability Retirement Boards and officials when disclosure by a healthcare provider is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.
- Supervisors of the victim advocate or healthcare provider when disclosure is required for the supervision of direct victim treatment or services.
- Military or civilian courts of competent jurisdiction when a military, Federal, or State judge issues a subpoena for the covered communications to be presented to the court or to other officials or entities when the judge orders such disclosure; or to other officials or entities when required by Federal or State statute or applicable U. S. international agreement.

Healthcare providers may also convey to the victim's commander, if applicable, any possible adverse duty impact related to an active duty victim's medical condition and prognosis in accordance with reference (d). Such circumstances however, do not otherwise warrant an exception to policy, and therefore the specific details of the domestic abuse incident will still be treated as covered communication and may not be disclosed.

If the victim advocate or healthcare provider believes that disclosure is warranted or required pursuant to one of the exceptions listed above, the victim advocate or healthcare provider shall first consult with his or her supervisor and servicing legal office prior to disclosure. When there is uncertainty or disagreement on whether an exception applies, the matter will be brought to the attention of the installation commander for decision. The victim advocate or healthcare provider must also make every reasonable effort to provide the affected victim advance notice of the intention to disclose a covered communication, with a description of the information to be disclosed, the basis for disclosure, and the individual, group or agency to which it will be disclosed. The disclosure will be limited to information necessary to satisfy the purpose of the disclosure in the event the disclosure is made under the authority of one of the exceptions stated above. Further disclosure will not be made unless the domestic abuse victim authorizes the disclosure in writing.

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Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in discipline under the Uniform Code of Military Justice, loss of credentials, and/or other adverse personnel or administrative actions.

In the event that information about a domestic abuse incident is disclosed to the commander or FAP, from a source independent of the restricted reporting avenues, law enforcement shall also be notified and conduct investigations when appropriate. FAP shall intervene with the family and conduct all appropriate assessments and provide all appropriate treatment. Additionally, a victim's disclosure of his or her domestic abuse to persons other than those covered by this policy may result in an investigation of the allegations by law enforcement and clinical intervention from FAP. Consistent with current policy, commanders acquiring information under these circumstances about a domestic abuse incident shall immediately notify law enforcement and FAP.

This policy does not create any actionable rights for the alleged offender or the victim, nor constitute a grant of immunity for any actionable conduct by the alleged offender or the victim, nor create any form of evidentiary or testimonial privilege. Covered communications that have been disclosed to persons other than those specified to receive them under the protections of this restricted reporting policy, even if disclosed improperly or inadvertently, may be used in administrative, nonjudicial, or judicial disciplinary proceedings against the alleged offender or the victim.

The DoD recognizes the potential impact of restricted reporting on investigations and a commander's ability to hold perpetrators accountable, and this policy decision represents the judgment that such risks have been carefully considered but were outweighed by the overall interest in providing domestic abuse victims this form of support. This directive-type memorandum supersedes all regulatory and policy guidance within the Department of Defense not expressly mandated by law that is inconsistent with its provisions or would preclude its execution.

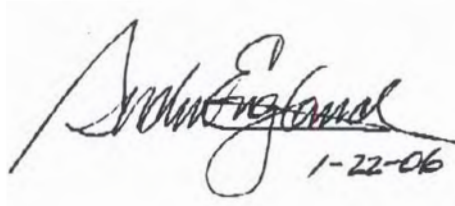
This memorandum provides the framework for restricted reporting. The magnitude of this change requires extensive, in-depth training for DoD personnel and specialized training for commanders, senior enlisted personnel, victim advocates, investigators, law enforcement personnel, FAP personnel, chaplains, healthcare providers, and legal personnel.

All Military Services shall submit a copy of their proposed implementing guidance conforming to this policy not later than 60 days from the date of this memorandum. My point of contact for this action is Mr. Michael Hoskins, Director, Family Violence Policy Office, at (703) 588-0871.

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To ensure consistent application across the Military Services, this restricted reporting policy will be effective 90 days from the date of this memorandum. Final implementation of this policy is contingent on approval of Military Department and Service policies consistent with the requirements outlined in this memorandum.



Andrew England
1-22-06

ATTACHMENT 1

DEFINITIONS

ADULT. For purposes of this memorandum, an adult is a service member or a person who is not a service member who has either attained the age of eighteen years of age or is married.

COVERED COMMUNICATION. An oral, written or electronic communication of personally identifiable information related to a domestic abuse incident made by a victim to the victim advocate, the supervisor of victim advocates, or to a healthcare provider, for the purposes of receiving medical care or information, referral to service providers, advice, or safety planning. It includes a record relating to such a communication (including statements, notations or reports) but does not include statistical data that does not identify an individual.

DOMESTIC ABUSE. Domestic abuse is (1) domestic violence or (2) a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty when such violence or abuse is directed toward a person of the opposite sex who is: (a) A current or former spouse; (b) A person with whom the abuser shares a child in common; or (c) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

DOMESTIC VIOLENCE. An offense under the United States Code, the Uniform Code of Military Justice, or State law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or the violation of a lawful order issued for the protection of a person of the opposite sex, who is: (a) A current or former spouse; (b) A person with whom the abuser shares a child in common, or (c) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

HEALTHCARE PROVIDER. For the purpose of this policy, this term applies to those individuals employed or assigned as healthcare professionals, or are credentialed to provide health care services (including clinical social workers), at a military medical or military dental treatment facility, or a military family support center, or who provide such care at a deployed location or in an official capacity. This term includes military personnel, DoD civilian employees or DoD contractor personnel.

VICTIM ADVOCACY SERVICES. Services that are offered to victims of domestic abuse with the goal of increasing victim safety and autonomy. Services shall include, but not necessarily be limited to, responding to victims' emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children in both the civilian and military communities, and providing victims with ongoing support and referrals.

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VICTIM ADVOCATE. An employee of the Department of Defense, a civilian working under contract for the Department of Defense, or a civilian providing services via a formal memorandum of understanding between the installation and a local victim advocacy service agency, whose role is to provide safety planning services and comprehensive assistance and liaison to and for victims of domestic abuse, and to educate personnel on the installation regarding the most effective responses to domestic abuse on behalf of victims and at-risk family members. The advocate may also be a volunteer military member, a volunteer civilian employee of the Military Department, or staff assigned as a collateral duty.