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# Foreword and Acknowledgements

Navy was the first service to initiate the use of military victim advocates with the inception of its Sexual Assault Victim Intervention (SAVI) program in 1994. Family Advocacy domestic abuse victim services soon followed. Now known as domestic abuse victim advocates (DAVAs), they provide a full continuum of specialized and dedicated services to victims of domestic abuse.

The *Domestic Abuse Victim Advocate Program Resource Guide* helps to ensure Family Advocacy Program (FAP) DAVAs are adequately trained and equipped to provide their clients the best service possible. The Guide is designed to offer a service model for intervening with victims of domestic abuse as well as to provide a standardized and comprehensive approach for instructing domestic abuse victim advocates.

This *DAVA Program Resource Guide* is the Navy's first resource developed specifically to define domestic abuse victim advocate roles, services, boundaries, guiding legislation, instructions and resources in a single product. The Guide consists of eleven chapters and five appendices and is available in hard-copy and on CD. The electronic version contains hyperlinks that the user can click on to move to a specific section or Internet resource.

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## CHAPTER 1

# DAVA Program Structure and Scope

It is Department of Defense (DoD) policy to:

- Prevent and eliminate domestic abuse in the Department of Defense.
- Provide for the safety of victims; hold abusers appropriately accountable for their behavior; and coordinate the response to domestic abuse with the local community.

To do so, the DoD has instructed each branch of the service to establish and maintain a Family Advocacy Program (FAP). FAP is a command-support program that addresses family violence – both domestic abuse and child abuse – in military families through prevention efforts; early identification and intervention; support for victims; and treatment for abusers. FAP works both on the installation and in the civilian community to provide a coordinated community response to domestic-abuse incidents.

Within FAP, the Domestic Abuse Victim Advocacy (DAVA) Program provides a broad range of services to military-affiliated victims of domestic abuse. Advocacy services are provided with the goal of increasing victim safety and autonomy. Services include responding to victims' emergency and ongoing safety concerns and needs; providing information on programs and services available to victims and their children in both civilian and military communities; and providing victims with ongoing support and referrals.

## 1.1 Background and Purpose of Domestic Abuse Victim Advocacy Program

In response to the enactment of the Child Abuse Prevention and Treatment Act of 1974, the military created programs that address domestic abuse in military families. This act mandated child-advocacy programs within the military.

### KEY TERMS

**CNIC**

Commander, Navy Installations Command.

**CONUS**

Continental United States.

**DAVA**

Domestic-abuse victim advocate/advocacy.

**DoD**

Department of Defense.

**DoN**

Department of the Navy.

**FAP**

Family Advocacy Program.

**FFSC**

Fleet and Family Support Center.

**FFSP**

Fleet and Family Support Program.

**OCONUS**

Outside the continental United States.

**OPNAV**

Office of the Chief of Naval Operations.

**SECNAV**

Secretary of the Navy.

**VAWA**

Violence Against Women Act.

**NOTE**

Throughout the chapters in this *Resource Guide*, the applicable sections of DoDI 6400.06 are cited by number, written in italics, and boxed off in the margin. These references indicate required DAVA services.

Initially, services were somewhat fragmented with each branch providing different services. In the late 1970s, the General Accounting Office (GAO) issued a report, *Military Child Advocacy Programs – Victims of Neglect* that recommended consistent and centralized efforts. Numerous regulations, instructions and directives mandated the development of the Office of Family Policy and the Family Advocacy Program. Subsequently, each service adopted policies and programs that require reporting of domestic abuse or neglect on a military installation or involving service members. The Navy hired their first domestic abuse victim advocates (DAVAs), then known as victim services specialists, in 1995.

During the past 30 years, significant changes have occurred in both the military and civilian communities' responses to domestic abuse. The civilian community has supported shelters, criminal statutes, and treatment and training programs, culminating in the enactment of the Violence Against Women Act (VAWA) and its reauthorizations. The DoD issued a zero-tolerance memorandum declaring that domestic violence will not be condoned or tolerated among the ranks.

In response to critical publicity by national news shows, the National Defense Authorization Act (NDAA) for FY 00 (PL 106-65), § 591 established the Defense Task Force on Domestic Violence (DTFDV). The mission of the DTFDV was to investigate thoroughly the nature of domestic violence within the military community, the systems' responses, and make policy and program recommendations for change. The annual reports of the DTFDV contained nearly 200 recommendations for consideration by the DoD.

In 2003, the DoD established the Family Violence Policy Office to implement the recommendations of the DTFDV. Sixteen interim directive-type memoranda were issued, and funding was provided to the policy office to hire victim advocates and conduct training for military commands, first responders, chaplains and military personnel.

The Department of Defense issued DoD Instruction 6400.06 Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel, in 2007. The instruction includes previously issued directive-type memoranda that outline the role of the command, law enforcement, judge advocate, victim advocate, medical personnel, chaplain, and Family Advocacy Program staff. In addition, the instruction supports the development of a coordinated community response to domestic violence within the armed forces.

## 1.2 Policy and Guidance

It is critical that domestic abuse victim advocates (DAVAs) understand policy and guidance underlying the DAVA program. Legislation, instructions and directives, as well as local and site-specific policy, provide guidance to the Fleet and Family Support Program, to the FFSC Family Advocacy Program (FAP), and to victim-advocacy services. These policies are disseminated by congressional mandate, the Department of Defense (DoD), the Secretary of the Navy (SECNAV), and the Office of the Chief of Naval Operations (OPNAV).

- Public law and congressional mandates are presented to DoD for action. DoD directives establish policy, and each service then further defines these based on specific needs.
- The Department of the Navy (DoN) issues directives (SECNAVs and OP-NAVs) to Navy commands as a mandated course for action. These directives define how to assign responsibility and implement policy.

All military instructions are written using very specific language. When reading instructions to determine the scope of responsibilities and requirements, DAVAs must be cognizant of the explicit meaning of the following verbs:

- SHALL denotes a mandatory action.
- WILL denotes an optional action or an action in the future.
- MAY denotes an optional action that a specific person is authorized to perform (a right, privilege or power that the person may exercise at his or her discretion).

The following list includes the most pertinent guidance for the Navy FAP/Domestic Abuse Victim Advocacy Program listed by type and in chronological order with the newest policy first. Please note that there are no DoD or Navy instructions specifically written for domestic-abuse victim advocacy, but guidance is contained within FAP policy.

### 1.2.1 Legislation

**[Title 18 USC §922\(d\)\(9\) and \(g\)\(9\), Unlawful Acts, 8 Jan 2008.](#)** This legislation amends the Gun Control Act of 1968 and has provisions that make it a felony for anyone convicted of a misdemeanor crime of domestic violence to possess a firearm.

**[Title 37 USC §406\(h\), Travel and Transportation Allowances: Dependents; Baggage and Household Effects, 19 Jan 2004.](#)** Under this law, the abused spouse or parent of an abused child wishing to relocate for personal safety reasons may request shipment of household goods and a personal motor vehicle if he or she wants to leave the abusive parent or spouse.

**Public Law 108-136, National Defense Authorization Act for Fiscal Year 2004, §572 and 573, 24 Nov 2003.** Under Section 527 of this legislation, payments made under the Transitional Compensation Program can begin earlier, and the duration of payments is defined more clearly. Section 573 allows the secretaries of the military departments to authorize transitional compensation benefits for individuals who otherwise would not be eligible. ([See Chapter 7.6.1](#))

## 1.2.2 Department of Defense Policy

**DoD Instruction 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, 21 Aug 2007.** This instruction establishes, implements, and updates domestic-abuse policies and identifies and assigns responsibilities for preventing and responding to domestic abuse. It also provides guidance for implementing the policies through a coordinated community response involving multiple offices and agencies at military installations working in coordination with the surrounding civilian community.

**DoD 6400.1-M-1, Manual for Child Maltreatment and Domestic Abuse Incident Reporting System, 15 Jul 2005.** This manual prescribes procedures for completion and submission of information about substantiated and unsubstantiated reports of child maltreatment and domestic-abuse incidents.

**Safety Plan Form, DD Form 2893, March 2005.** Victim advocate safety plan for use with victims.

**DoD Directive 6400.1, Family Advocacy Program, 23 Aug 2004.** This directive establishes the Family Advocacy Program and assigns responsibilities to stakeholders for working to prevent family violence from occurring; identify victims of abuse; assess families experiencing domestic and child abuse; and provide treatment to those families.

**Under Secretary of Defense for Personnel and Readiness (USD (P&R)) Memorandum, Duration of Payment for Transitional Compensation for Abused Dependents, 14 Jun 2004.** This directive-type memorandum (DTM) implements some changes to the Transitional Compensation Program mandated by congressional legislation.

**DoD Instruction 1342.24, Transitional Compensation for Abused Dependents, 23 May 1995.** This instruction implements policy, assigns responsibilities, and prescribes procedures for payment of monthly transitional compensation to dependents of members separated for dependent abuse.

### 1.2.3 Navy Policy

**OPNAVINST 1752.2B Family Advocacy Program, 25 Apr 2008.** This instruction implements the policies set forth in SECNAVINST 1752.3B and in DoDI 6400.1-M-1.

**OPNAVINST 1754.1B Fleet and Family Support Center Program, 5 Nov 2007.** Establishes Navy policy and assigns responsibilities for the administration and support of the Navy FFSC. Requires initial and ongoing consultation, advocacy, and assistance to domestic-abuse victims including safety assessment and planning, and providing information and referral resources.

**SECNAVINST 5210.8D Department of the Navy Records Management Program, 31 Dec 2005.** Provides revised policy and assigns responsibilities for the life-cycle management (creation, maintenance, use and disposition) of information as records in all media, including electronic media, and establishing responsibility for the DoN Records Management Program.

**SECNAVINST 1754.1B Department of the Navy Family Support Program, 27 Sep 2005.** Revises and updates DoN policy and assigns responsibility for establishing and operating Fleet and Family Support Programs.

**OPNAV 1750.3 Transitional Compensation for Abused Dependents Policy, 20 Dec 2005.** Prescribes procedures for payment of monthly transitional compensation to dependents of members of the Navy separated for dependent abuse.

**SECNAVINST 1752.3B, Family Advocacy Program, 10 Nov 2005.** Revises the DoN policy on family advocacy and assigns responsibility for the Family Advocacy Program (FAP).

**OPNAVINST 1754.3 FFSP Accreditation Program, 29 Apr 2004.** Implements the FFSP Accreditation/Certification Program as required by instruction and provides the standards and procedural guidance to be used.

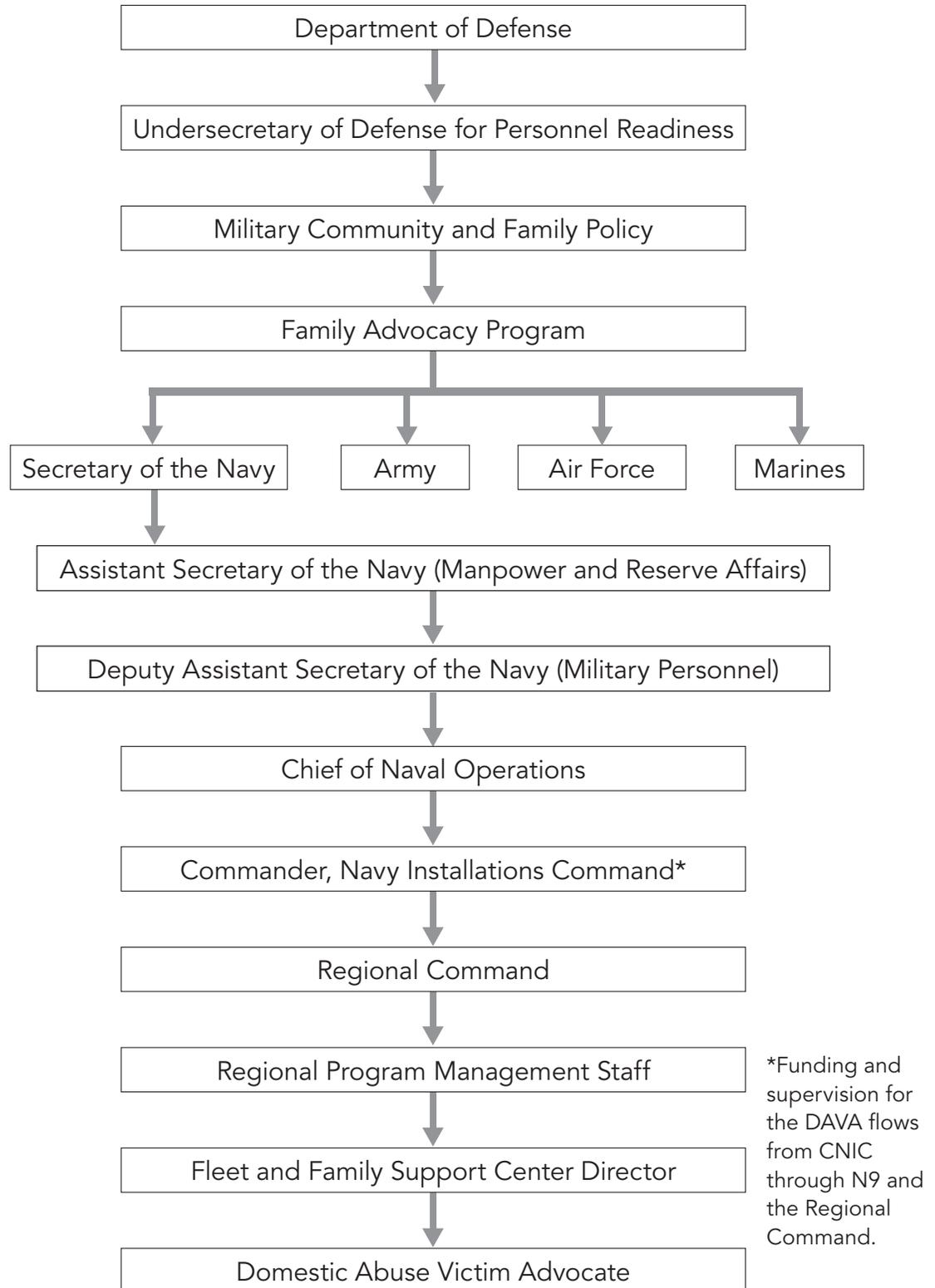
#### NOTE

These instructions and directives are up-to-date as of the publication of this *2010 Guide*. For updates, check for DoD issuances at <http://www.dtic.mil/whs/directives/>, the Department of the Navy issuances at <http://doni.daps.dla.mil/default.aspx>, or the Fleet and Family Support Center (FFSC) website at [www.ffsp.navy.mil](http://www.ffsp.navy.mil).

### 1.3 FFSP Program Organization

To understand fully the Navy Family Advocacy Program and the role of domestic-abuse victim advocates (DAVAs), DAVAs should be familiar with the Fleet and Family Support Program (FFSP) structure and chain of command. Commander, Navy Installations Command (CNIC) Headquarters provides shore-installation program management and direction to the FFSP. The following chart illustrates the organization and chain of command for the DAVA Program.

### 1.3.1 Domestic Abuse Victim Advocacy Program Organizational Chart/Chain of Command



## 1.3.2 CNIC

Established Oct. 1, 2003, Commander, Navy Installations Command (CNIC) is the Echelon II command under the chief of naval operations responsible for Navy-wide shore-installation management. Commander, Navy Installations Command Community Support Program (CNIC N2) is responsible for shore-installation policy development and implementation, resourcing, and oversight of quality-of-life programs for Sailors and their families. The CNIC mission is to “deliver effective and efficient readiness from the shore.” The vision is to “be the sole provider of shore capability, to sustain the fleet, enable the fighter, and support the family.”

CNIC headquarters program directors provide management and direction to Child Development (CD); Morale, Welfare and Recreation (MWR); and the FFSP. They are responsible for providing policy; funding (resources) and business processes; identifying and validating requirements; and developing budget guidance. They also strive to ensure consistency throughout the program and in every region. The Fleet and Family Support Program component of CNIC has several section managers and program analysts who support the FFSP programs and services. (See [Chapter 5.1 for further information.](#))

## 1.3.3 Regions

Currently there are six CONUS and six OCONUS regions with Fleet and Family Support Program operations. CONUS regions include: Naval District Washington, Navy Region Mid-Atlantic, Navy Region Midwest, Navy Region Northwest, Navy Region Southeast, and Navy Region Southwest. OCONUS regions include: Navy Region Europe, Africa and Southwest Asia; Navy Region Hawaii; Navy Region Japan; Navy Region Korea; Navy Region Singapore and Joint Region Marianas.

CNIC allocates resources to each region. FFSP regional program directors exercise primary responsibility over assigned FFSPs. They are responsible and accountable for the application of policy, funding (resources) and processes, and serve as a key resource to FFSP site managers. Headquarters-level FFSP program managers and analysts exercise their responsibilities through the regional program directors.

### NOTE

Funding for FAP is sent from CNIC to each of the regions. The region then disperses the funding to the installations. DAVAs should refer any questions about funding to their direct supervisor.

### 1.3.4 Installations

In some locations, the FFSP is aligned under the installation and is accountable to that installation commanding officer (CO) with additional duty to the regional program director. In other areas, the FFSP is aligned directly under the regional program director with additional duty to the installation commanding officer. Regardless, the regional program director's responsibility is to work closely with the regional business office, the installation CO, and the FFSP director/site manager to ensure they are kept up-to-date and aware of FFSP issues.

### 1.3.5 FFSP/FFSC

As stated on the FFSP website ([www.ffsp.navy.mil](http://www.ffsp.navy.mil)), "The Fleet and Family Support Program (FFSP) provides unified, customer-focused, consistent and efficient FFSP programs and services to support sustained mission and Navy readiness."

The majority of Fleet and Family Support Programs operate from independent locales, commonly known as Fleet and Family Support Centers (FFSC). In some areas, the FFSP is not a stand-alone entity but part of a community support service-delivery site. Therefore, you may see both terms, FFSP and FFSC, used interchangeably. FFSP refers to the entire program and FFSC to a site or locale that delivers the programs and services.

In addition to on-site management and direction, the FFSC director or site manager serves as the FFSP's representative to the installation commanding officer (CO). In this role, the site manager provides consultation and support to the installation CO. It is imperative that all staff (via supervisory chain of command) keep the site manager fully informed about programs and services so that accurate information can be communicated up the chain of command to the regional director.

#### 1.3.5.1 FFSP Mission, Vision and Guiding Principles

Developed by Commander, Navy Installations Command (CNIC) FFSP directors, the Mission, Vision and Guiding Principles describe the FFSP's purpose, desired end-state, and methodology for achieving it.

##### **FFSP Mission**

The Fleet and Family Support Program (FFSP) provides unified, customer focused, consistent and efficient FFSP programs and services to support sustained mission and Navy readiness. We provide the right services at the right time, to strengthen personal and family competencies to meet unique challenges of military lifestyle.

**FFSP Vision**

Fleet and Family Support Program's Vision:

- Recognized as DoD leader in customer-focused fleet and family support programs.
- Fully integrated with other community support resources.
- The Fleet and Family Support Program is an integral part of the command and the focal point for personal and family readiness.

**FFSP Guiding Principles**

The headquarters, region leaders and individual centers of the future are aligned to:

- An understanding of the organization, its goals and purpose.
- Employees share values such as trust, innovation, flexibility, and open communication.
- Value human capital, investing in professional development and recognition.
- Commitment through employee contribution, community partnerships, quality, cost effective programming.
- Leading change through motivation and innovation.
- Integration between customer requirements/satisfaction and mission.

The headquarters, region leaders and individual centers of the future will share these characteristics:

- Everyone will have an understanding of the organization, its goals, and purpose;
- Commitment is developed through partnerships with staff and customers;
- Managers are leaders:
  - Leading the organization through the changing environment.
  - Executing the best business practices.
  - Inspiring through motivation.

## 1.4 Relationship of Victim Advocacy to FFSP Programs

DAVA services are an integral part of the FFSP. To provide victim-advocacy services effectively, it is important to understand the functions and responsibilities of the various FFSP programs and services. DAVAs must be knowledgeable about the programs and services available through the FFSP's three functional areas and how these can be of benefit to victims and families. The three functional areas are:

- **Deployment support.** Deployment programs, ombudsman support, life-skills education, and mobilization/repatriation comprise deployment support. Many of the programs provided through this functional area, particularly life-skills education, can be of great benefit to family members. The stress of the military lifestyle can be eased through life-skills education in the areas of stress management, anger management, and parenting.
- **Career support and retention.** Programs and services to increase service member retention and family support for retention. Career-support planning includes the Transition Assistance Program (TAP), Relocation Assistance Program (RAP), Family Employment Readiness Program (FERP), and Personal Financial Management (PFM). DAVAs should work closely with these programs to determine the types of assistance that could benefit their clients, such as budgeting or information about employment options.
- **Crisis response.** The Domestic Abuse Victim Advocacy Program comes under the Family Advocacy Program (FAP), which is a component of crisis response. The other components include Clinical Counseling, Sexual Assault Prevention and Response (SAPR), New Parent Support Home Visitation Program (NPSHVP), and Casualty and Disaster Response. At times, the challenges of military life including relocation, financial concerns, single parenting, etc., may seem overwhelming to a participant. A referral to any of these programs may be appropriate and often necessary before, or in conjunction with, victim-advocacy services.

## 1.5 Research and Statistics

The following statistics reflect research from the past two decades. It is difficult to determine accurately the actual number of domestic-abuse incidents or trends within the military or how incidents within the military compare with civilian communities.

*(Information from the the Encyclopedia of Interpersonal Violence Domestic Violence in Military Families, Volume 1. Sage Publications, Inc., 2008.)*

The prevalence of domestic abuse within the military is difficult to ascertain due to the lack of standardized data and a lack of a uniform interpretation of data. DoD estimates suggest that domestic violence in the military rose during the 1990s. The rate escalated from 19 cases per 1,000 individuals in 1990 to 26 per 1,000 in 1996. Reporting practices were altered in 1997, which resulted in a decrease. Although substantiated reports decreased, the levels of moderate to severe violence increased.

The Department of Defense estimates indicate a slow decline in the number of cases of substantiated domestic violence since 2000. In 2004, the rate was 14 per 1,000, representing 16,400 reported cases with 9,450 substantiated incidents. The Army consistently shows the highest rate of domestic violence, followed by the Marines, Navy and Air Force.

Additional research and data have shown that:

- The victim seeking services from the military is predominantly the female civilian spouse of active-duty personnel.
- Victims normally have children, and more than half have been married about two years.
- Spouse abuse, as substantiated by the military, is predominantly perpetrated by male active-duty personnel.

The DoD also commissioned a study of its Victim Advocacy Pilot Project, which included advocates from all four armed services. According to this study:

- 73 percent of victims were civilian, 26 percent were active-duty enlisted, and 1 percent officers.
- 84 percent of victims were married, 7 percent were dating, 7 percent were separated, and 2 percent were divorced.
- Victims' self-reports indicated that 77 percent involved physical abuse, 23 percent were emotional or verbal abuse only, and 6 percent involved sexual abuse.

In the 2008 New York Times article "When Strains on Military Families Turn Deadly," the reporters state that studies show links between combat experience, trauma and domestic violence. Citing a 2006 study in *The Journal of Marital and Family Therapy*, the article stated that 80 percent of those with post-traumatic stress disorder committed at least one domestic violent act in the previous year. The study focused on veterans at a Veterans Affairs medical center who sought marital counseling from 1997 to 2003 and found that those with PTSD were "significantly more likely to perpetrate violence toward their partner."

## 1.6 Scope of Services

**6.1.1.14:** *Ensure that victims of domestic abuse, living on or off the installation, have access to victim advocacy services in accordance with this instruction 24 hours a day through either personal or telephonic contact...*

Advocacy is a core component of domestic-abuse prevention and intervention. A DAVA responds directly to help victims of domestic abuse navigate military and community systems, including the criminal justice system, health care and social services as they attempt to acquire needed resources.

### 1.6.1 Program Purpose and Goals

The purpose of the Navy Domestic Abuse Victim Advocacy Program is twofold:

1. To provide victims with education and support to ensure their safety and their families' safety.
2. To collaborate with military and civilian organizations to ensure a coordinated community response to domestic abuse, preventing re-victimization and resulting in improved services.

The goal of the Department of the Navy (DoN) is to eliminate domestic- and child-abuse incidents that impact Navy personnel and family members through awareness and prevention education; provision of the safest possible environments; coordinated community response; and holding offenders accountable (OPNAVINST 1752.2b). The primary goals of FAP are:

- Prevention.
- Victim safety and support.
- Rehabilitative intervention.
- Command and offender accountability.

Within the goal of victim safety and support, DAVA Program goals include:

- Provide the victim with immediate and continuous response. Services include safety planning, information and referral, and support.
- Provide victim advocacy within a coordinated community response.

## 1.6.2 Eligibility

The following populations are eligible for domestic-abuse victim advocacy services:

- Active-duty members of the military services and their legal family members who are eligible for a military-issued identification card and eligible to receive military medical treatment.
- Reserve-component members and their legal family members while on active duty.
- Non-foreign hire civilian employees of the DoD in overseas locations and their legal family members, including personnel who receive military health care on a fee-per-service basis.
- Former civilian spouses and intimate partners including a person with whom the abuser shares a child in common or a current or former intimate partner with whom the abuser shares or has shared a common domicile are eligible only for limited services including safety-planning and referrals to civilian support services.

**6.1.1.2:** *Victims of domestic abuse who are eligible to receive military medical treatment, including those eligible on a fee-paying basis, shall (mandatory) have access to both immediate and ongoing victim advocacy services.*

**6.4.1.3.** *Victims who are not eligible to receive military medical treatment shall be offered FAP assessment and safety planning services and referral to civilian support services for all follow-on care.*

### NOTE

*Children are not eligible for victim-advocacy services.*

## 1.6.3 Programs and Services

OPNAVINST 1752.2B, Family Advocacy Program, states that “the DAVA 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’ families.”

DoDI 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, details the responsibilities of the DAVA. These include:

- Advocacy to individual victims – initial response and safety planning.
- Advocacy to individual victims – ongoing assistance.
- FAP meetings – attend and participate as appropriate.
- Systems advocacy. Promote a coordinated community response for the prevention of domestic abuse and for intervention when domestic abuse occurs.
- Education/training and public awareness.



## CHAPTER 2

# DAVA Core Competencies

There are a number of skills that DAVAs should possess to ensure they are able to provide victim-advocacy services competently. These core competencies include, but are not limited to, the following:

- Knowledge of the dynamics and cycle of domestic abuse, and how it applies to the military.
- Situations of imminent risk or danger.
- Cultural competency — understanding the impact of culture, including Navy culture, the culture of domestic abuse, ethnicity and abuse, and working with different generations.
- Participating in and conducting effective meetings.
- Establishing relationships with clients, co-workers, commands and the community.
- Networking with military and community partners.
- Presentation and facilitation skills.
- Outstanding customer-service skills.

The first three items are discussed in this chapter. The remaining content is included in applicable chapters throughout this *Resource Guide*. Additional skills, such as understanding human behavior, the dynamics of substance abuse, state laws related to abuse, etc., are outside of the scope of this *Guide*.

## 2.1 Dynamics of Domestic Abuse

All DAVAs hired by the Navy must have a bachelor's degree in social work, sociology, psychology, criminal justice or a related social or behavioral science; and at least one year of experience with domestic-abuse victims and crisis-intervention programs, or four years of experience working with victim advocates. The following information covers only the very basics on domestic abuse; however, DAVAs should possess more comprehensive and thorough knowledge of domestic abuse and victimology.

### KEY TERMS

**Cultural competency**

Understanding, communicating and effectively interacting with individuals by providing culturally-sensitive services.

**Homicidal**

Referring to an individual with the intent to harm or kill another.

**Suicidal**

Referring to anyone thinking of taking their own life.

## 2.1.1 Definitions

Although the terms “domestic abuse” and “domestic violence” often are used interchangeably to describe any type of intimate-partner maltreatment, the DoD has specific definitions with domestic abuse as an overarching term encompassing domestic violence:

The DoD definition of domestic abuse is:

- a. domestic violence
- b. a pattern of behavior resulting in emotional or 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:
  - (1) a current or former spouse;
  - (2) a person with whom the abuser shares a child in common; or
  - (3) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

### NOTE

A complete list of definitions related to the Navy FAP and DAVA Program can be found in [Appendix A](#).

The DoD definition of domestic violence is an offense under the United States Code, the UCMJ or state law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex who is a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile.

## 2.1.2 Cycle of Abuse

The cycle of abuse can be characterized by a predictable, repetitious pattern of abuse. The abuse may be emotional, psychological or physical, with psychological abuse nearly always preceding and accompanying physical abuse.

### NOTE

The “Cycle of Violence” theory of domestic violence was first introduced in the late 1970s by researcher and feminist Lenore Walker. The goal of the Cycle of Violence theory was to describe and predict the pattern that violent relationships often fall into.

The cycle can occur hundreds of times in an abusive relationship, the total cycle taking anywhere from a few hours, to a year or more to complete. The cycle of violence moves from phase to phase and repeats itself again and again until the conflict is stopped, usually by the victim leaving the relationship. It is a difficult cycle to break because of its constant return to the honeymoon or calm period in which there is a renewed sense of hope. However, the length of the cycle phases usually changes over time so that the tension building and incidents increase and the honeymoon, calm period or absence of violence may decrease or stop.

- **Phase One: Tension building.** This stage involves minor incidents (slapping, verbal and/or psychological abuse) with increasing tension and fear of the batterer. It occurs prior to an overtly aggressive act. This may be the time when a victim will seek help through law-enforcement intervention only to be told nothing can be done until violence occurs. Behaviors during this phase include:
  - Batterer experiences increased tension.
  - Victim minimizes problems or may modify behaviors to try to avoid triggering partner's outbursts.
  - Batterer increases threats.
  - Victim withdraws.
  - Batterer becomes more controlling.
  - Tension becoming intolerable.
  - Victim feels as if they are walking on eggshells.
  - Poor communication.
  - Victim may seek help.
- **Phase Two: Abusive incident or violent episode.** During this stage, a violent episode occurs that usually causes injury and sometimes results in death. This usually is the shortest phase and lasts a few minutes to 24 hours. During this violent episode:
  - Batterer is unpredictable; believes he or she is losing control.
  - Victim is helpless; feels trapped.
  - Batterer is highly abusive. An incident occurs.
  - Incidence of violence or threat occurs.
  - Victim is traumatized.
  - Batterer blames victim.
- **Phase Three: Honeymoon period, calm period, or absence of violence.** Characterized by affection, apology, or ignoring the occurrence of an incident, this phase marks an apparent end of violence with assurance that it will not happen again or that the offender will change. This may be the longest phase early in a relationship, but usually becomes progressively shorter over time and may disappear entirely. During this phase:
  - Environment becomes tranquil, maybe even pleasant.

**NOTE**

The term "honeymoon phase" is controversial. Many victims do not identify with the term honeymoon. Some victims report that their cycle rotates between only two phases – tension building and violence.

- Batterer is loving, apologetic and attentive.
- Victim has mixed feelings.
- Batterer is manipulative.
- Victim feels guilty and responsible.
- Batterer promises change.
- Victim considers reconciliation.
- Victim often recants or minimizes abuse.

Although abuse generally follows a pattern or cycle, the Navy lifestyle may influence this. Deployment, relocation and other separations may increase stress and/or disrupt the cycle.

### 2.1.3 Power and Control Wheels

The Power and Control Wheel was developed from the experience of battered women in Duluth, Minn., who had been abused by their male partners. The tactics chosen for the wheel were those that were experienced most universally by battered women. The Power and Control Wheel represents the experience of women who live with a man who beats them. It illustrates the pattern, intent and impact of violence.

#### NOTE

The focus of the wheel is on women's experience and these wheels have been developed and proven valid and reliable only for female victims. Although the battering of women by men continues to be a significant social problem – men commit more than 85 percent of all criminal assaults, males are also victims of domestic abuse (see [Chapter 2.1.4.1](#)) and DAVAs should work with them to understand power and control issues.

The Power and Control Wheel was so named because battering is one form of domestic abuse that is characterized by the pattern of actions that an individual uses to control or dominate his intimate partner. That is why the words "power and control" are in the center of the wheel. A batterer systematically uses threats, intimidation and coercion to instill fear in his partner. These behaviors are the spokes of the wheel. Physical and sexual violence holds it all together — this violence is the rim of the wheel.

A variety of wheels have been developed relating to different aspects of abuse. (Go to <http://theduluthmodel.org/wheelgallery.php> or [http://www.ncdsv.org/publications\\_wheel.html](http://www.ncdsv.org/publications_wheel.html).) The following three wheels are used frequently and are relevant to the needs of military victims and families:

- **Power and Control Wheel.** Offers a precise explanation of the tactics men use to batter women.
- **Military Power and Control Wheel.** Describes abusive tactics that batterers use to control their victims, focusing on how they may be experienced within the context of a relationship rooted in the military. Specific tactics are described in the wheel, including "Claiming Military/Male Privilege."

- **Equality Wheel.** Developed to describe the changes needed for men who batter to move from being abusive to a non-violent partnership. For example, the “emotional abuse” segment on the Power and Control Wheel is contrasted with the “respect” segment on the Equality Wheel. The wheels can be used together as a way to identify and explore abuse and then encourage non-violent change.

DAVAs may use the wheels in the following ways:

- **Support to individual victims.** The wheel can be used when working individually with a victim. Understanding the dynamics of abuse not only is educational but empowering.
- **Women’s support groups.** Victims can use the wheel to explain how these behaviors were used against them. They are able to see that they are not alone in their experience and understand more fully how their batterer could exert such control over them.
- **Men’s groups.** The wheel is used in counseling and education groups for men who batter to help group participants identify the tactics they use, explore the beliefs that contribute to their behavior and, in concert with the Equality Wheel, to help group participants see alternatives.
- **Education and training.** The wheel may be used in a variety of settings to describe battering. For instance, in training for first-responders or commands, the wheel may be used to explain the dynamics of abuse and provides an explanation for why a victim might return to an abusive spouse or why a victim refuses to cooperate in a criminal prosecution.

#### NOTE

The three wheels also are found in [Appendix B, forms 1-3](#) for reproduction as handouts.



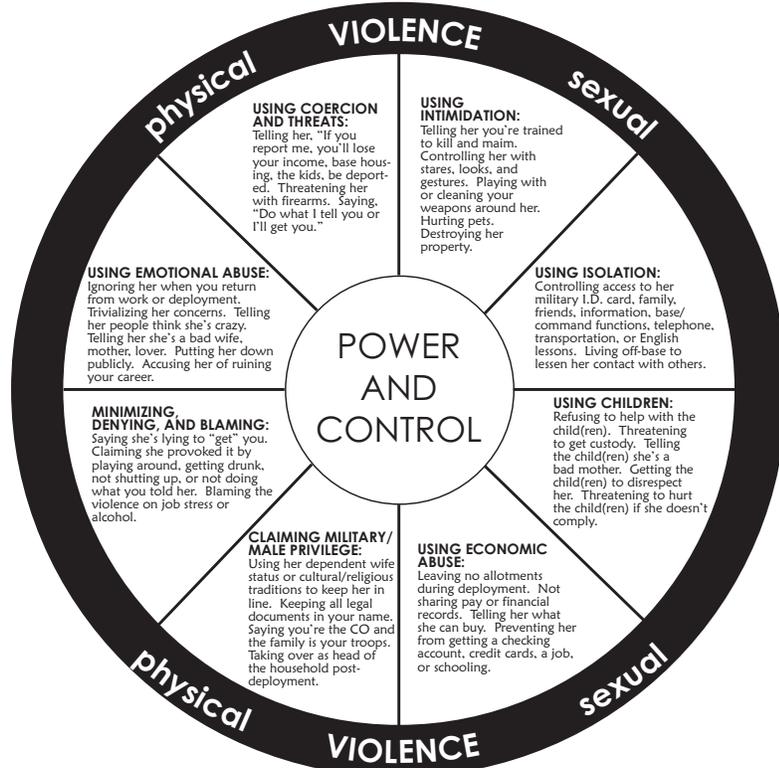
B-1

## Power and Control Wheel



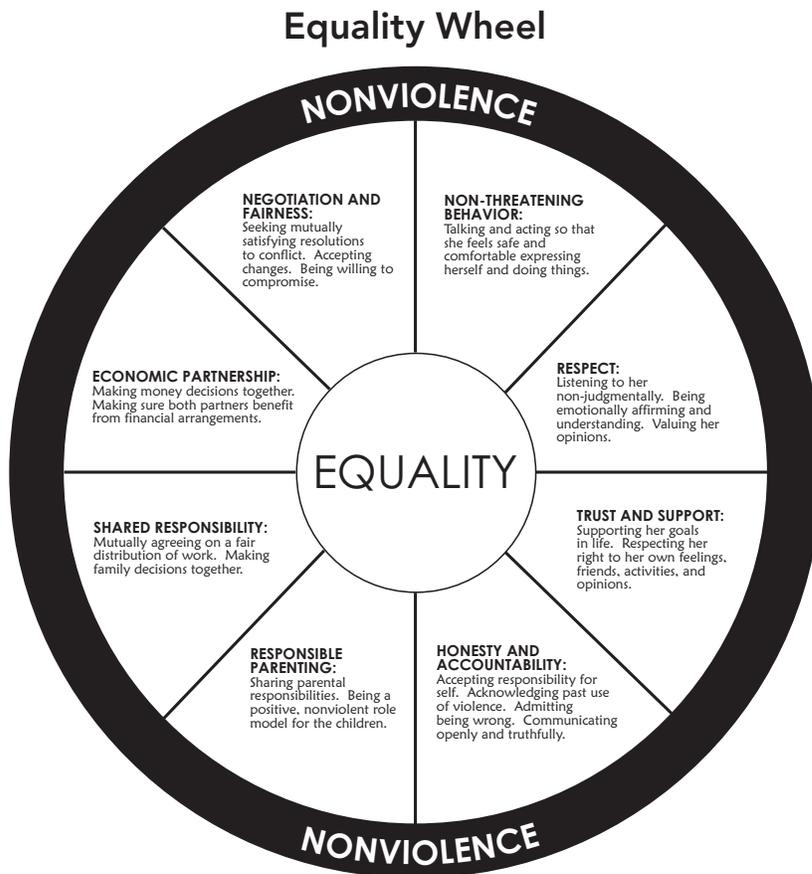
B-2

## Military Power and Control Wheel





B-3



- <http://www.ncdsv.org/images/PowerControlwheelNOSHADING.pdf>
- <http://www.ncdsv.org/images/MilitarycontrolwheelNOSHADING.pdf>
- <http://www.ncdsv.org/images/EqualitywheelNOSHADING.pdf>

## 2.1.4 Victims

OPNAVINST 1752. 2B defines a victim as “a person who alleges abuse or whose welfare is harmed or threatened by acts of omission or commission by another individual or individuals.”

It is not the responsibility of a DAVA to investigate or to make a determination as to who is the victim. The DAVA’s role is support and education; investigations are conducted by law enforcement and the command. If a client states that he or she is a victim, victim-advocacy services should be provided.

However, it can be difficult to establish who may be the victim in a relationship. The accounts of one or both parties may lead to confusion. DAVAs should keep in mind that:

- A victim who takes the blame for the abuse might turn down offers of help from advocates. They may not get needed information, support, or even medical services.
- An offender, who falsely claims to be a victim, might obtain safety-planning strategies and other information that inadvertently could undermine the actual victim's safety.
- Offenders often claim victimization to avoid consequences or as a tactic to control victims further.
- Victims may take the blame for the abuse, because their partners have convinced them that the problems in the relationship are their fault or because they used violence or other tactics in self-defense.
- Both parties may use physical force in an incident.

### 2.1.4.1 Male Victims

Male victims of domestic abuse often do not come forward because they are afraid no one will believe them or take them seriously. Many men are too embarrassed to admit they are being abused. Within the military culture, which traditionally has been male-dominated, it can be even more difficult for male victims, especially active-duty males, to ask for help.

However, males make up a substantial percentage of domestic-abuse victims. In 2003, the National Domestic Violence Hotline found that approximately 74 percent of their calls came from women, 12 percent came from men, and the other 14 percent came from an unknown gender. Also, in a recent research report published by the U.S. Department of Justice, it is estimated that 4.5 million physical assaults against women and 2.9 million physical assaults against men occur annually. The 2.9 million assaults against men represent 39 percent of all such assaults, and it is estimated that males make up 15 percent to 35 percent of all victims annually. (Domestic Abuse Helpline for Men and Women at <http://dahmw.org/>.)

Additional reasons male victims may not report include:

- Sexuality and masculinity may be challenged. A "real man" is expected to be able to "control" his wife, and abused men may feel they somehow are less of a man if abused.
- Limited resources. Shelters, support groups, etc., for male victims may not be readily available.
- Gender bias by service providers and law enforcement.

The majority of DAVAs are female and work primarily with female victims. However, when male DAVAs work with female victims, or female DAVAs work with male victims, additional dynamics come into play. Often it is difficult for a victim to trust a DAVA who is the same sex as the offender, or it may be difficult for the victim to share sensitive information. It is incumbent upon the DAVA to help the victim feel comfortable and safe. Often, acknowledging the discomfort of working with a DAVA of the opposite sex is a good way to begin. If possible, the services of a same-sex DAVA could be offered, or a third person could be present with the DAVA and victim.

### 2.1.4.2 Victims' Rights

Both the military and individual states protect the rights of victims. During the past decade, the DoD has issued extensive policy guidance to assign responsibilities and to establish procedures and program standards for providing victim assistance. Military installations have established comprehensive programs and entered into agreements with civilian communities to enhance and protect the rights and identities of victims throughout the military criminal-justice system. SECNAV INST 5800.11B, Victim and Witness Assistance Program, and OPNAVINST 5800.7, Victim and Witness Assistance Program, provide guidance.

DD Form 2701, DoD Initial Information for Victims and Witnesses of Crime should be given to all military-affiliated victims or witnesses of crime. The form provides victims and witnesses with a better understanding of how the military criminal-justice system works. A copy of this form can be found in [Appendix B, form 4](#).

Every state has an identified number of legal rights for crime victims, often known as a victims' bill of rights. They generally include these rights:

- To be notified of proceedings and the status of the defendant.
- To be present at certain criminal-justice proceedings.
- To make a statement at sentencing or other times; and to restitution from a convicted offender. Also often included are the rights to be consulted before a case is dismissed or a plea agreement entered; to a speedy trial; or to keep the victim's contact information confidential.

The National Center for Victims of Crime has a public database of crime victims' rights laws. Go to <http://www.victimlaw.info/victimlaw/> for detailed information on victims' rights laws.

#### NOTE

An additional benefit of restricted reporting is that it may encourage other victims of abuse to come forward.



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### 2.1.4.3 Victims Who Stay

Many victims choose to stay in an abusive situation, at least temporarily. They stay for many reasons:

- The victim often is confused and has hope that the abuser will change, or the abuser may be a good provider or parent. Most victims both love and fear the abuser.
- Abusers try to isolate victims from family and friends so the victims do not have anyone to support them if they do leave.
- Victims often feel tremendous shame and embarrassment and use denial as a way of coping with the abuse.
- Many victims lack resources – particularly financial resources.
- Some victims may stay due to religious or cultural beliefs. Many believe in the sanctity of marriage and divorce or single parenting is unacceptable.
- Institutional responses from law enforcement or clergy may encourage the victim to stay.
- A victim may believe realistically that it is more dangerous to leave than to stay. In many cases, the abuser has threatened to kill the victim, himself or herself, or the children if the victim tries to leave. (This also is true of men who are abused.) In fact, a victim is at an increased risk of stalking, attempted murder, and murder after leaving an abusive relationship.

For victims who stay in an abusive relationship, DAVAs should work with them to:

- Provide information and referral on safe emergency housing and other services while in the relationship, as well as if they decide to leave.
- Build a strong support system. Help the victim get involved with people and activities outside the home, and encourage them to get the children to do so as well.
- Provide emotional support. Help victims develop a positive way of looking at themselves and the situation.

DAVAs may use the following phrases to convey their concern to a victim:

- I'm afraid for your safety, or I am very concerned about your safety.
- I'm afraid for the safety of your children.
- It will only get worse. The cycle of violence will continue.
- I'm here for you and will support you whatever your decision.
- You don't deserve to be abused. It is not your fault.

## 2.1.5 Effects of Domestic Abuse on Children

There is extensive research and information on the effects of domestic abuse on children. As reported by the National Advisory Council on Violence Against Women and the U.S. Department of Justice's Violence Against Women Office, slightly more than one-half of female victims of domestic violence in the United States live in homes with children under 12. Studies estimate that 10 percent to 20 percent of all children are at risk for exposure to domestic violence.

A 2003 report by the Child Welfare Information Gateway (<http://www.childwelfare.gov>) found that childhood problems associated with exposure to domestic violence fall into three primary categories:

- **Behavioral, social and emotional problems.** Higher levels of aggression, anger, hostility; oppositional behavior and disobedience, as well as fear, anxiety, withdrawal, and depression; poor peer, sibling and social relationships; and low self-esteem.
- **Cognitive and attitudinal problems.** Lower cognitive functioning; poor school performance; lack of conflict-resolution skills; limited problem-solving skills; pro-violence attitudes; and belief in rigid gender stereotypes and male privilege.
- **Long-term problems.** Higher levels of adult depression and trauma symptoms; and increased tolerance for and use of violence in adult relationships.

When determining the types of services and interventions needed for children living with violence, the following factors that influence the impact of domestic violence on children should be considered:

- **Nature of the violence.** How frequent and severe is the violence? Is there resolution to the conflict?
- **Coping strategies and skills.** Does the child have strong coping skills and/or a supportive social network?
- **Age of the child.** How old is the child? Younger children appear to exhibit higher levels of emotional and psychological distress than older children.
- **Elapsed time since exposure.** When did the violence occur? Children often have heightened levels of anxiety and fear immediately after a violent event.
- **Gender.** In general, boys exhibit more "externalized behaviors" (e.g., aggression or acting out), while girls exhibit more "internalized behaviors" (e.g., withdrawal or depression).

**6.4.3.12.** Advise the victim of the impact of domestic abuse on children and offer referrals for assessments of the physical and mental health of involved children.

- **Presence of child physical or sexual abuse.** Children who witness domestic violence and are physically abused are at risk for increased levels of emotional and psychological maladjustment than children who only witness violence and are not abused.

## 2.2 Imminent Risk of Danger

**6.4.2.5.** Assess the situation for imminent danger of life-threatening physical harm to the victim or another person, considering the existence and frequency of the risk factors in Section 6.6.2...

DAVAs may become aware of, or be involved in, situations that may present imminent danger such as the threat of physical violence, suicide or homicide. They should have up-to-date knowledge of the reporting systems and procedures that their site follows in the event a client with threatening behavior, or suicidal or homicidal intent, presents or calls for assistance. A written FFSC standard operating procedure (SOP) for handling dangerous, suicidal, or homicidal clients should outline these actions.

### NOTE

Further information on danger/lethality assessments can be found in [Chapter 7.2.2.2](#).

### 2.2.1 Suicidal/Homicidal Intent

If a situation arises in which suicidal or homicidal intent is suspected, the DAVA will need to take initial action. The first priority should be the safety of the caller and others involved in the situation. Depending on the situation, the DAVA may need to contact 911, base security, the supervisor, or an FFSC clinical provider as soon as possible.

### NOTE

DAVAs must be familiar with their FFSC's and installation's protocol for homicidal/suicidal situations.

If a client indicates a suicidal or homicidal situation, the DAVA should try to keep the client on the phone or in the interview to determine imminent danger. The DAVA should establish a relationship with the client by expressing interest and stating a willingness to help. If the contact is by phone, information on the phone number and location where the client is located should be obtained immediately.

The following are signs that a client is at immediate risk:

- Has thoughts of suicide or homicide. Ask the client directly, "Are you thinking of hurting yourself?" "Are you thinking about suicide?" "Are you thinking of hurting someone?"
- Has a complete plan for suicide or homicide. Ask, "How will you do that?" Get details to determine how the plan would be carried out.
- Has access to the method of suicide or homicide described. Ask if the method is at hand. Is there a gun, pills, etc.?
- States an intention to complete the plan. Ask when and where they intend to carry out their plan.

## 2.2.2 Duty to Warn

If a DAVA becomes aware of a client's intent to do serious bodily harm to another, he or she should discuss with the FAP supervisory chain of command whether there is a duty to warn. Health-care providers and therapists are required by law (Tarasoff Decision) to exercise his or her duty to warn. The intended victim must be warned and law enforcement notified. Notification would be to whoever is responsible under the circumstances. If the victim is off-base, notification should go to local law enforcement; if on-base, then base security should be notified.

## 2.2.3 The Lautenberg Amendment

Because an offender's access to firearms may affect a victim's safety, DAVAs should be familiar with the Lautenberg Amendment. The Lautenberg Amendment makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic abuse to ship, transport, possess, or receive firearms or ammunition, and it prohibits sales or other dispositions of firearms and ammunition to such individuals. Violations may result in a maximum punishment of 10 years in prison and a \$250,000 fine. It is incumbent upon commanding officers and supervisors to ensure compliance with this law.

Although the Lautenberg Amendment applies only to "misdemeanor crimes of domestic violence" in civilian courts, DoD policy has extended the prohibition. Under DoD policy, a "qualifying conviction" includes:

- A misdemeanor or felony conviction for a crime of domestic abuse in a civilian court.
- A conviction for a crime of domestic abuse at a general or special court-martial.

If a military member is convicted of a domestic-abuse offense, the Lautenberg Amendment requires that the offender be denied access to firearms. For certain service members, this means discharge, reassignment, or otherwise separation from the service. The Lautenberg Amendment does not apply if the service member's role does not involve the use of firearms. In addition, the definition of "firearm" under Lautenberg does not include use of other weapons and equipment, such as missiles or tanks.

When a commanding officer finds that a service member has a qualifying conviction or if there is reasonable cause to believe that the service member has a qualifying conviction, the commanding officer must:

- Retrieve government-issued firearms and ammunition.

**NOTE**

Most domestic abuse is handled through disciplinary action that does not invoke the Lautenberg Amendment.

- Suspend the individual's authority to possess government-issued firearms and ammunition.
- Advise them to dispose of their privately owned firearms and ammunition lawfully.

## 2.3 Cultural Competency

To provide high-quality victim-advocacy services, DAVAs not only must be able to work with and respond to clients of different cultures, ethnicities, gender and generations, but must be knowledgeable about and sensitive to the Navy culture. Clients also must understand and appreciate the cultural aspects of the Navy and how this affects their lives and relationships. In other words, DAVAs must be culturally competent and help their clients to become so as well.

Culture is more than just ethnicity or race. The Department of Health and Human Services Center on Substance Abuse Prevention (CSAP), at <http://prevention.samhsa.gov/>, defines culture as the "shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people." It is reflected in any group that shares a history and belief system that influences how they function. Health-care and human services providers long have been aware of the need to provide quality services that are sensitive to the cultural norms of their clients. Providing effective, culturally competent programs and services is considered a best practice.

According to CSAP, key characteristics of a culturally competent professional include:

- Acknowledging culture as a significant force in shaping people's behaviors, beliefs and values.
- Acknowledging and accepting that cultural differences exist and have an impact on interactions among people.
- Believing that diversity within cultures is as important as diversity between cultures.
- Respecting the unique, culturally defined needs and behaviors of various population groups.
- Demonstrating an appreciation that diversity enriches our world. Recognizing that each client, regardless of ethnicity, also is an individual with unique characteristics, strengths and behaviors, and that successful programs and services must integrate individual and ethnic group behavior.
- Being aware of personal values, stereotypes and biases about one's own and others' ethnicity and social class, and ways that these may accommodate or conflict with the needs of clients.

### 2.3.1 Becoming Culturally Competent

The National Center for Cultural Competence at Georgetown University (<http://www11.georgetown.edu/research/gucchd/nccc/>) states that, “cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.”

There are several ways that DAVAs can become culturally competent. These include developing awareness, acquiring knowledge, and developing and maintaining cross-cultural skills.

Increasing knowledge, skills and cultural awareness can be achieved by:

- Interacting and developing relationships with people of different cultural backgrounds. Co-workers, clients and friends with different backgrounds can help increase understanding.
- Talking with supervisors and co-workers to learn from their experiences. Those who have been stationed or worked OCONUS may have particularly helpful insights.
- Attending and participating in cultural events. Concerts, festivals, etc., are excellent ways to learn about other cultures.
- Reading about other cultures and cultural competence. If interacting with many clients of a particular culture, make every effort to learn about their practices and beliefs.
- Attending training sessions that focus on cultural competence. Various helping professions, such as social work, may require training on cultural competency. Many of these training opportunities are open to all professions.
- Understanding your own culture. Consider how the customs and practices of your own culture have influenced your beliefs, interactions and values.
- Determining how other cultural groups view your own culture.
- Engaging in self-assessment, including looking at personal biases, stereotypes and prejudices.
- Viewing behavior within a cultural context.

DAVAs work with colleagues and clients from many cultures. To work effectively, it is important for DAVAs to demonstrate that they are culturally competent. Cultural competence can be demonstrated by:

#### NOTE

Navy Knowledge Online (NKO) has several courses on cultural competency. Go to <https://www.nko.navy.mil/portal/home/> for further information.

- Eliciting and considering culturally and ethnically diverse perspectives. Culture and ethnicity may influence how one interacts and carries out responsibilities. Are there particular cultural factors affecting the victim's relationship with the offender, willingness to tolerate abuse, or how help is accepted? Are there cultural dynamics that cause victims to hide domestic violence and make them reluctant to seek assistance from institutions?
- Establishing an atmosphere of trust and respect that encourages all clients to express their views openly.
- Learning the verbal and nonverbal cues of other cultures, particularly for the cultures represented by clients at your site. This leads to better understanding and an ability to provide professional services.
- Overcoming fears, personal biases, stereotypes and prejudices. This often is easier said than done, but seeking information is a good first step to overcoming fears and biases.
- Developing and evaluating programs, materials and services to ensure that they are culturally relevant and appropriate. Are all victim-advocacy materials free of bias? Do they reflect the Navy culture? Are they inclusive of both male and female victims?
- Considering both male and female perspectives and differences in male and female communication. For example, some men want to address what is wrong by "fixing" it, by finding a practical solution right away. Some women, on the other hand, may want just to be able to explore and express their feelings, to be heard and to know that someone cares — and may or may not be ready to move quickly to practical problem-solving.
- Bridging the generation gap. Remember that each generation has its own characteristics and preferences. The political, social, and economic backgrounds of each generation affect their interactions and relationships. ([See Chapter 2.3.4.](#))

## 2.3.2 Cultural Competence and Domestic Abuse

There is very little information on the effectiveness of cultural-competency training and culturally-competent approaches to interpersonal violence. According to Lisa A. Fontes ("Cultural Competence." Encyclopedia of Interpersonal Violence. 2008. SAGE Publications. 6 Apr 2010. <[http://www.sage-ereference.com/violence/Article\\_n116.html](http://www.sage-ereference.com/violence/Article_n116.html)>.), "Culturally competent practice in interpersonal violence includes fair assessments, so that given problems are neither over- nor underreported among members of specific cultural groups. Culturally competent intervention ensures a fit between the professionals' practices and the cultures of the people who are experiencing the intervention. Common practices that have been developed by and used

with members of the dominant culture may need to be adjusted so they can fit better with people from particular cultural groups. In addition, culturally competent interventions include practices that are indigenous to the cultures in question and build upon existing strengths.”

When working with a victim from a different culture, DAVAs should find out about the following to ensure a culturally-competent response.

- Primary values of the culture.
- Views on domestic abuse.
- Typical family roles, including male and female roles, and those of all family members, including extended family.
- Patterns of communication and decision-making within the family structure.
- Adjustment to, and incorporation of, military culture.
- Outlook on seeking help, including mental-health care.
- Willingness to share information and feelings outside the family.

### 2.3.2.1 Victims of Different Cultures

Clients of different cultures face multiple barriers in using traditional domestic-abuse services. Racism and discrimination (real or perceived) have resulted in many victims having a general fear and overall mistrust of systems, including criminal justice, social services and government. Some of the issues for victims include, but are not limited to, the following:

- Reluctant to self-disclose when they come for help because counselors and advocates are of a different culture.
- Language barriers.
- Staff misunderstanding a victim’s perception of what he or she experienced.
- Failure to see the larger context in which violence is experienced. Violence may be one issue on a list of many issues with which victims are coping at any given time.

The University of Michigan Program for Multi-cultural Health (<http://www.med.umich.edu/multicultural/ccp/cdv.htm#bib>) has identified cultural barriers for African-American, Asian and Latino victims of domestic abuse. DAVAs should familiarize themselves with these and with the cultural barriers of the victims with whom they frequently work.

## **Cultural Barriers for African-American Victims of Domestic Violence**

### **Internal Barriers**

- A misunderstanding about what defines domestic violence.
- The stigma associated with domestic violence.
- African-American women may believe it is their responsibility to maintain the family regardless of cost.
- Victims potentially desire to protect African-American men and their image in society. The victim may have witnessed discrimination or brutality against African-American men and have a sense of community loyalty that makes her hesitate to report cases of abuse so as not to “betray” her community.
- Women may internalize common stereotypes about African-American women and be reluctant to bring attention to her situation.

### **External Barriers**

- Women may not be aware of services that are available or how to use them.
- Those who are in positions to help may believe in the false racial stereotype that violence among African-Americans is normal and inevitable.
- Support services often are in short supply in African-American communities. Victims may feel unwelcome or misunderstood in shelters outside of their immediate community.
- It is common for women to seek temporary shelter within extended family networks in African-American communities, but many times because of the closeness to the persons involved, they may not be able to offer alternatives objectively. They also may lack the professional training needed to handle crisis situations.
- Lack of economic self-sufficiency makes it difficult for victims to leave violent situations.
- Mistrust of the legal system and health-care providers due to past experiences of racism.
- Media messages from African-American leaders stating the importance of supporting the African-American male and not expose him to any more stressors hinders women from reporting abuse.

Sources: Campbell, D.W. “Nursing Care of African-American Battered Women: Afrocentric Perspectives.” *AWHONN's Clinical Issues in Nursing*. 4(3): 407-415. 1993.  
Robinson, M.S. “Battered Women: An African American Perspective.” *The ABNF Journal*. Pages 81-84. 1991.

## Cultural Barriers for Asian Victims of Domestic Violence

### Internal Barriers

- A misunderstanding about what defines domestic violence.
- The stigma associated with domestic violence.
- Reluctance to discuss family violence for fear of bringing shame on the family and ostracism from the community.
- Victims' desire to preserve the family and marriage at all costs.
- Victims fear the batterer.

### External Barriers

- Language and cultural differences isolate the victim. Consequently, the victims are unaware of their basic civil and legal rights.
- Recent immigrants may not be familiar with the way things work in their new environment (i.e., social-service systems, school and medical systems, transportation, etc.).
- Families may have suffered fragmentation and loss as a result of war and refugee experiences. This may make it difficult for a refugee woman to leave her abuser, as he may be the only surviving relative she has left.
- Challenges to traditional male-female roles.
- The lack of linguistically and culturally appropriate resources within communities may make the victims feel isolated. Victims often do not know what resources exist or where to get help.
- There is a lack of interpretation services in courts, health-care facilities, and domestic-violence shelters.
- Denial of services due to language barriers.
- There is a lack of supporting resources accessible to Asian women.
- Lack of economic self-sufficiency makes it difficult for victims to leave violent situations.
- Immigration issues (including legal status, benefit denials, legal resources, etc.) make it difficult for Asian women to seek help.

## Cultural Barriers for Latino Victims of Domestic Violence

### Internal Barriers

- A misunderstanding about what defines domestic violence.
- The stigma associated with domestic violence.
- The victim's desire to preserve the family leads to tolerance of abuse. The value of familismo, which emphasizes family unity and devotion to family, is a central cultural value.
- Victims fear the batterer.

### External Barriers

- Language barriers and cultural differences isolate the victim.
- Victims believe interactions with health-care providers are marred by racial and ethnic prejudice. Victims feel disconnected and mistreated in the medical-care setting and are reluctant to discuss abusive situations.
- Recent immigrants may lack the support of extended families and feel socially isolated. Victims are unaware of law-enforcement services, legal rights, and the availability of social resources.
- Language barriers make it difficult to trust the provider. Interpreters create a distance between the patient and provider that interferes in developing trust.
- Fear that entering the health system puts them at risk for deportation, when in fact current immigration laws protect abused wives.
- Traditional male-female roles make it difficult for victims to identify abuse.
- The lack of linguistically and culturally appropriate resources within communities isolates victims. Victims are unaware of resources that exist or where to get help.
- Lack of economic self-sufficiency makes it difficult for victims to leave violent situations.
- Immigration issues (including legal status, benefit denials, and legal resources) make it difficult for women to seek help.

Sources: Bauer H.M., et.al. "Barriers to Health Care for Abused Latina and Asian Immigrant Women." *Journal of Health Care for the Poor and Underserved*. Vol. (1) 11. Pages 33-44. 2000. AYUDA Family Violence and Prevention Fund.

### 2.3.2.2 Language and Interpretation Services

Language and access to appropriate interpretation has to be addressed when attempting to increase accessibility to services and systems in immigrant communities. Both translation and interpretation can be issues. Translation refers to written materials that are translated from one language to another. Interpretation refers to oral rendition from one language to another where the interpreter goes back and forth between one or more individuals.

It is essential to have an interpreter when:

- The client asks for one.
- If there is any doubt about effectiveness in communicating with the client.
- If there are problems in being understood or understanding what the client is saying.

Interpreting may be:

- Simultaneous verbatim interpreting where the message is conveyed from the speaker to the listener as soon as the interpreter is able to make the transformation from the source language to the target. Tone, style and choice of words of the speaker have to be preserved.
- Consecutive verbatim interpreting is where the thoughts are relayed in sequential manner after the speaker finishes a particular thought sequence. Accurate rendering is a must since approximations, running narrations and summaries are not precise. In this method, there is a loss of spontaneity.
- Summary interpreting where the interpreter provides a summary of what is being said. The interpreter can listen, paraphrase and then provide a much-condensed version. This method may be dangerous, since the interpreter can choose to omit information.

It is important to interview the prospective interpreter in order to assess their views and biases on a variety of topics. In the context of domestic abuse, this is essential due to the possibility of collusion with the perpetrator.

#### NOTE

Religious beliefs also affect how a victim responds to domestic abuse. Information on the complex and varied issues that religion and faith can present for victims and survivors of domestic abuse can be found at:

- National Resource Center on Domestic Violence as published Religion and Domestic Violence: Information and Resources (2007) by the [http://new.vawnet.org/As-soc\\_Files\\_VAWnet/NRC\\_Religion.pdf](http://new.vawnet.org/As-soc_Files_VAWnet/NRC_Religion.pdf)
- National Center on Domestic and Sexual Violence offers numerous publications addressing faith and faith communities. These may be found at [http://www.ncdsv.org/publications\\_religion.html](http://www.ncdsv.org/publications_religion.html)

### 2.3.3 Navy Culture

The U.S. military is not a job but a lifestyle that affects the entire family. It can be stressful, as it involves frequent moves, separations due to deployments, long hours, assignments with potential danger, and loss of social support from friends and extended family due to geographical distance.

It is critical for DAVAs not only to understand Navy culture and lifestyle but to be able to assist clients (both active duty and family members) in understanding the Navy culture and its possible affects on their relationships. What are the essentials of Navy and military culture with which DAVAs should be aware? There are many unique aspects to Navy culture including the following:

- **Language.** The Navy, and each military branch, has its own language. DAVAs should become familiar with language, acronyms, and the meaning of signage. Special attention should be given to understanding Navy “language” related to victim advocacy, including terms used by the Family Advocacy Program (FAP), Navy Legal Service Office (NLSO) and security — base security and Naval Criminal Investigative Service (NCIS).
- **Clothing and uniforms.** Sailors, Marines and soldiers wear many different uniforms. Uniform insignia, including stars, stripes and bars, indicate rank and rate.
- **Unique buildings, ships and planes.** DAVAs should learn about their particular installation. What kind of work occurs here? What is the mission? What are the specific types of ships or planes?

#### NOTE

See [Appendix C](#) for Navy terminology, including rank insignia charts, terms and acronyms.

In addition to the essentials listed above, DAVAs should become familiar with the following aspects of the Navy culture and military environment:

- **Mission.** The Navy and command mission are of ultimate importance. FFSC programs and services are designed to make a maximum contribution to mission readiness. It is incumbent to understand the nature of the local installation and individual command missions. Be cognizant of the fact that the mission takes precedence over any one individual’s situation or personal needs.
- **Chain of command.** The chain of command is used to maintain good communication within the military. Each member in the chain of command has an essential position that is required to support the mission. Any break in the chain can lead to confusion, disorganization and mission failure. An effective chain of command provides:
  - An avenue for official authorization of various requests submitted, ensuring that each member in the chain is aware of the actions taken.
  - Every individual with a specific supervisor.
  - An orderly flow of information to and from the commanding officer to each and every Sailor.

- **Deployment.** The Fleet Response Plan, developed by the chief of naval operations (CNO), has affected deployment schedules since its inception in 2003. In order to maintain “presence with a purpose,” need determines deployments. Deployments no longer are predictable in number or duration. The effect on Sailors and their families is that they always must be deployment-ready. The stress of unpredictability is something with which all Navy personnel must live.
- **Navy lifestyle.** The Navy’s rules and regulations and their impact on work and lifestyle sometimes can be difficult to comprehend. Work and family life are closely intertwined. Patriotism and duty are taken seriously by Sailors and their families. Confidentiality is more limited. Families have little control over where they are located and how often they must move. Even where and with whom one socializes may be limited. These factors can have a significant impact on family members’ quality of life.

In addition to understanding the basics of Navy culture, it is critical to understand that the military community and culture includes risk factors that enhance the vulnerability of domestic-abuse victims. These include, but are not limited to, the following:

- Geographical isolation from family and friends.
- Social isolation within the military community.
- Relocation and mobility.
- Economic dependence.
- Fear of adverse career impact.
- Offender opportunities to develop and enhance techniques that could be used for intimidation.
- Access to weapons.
- Combat stress and post-traumatic stress disorder (may influence risk and prevalence of domestic violence).
- The military population is concentrated in the ages of highest risk for interpersonal violence (ages 20 to 40).

(From “Navy/Military Culture and Domestic Abuse” in the *Encyclopedia of Interpersonal Violence*.)

In addition, according to Judith Beals in “The Military Response to Victims of Domestic Violence” (<http://www.bwjp.org/>), a high percentage of military personnel have prior histories of domestic violence. Among Navy recruits, 54 percent of men and 40 percent of women have witnessed parental abuse prior to enlistment.

## 2.3.4 Working With Different Generations

Understanding different generations is critical as victims and families range from teens to young spouses to those with many years invested in a marriage or relationship. They represent different generations with different expectations, ways of communicating, and needs. Each generation has its own characteristics and preferences.

### NOTE

Extensive research has taken place on the different generations, their characteristics, interactions, etc. However, one must take into account that these studies are generalized and do not look at individuals and such issues as the impact of culture.

The political, social and economic backgrounds of each affect interactions, relationships, and how they utilize FFSC programs and services. Understanding the generations and determining how best to meet their unique needs can lead to innovative approaches to victim-advocacy services.

It is important to be familiar with the different generations and some basic characteristics of each. Generations tend to be defined by their common experiences and shared values. Differences within a generation can be significant; income, culture, and level of education are important influences. Despite individual differences, the following generally can be applied to understanding the generations:

- **Traditionalists, GI Generation, Builders, Matures, or Veterans.** Born approximately 1900 to 1945. Stable, detail-oriented, thorough, loyal, hard-working, they live by rules. Families mostly are traditional and nuclear. This generation sometimes is divided into the GI or Veterans born from 1900 to 1925 and the Silent Generation born from 1926 to 1944.
- **Boomers. Born approximately 1946 to 1964.** Service-oriented, driven, willing to “go the extra mile,” good at relationships, and team-oriented. Baby boomers grew up in relative prosperity and safety. However, traditional families were disintegrating. They came of age in the optimistic 1960s and 1970s and believe in growth and change.
- **Generation X. Born approximately 1965 to 1980.** They are adaptable, techno-literate, independent, not intimidated by authority, creative, and cynical. Many families had two working parents with latch-key children. These are the children of workaholic parents, the child-care generation who grew up to be self-reliant, individualistic, and determined to maintain a work-life balance.
- **Millennials or Generation Y. Born since 1981.** Optimistic, tenacious, multi-taskers, capable, technologically savvy, and spirited. Ethnically diverse — one in three is not Caucasian. The Internet, multitude of television channels, different shopping options, etc., have given Generation Y the notion that if they can’t get what they want from one source, they can go immediately to another. They will question regulations and want to know there are other options. They are willing to work hard but expect immediate gratification.

### 2.3.4.1 Impact of Generation Y

Of utmost importance in working with different generations is understanding the impact of Generation Y. The raw numbers of Generation Y have approached that of the Baby Boomers — there were 91 million people born in the 1980s and 1990s. This generation will have a considerable influence on America's future (and the future of the Navy).

Generation Y, or Gen Y, is tech-savvy, and Internet use is second-nature. They use the Internet not only for research or information, but for social networking, shopping and banking. The following information is significant in thinking through how victim-advocacy programs and services can be delivered most effectively to Generation Y.

Generation Y appreciates technology but also appreciates personal communication. They want the convenience of 24-hour access to information and research, but they also want the personal touch for important events (such as developing a safety plan). For in-person contacts, they expect to work with someone who is knowledgeable and skillful. They want someone who can relate to them, perhaps another Gen Y individual. In addition, they want to be given specific information and expect the interaction to be personally beneficial — in other words, did the in-person contact go beyond what they could have obtained online?

A study by MarketWatch.com in November 2008 determined that the Top 15 websites visited by Gen Y include the following:

- |               |                  |
|---------------|------------------|
| 1. Facebook   | 9. Flickr        |
| 2. Wikipedia  | 10. Netflix      |
| 3. YouTube    | 11. Pandora      |
| 4. Craigslist | 12. Perez Hilton |
| 5. MySpace    | 13. Amazon       |
| 6. eBay       | 14. CNN          |
| 7. NY Times   | 15. Hulu         |
| 8. Yelp       |                  |

These sites focus on three areas — social networking, news, and entertainment. The study validates that for Gen Y, the Internet is fully integrated into all aspects of their lives. The study also revealed a number of other characteristics of Gen Y including:

- Personalization and relevancy are key to engaging Gen Y.
- Websites that create a personalized and relevant experience earn points for “knowing” their users. It increases loyalty and return visits. According to the research, this generation is aware that sites are tapping into their online behavior, but they do not see this as an invasion of privacy as long as the information is used to enhance their experience.
- This generation is team-oriented and likes to make decisions together. “Sharability” should be considered when designing websites or developing content.

### **2.3.4.2 Implications of Generational Differences in Victim-Advocacy Services**

Victim-advocacy clients may range from teenagers (Gen Y) to older Sailors and family members (Boomers). It is important to keep the following in mind when designing and implementing programs, and when working with individual victims or a group:

- Factors that increase risk of domestic abuse may be more prevalent in relationships in Gen X and Gen Y such as children from another relationship, use/abuse of alcohol and drugs, and increased exposure to violence.
- Streamlining. Older generations are more willing to go through each step patiently. Younger generations want things done quickly and efficiently. They are motivated but want to see immediate results.
- Cyberstalking. Abuse may include the use of technology including installing spyware on computers, reading e-mail, tracking cell-phone calls, or attaching a GPS locator device to a car.
- Use of technology for education and training. Older generations may be less comfortable with technology and may need additional training to understand and use it effectively. Younger generations expect things to be done electronically. They use computers, social networking, e-mail, etc., and expect immediate and direct communications. In contrast, the younger generations may need assistance with non-technical skills such as the value of in-person contacts.

## CHAPTER 3

# Confidentiality and Informed Consent

By definition, confidentiality is an ethical, not a legal, concept that describes procedures or policies that govern protection of sensitive personal information. The idea of confidentiality in the military environment differs from that in a civilian setting. The military is built on the foundation that the commanding officer has the “need to know” about the safety and well-being of service members and their families in order to assess continually service members’ fitness for duty and potential impact on mission readiness.

To protect the individual’s rights and to establish and maintain credibility within the Navy community, it is imperative that the strictest standards of confidentiality are followed with regard to clients utilizing DAVA services. It is important to keep in mind that information shared by victims may be deeply personal. Victims may believe, whether accurately or not, that what is discussed may place professional standing, social acceptance, or even the Sailor’s career, in jeopardy.

## 3.1 Informed Consent

Informed consent is a process by which a client learns the potential risks and benefits of disclosing information, the type of information being collected, and how information will be used before deciding whether to participate or what information to share. In essence, the responsibility of the DAVA is to present the victims with the information needed for them to provide an informed consent for participation in services.

As part of the informed-consent process, the following information should be shared with victims:

- Service parameters including that the DAVA program is voluntary, free, and the type of services provided.

### KEY TERMS

#### **Confidentiality**

Keeping information given by or about an individual in the course of a professional relationship secure.

#### **Disclosure**

A review and release of the pertinent information contained in the record.

#### **Informed consent**

A process in which a client learns the type of the information being collected and how information will be used before deciding whether to participate in services.

#### **Limits of confidentiality**

The circumstances under which information cannot be kept confidential.

#### **Mandated reporting**

Requirements for an individual or agency to report any instance where there is reasonable cause to suspect child abuse or neglect.

#### **Privacy Act**

Federal guidelines for the disclosure of information about clients.

#### **Release of information**

Authorization by the client to give out personal information.

#### **Restricted reporting**

Option of reporting a domestic-abuse or sexual-assault incident to specified individuals without initiating the investigative process or notification.

- DAVA's role.
- DAVA's availability (office hours/emergency situations).
- Referral process (when appropriate).
- Limits of confidentiality including mandated reporting requirements.

The process of informed consent is key to building rapport and trust with victims. Victims must understand that the information they disclose is sensitive and will be treated as such. It is important to explain to the victim the rationale for, and conditions of, release of information. Gaining the trust of the victim can be facilitated by acceptance, understanding, and a nonjudgmental attitude. DAVAs should encourage victims to ask questions and share information. By recognizing victim strengths and resiliency, the DAVA can encourage victims to use advocacy services as well as counseling, educational programs and other FFSC services.

## 3.2 Confidentiality Policy and Guidance

Confidentiality of client records and information is critical to the professional credibility of the FFSC, FAP and DAVA services. Client records are established, protected, maintained and eventually destroyed by means of the following guidance:

- Privacy Act of 1974, 5 U.S.C. Section 552a provides guidelines for the disclosure of information about clients.
- SECNAVINST 5211.5E Department of the Navy Privacy Program, 28 Dec 2005, implements the Privacy Act in the Navy.
- OPNAVINST 1754.1B, enclosure (5) directly addresses confidentiality of records at FFSCs.
- Federal Register, Vol. 64, No. 81, Systems Notice, 28 Apr 1999, Privacy Act Notices. N01752-1 pertains to the Family Advocacy Program system.

### NOTE

A systems notice describes the kinds of information the Navy may collect on an individual. Among other issues, a systems notice addresses type of records, how and where records are stored, who within and outside DoD has access, how an individual can access his or her own record, and what information in the record can be released.

## 3.3 Privacy Act

The Privacy Act of 1974 was instituted to safeguard individuals against the invasion of personal privacy and to allow individuals access to any government records pertaining to them. The Privacy Act does allow the disclosure of information from a client's record without the consent of the client if there is a compelling "need to know" by selected officers and employees of the DoD who have a need for the record in the performance of their duties.

Most individuals associated with the military are familiar with the requirements of the Privacy Act. However, to protect the individuals' rights and to establish and maintain credibility within the military community, it's important that confidentiality be followed in regards to all clients requesting FAP or victim-advocacy services. Further information on the Navy Privacy Act can be found at [www.privacy.navy.mil](http://www.privacy.navy.mil).

Whenever a client file that contains personal data is opened, confidentiality and the Privacy Act must be addressed. Before obtaining information from a client for the purposes of opening a record, the client must be provided a Privacy Act Statement and advised about the uses of the collected information.

A sample Privacy Act Statement and a sample Personnel Reliability Program (PRP) Privacy Act Statement for Sailors who work with nuclear weapons may be found in [Appendix B, forms 5 and 6](#).

**NOTE**

DAVAs do not open case records. A victim's case record is opened and maintained by FAP staff. However, DAVAs may complete paperwork with the victim for entry into the case record.

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### 3.3.1 Exceptions to Confidentiality

There are exceptions to confidentiality. The Privacy Act allows the disclosure of information from a client's record WITHOUT the consent of the client in certain, carefully defined cases. Disclosure is a review and release of the pertinent information contained in the record.

While adhering to the highest personal and professional standards of conduct, DAVAs may be obligated to disclose pertinent information. For example, one has a duty to disclose criminal activity, child abuse, and imminent danger. While this information is included in the Privacy Act, DAVAs should ensure that victims understand the circumstances under which reporting is mandatory.

Each site should have procedures in place regarding handling exceptions to confidentiality as well as dangerous or threatening situations. If any of these situations arise, DAVAs should obtain guidance from a supervisor, clinical and advocacy staff, or the director. In most instances, DAVAs will not actually disclose the information to a third party but will share the information with a supervisor who then will determine the appropriate course of action.

DAVAs should be familiar with the following exceptions to confidentiality:

- **Internal to DoD — need to know.** Information may be disclosed to officers and employees of the Department of Defense (DoD) who have a need for the record/information in the performance of their duties. For example, this exemption allows a client's records to be disclosed to FAP staff and supervisors, the service member's commanding officer, or other

**NOTE**

Some sites request that clients indicate on the Privacy Act Statement if they have security clearances. This is up to the individual site, and there is no requirement to do so.

**NOTE**

Further information on imminent danger can be found in [Chapter 2.2](#).

military staff with a proven need to know. DAVAs must use professional judgment in determining who has a need to know, and most importantly, precisely what information needs to be divulged. Consultation with a supervisor is required.

- **Disclosure for a “routine use” of personal service records.** The Privacy Act considers routine uses to be authorized disclosures of case-record information to individuals outside the DoD without the client’s consent or knowledge. Routine uses are included in the Privacy Act Statement given to clients. Those requesting disclosure pursuant to one of the routine uses must put their request in writing. Consultation with a supervisor is required.
- **Child abuse/neglect.** The reporting of alleged child abuse or neglect is mandatory. All cases must be reported to the Navy Family Advocacy Program (FAP) and the state’s child-protective services. A report of alleged child abuse is considered a disclosure for “routine use.” DAVAs should consult with their supervisor and the FAP case manager.

### 3.3.2 Requests for Information

There are circumstances when someone will request access to case-record material. In all non-routine disclosures, the release (disclosure) must be documented in the case record using the Disclosure Accounting form. Because the FAP case manager is responsible for the case, DAVAs should consult with the case manager and/or FAP supervisor in all cases relating to written requests for access. If possible, the situation should be discussed with the client and any questions answered prior to release of information from the record.

OPNAV 5211/9 Disclosure Accounting form is required to be used to record all non-routine use disclosures. The form should be added to case records upon recordable disclosure of information. Disclosures are made and documented in the record per the Privacy Act with the form physically affixed to the record from which the information is disclosed. The record of disclosure should:

- Enable an individual (including the client) to determine which persons and agencies have received disclosures (i.e., medical or clinical-counseling referrals).
- Provide a basis for informing recipients of subsequent amendments or statements of dispute concerning the record.
- Provide a means to prove, if necessary, that the FFSC has complied with the requirements of the Privacy Act.

A copy of another organization’s request and the FFSC reply furnishing the information requested should be placed in the file from which disclosures have been made.

A sample Disclosure Form can be found in [Appendix B, form 7](#).

Disclosure of confidential information is allowed with a client's consent. A signed consent to release or obtain information should include the following information:

- Client's name, signature and date.
- Witness' name, signature and date.
- The specific entity to which the information should be released.
- The specific purpose.
- The extent or type of information to be disclosed.
- Period of disclosure.

A sample Consent to Obtain Information form can be found in [Appendix B, form 8](#).



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#### NOTE

Information obtained from a third party cannot be released. It must be released by the original source of the information.



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## 3.4 Restricted and Unrestricted Reporting

DoD policy prefers that personnel report suspected domestic-abuse incidents promptly to activate both victim services and accountability actions. However, recognizing that a requirement that all domestic-abuse incidents be reported can represent a barrier. In 2005, the DoD instituted the restricted reporting option. Adult victims of domestic abuse now have two reporting options: unrestricted reporting and restricted reporting.

### 3.4.1 Unrestricted Reporting

Unrestricted reporting supports effective command awareness, prevention programs as well as law-enforcement and criminal-justice actions that maximize accountability and prosecution, as appropriate, of domestic-abuse offenders.

Victims of domestic abuse who want to pursue an official command or criminal investigation of an incident should use the unrestricted reporting channels, including chain of command, FAP, or law enforcement. Upon notification of a reported domestic-abuse incident, DAVA services and FAP clinical services will be offered to the victim. Additionally, at the victim's request, the health-care provider, in coordination with criminal investigators, may conduct any forensic medical examination deemed appropriate.

There are both benefits and limitations to unrestricted reporting. The benefits include that the victim:

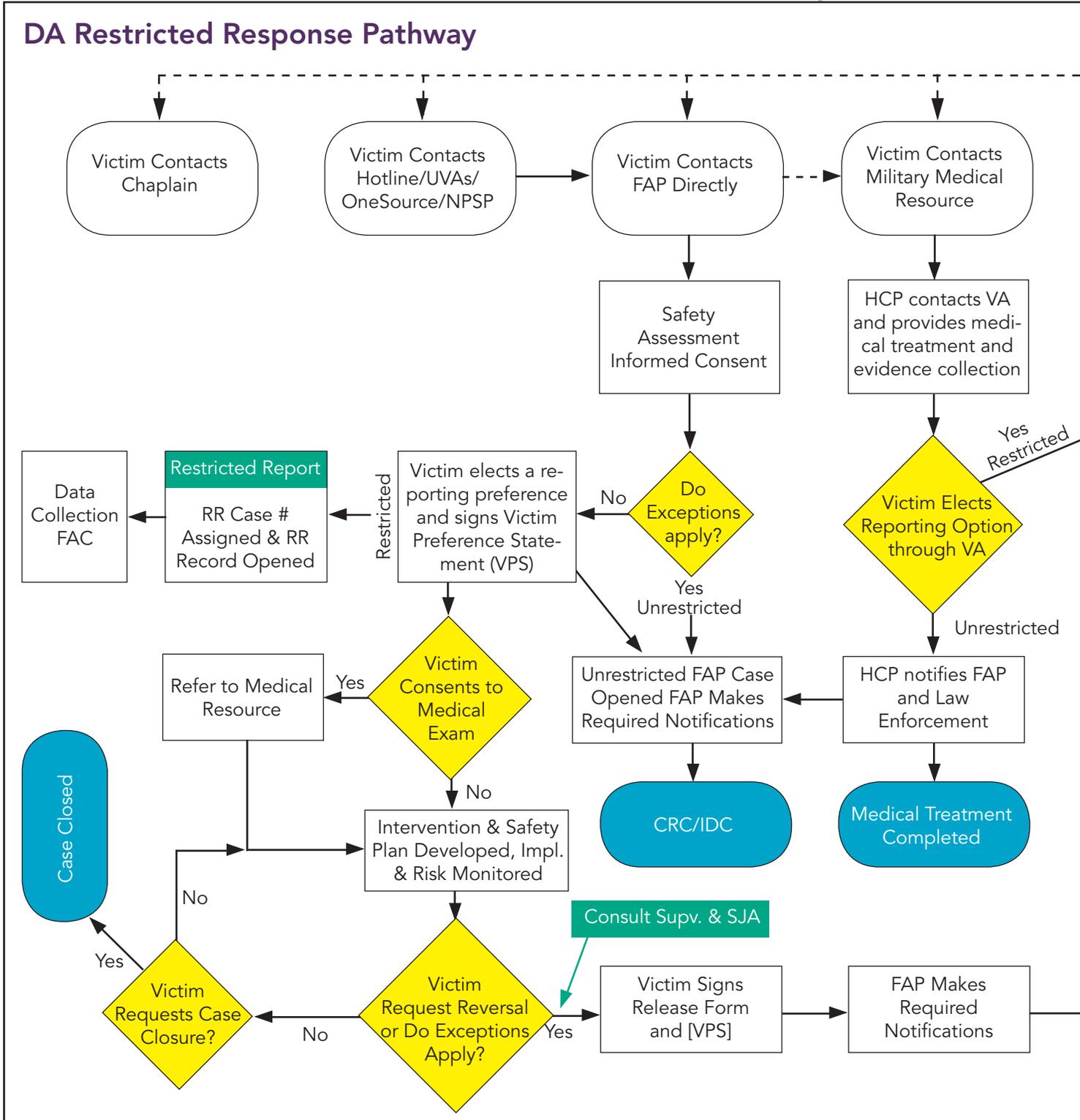
- Receives medical treatment, advocacy and counseling services.
- Has the widest range of rights and protections.
- Has command support including separation from the offender.
- Benefits from a full investigation.

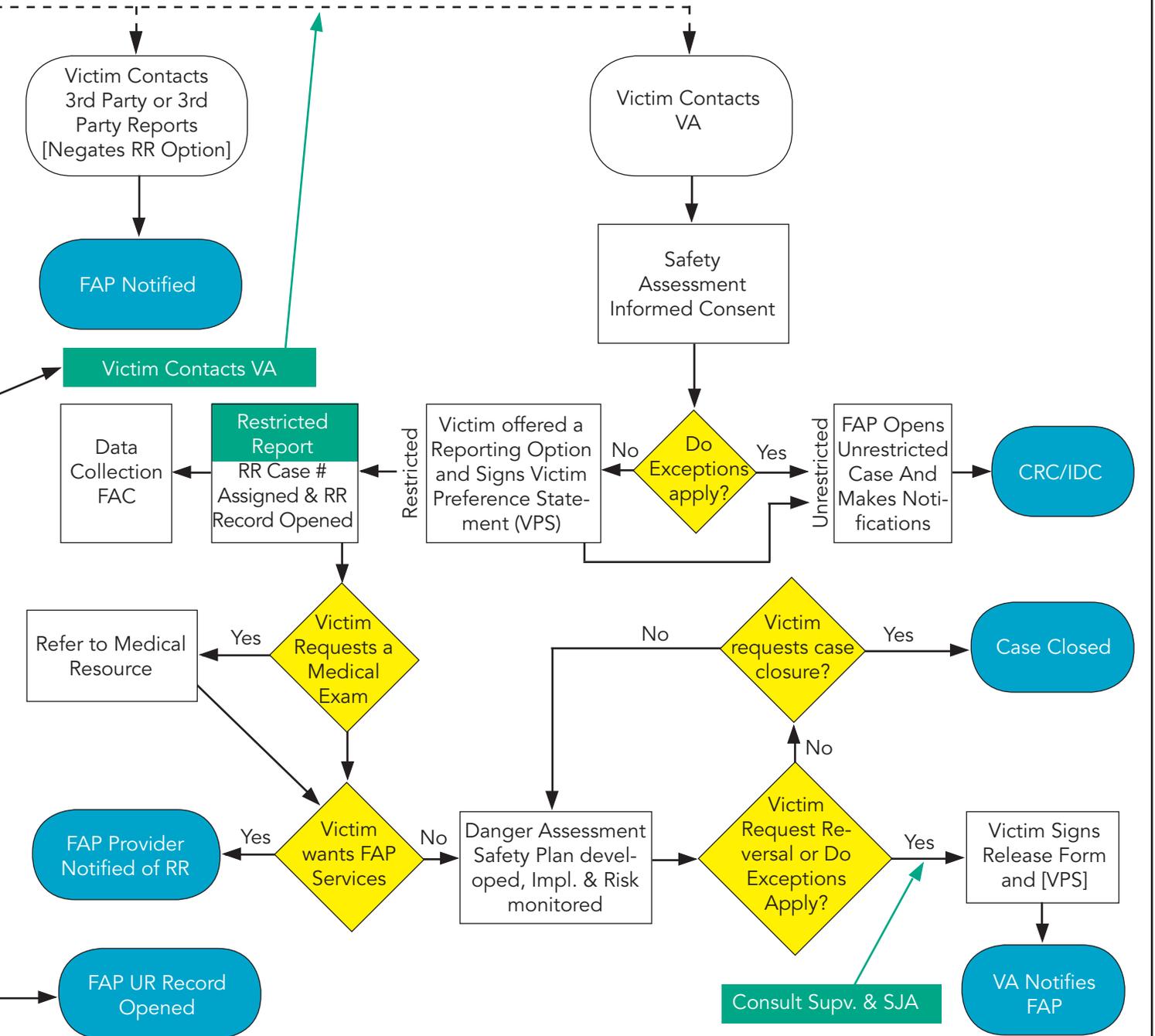
The limitations include:

- Victim cannot change to restricted reporting.
- Investigative process may be intrusive.
- Information about the domestic-abuse incident will be in the public domain.
- Investigation and court proceedings might be lengthy.

### 3.4.2 Restricted Reporting

The following chart, DA Restricted Response Pathway, illustrates the options and decisions involved in the restricted-reporting process.





The restricted reporting process allows an adult victim of domestic abuse, who is eligible to receive military medical treatment, the option of reporting an incident of domestic abuse to a specified individual without initiating the investigative process or notification to the victim's or offender's commander.

There are both benefits and limitations to restricted reporting. The benefits include that the victim:

- Receives medical treatment, advocacy and counseling services.
- Has space and time to consider options.
- Controls release and management of personal information.
- Can elect unrestricted reporting at any time.
- May have increased trust in the system.

#### NOTE

An additional benefit of restricted reporting is that it may encourage other victims of abuse to come forward.

There also are limitations when a victim opts for a restricted report. These include the following:

- Offender is not held accountable and may continue to be abusive.
- Victim cannot obtain a military protective order (MPO).
- Offender may continue to have contact with victim.
- Evidence from a crime scene could be lost and could impede an investigation if the victim chooses to switch to an unrestricted report.
- If the victim discloses to someone other than the specified individuals, command or law enforcement may be alerted and an investigation may be initiated. The report then becomes unrestricted. ([See following section.](#))

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. Victims who receive appropriate care and treatment, and are provided an opportunity to make an informed decision about reporting to law enforcement or command, are more likely to develop increased trust. Seeing that their needs are of primary concern, they subsequently may decide to report the incident to the appropriate command or law enforcement.

### 3.4.2.1 Restricted Reporting Process

**6.4.2.2.** *Inform the victim of both restricted and unrestricted reporting options.*

DoDI 6400.06 describes the following individuals to whom a victim may give a restricted report:

- Victim advocate.
- Victim-advocate supervisor.
- Health-care providers including individuals employed or assigned as health-care professionals, or are credentialed to provide health-care services (including clinical and advocacy staff) at a military Medical 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. The health-care provider reports the abuse only to a victim advocate or his/her supervisor.

**6.4.1.1.** *Execution of victim advocate duties must be conducted in a manner consistent with the victim's election of restricted or unrestricted reporting.*

Using the Navy Victim Reporting Preference Statement as a guide, the DAVA is responsible for discussing the following with a victim:

- The reporting process.
- Differences between restricted and unrestricted reporting, including the benefits and limitations.
- The Navy's preference for unrestricted reporting.
- Exceptions to confidentiality

The victim's reporting preference is documented using the Victim Reporting Preference Statement. The DAVA should review this form in detail with the victim. It must be signed by both the victim and the provider. A victim's refusal to elect a reporting option in writing will result in unrestricted reporting. The original goes into the victim's record, and the victim is given a copy. A sample Victim Reporting Preference Statement can be found in [Appendix B, form 9](#).



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#### NOTE

If the victim has made a restricted report, and the situation becomes known to a mandated reporter such as law enforcement or the command, it will be necessary to change the report to unrestricted.

Many victims have difficulty making a decision between restricted and unrestricted reporting. Helping the victim make a list of pros and cons of each choice enables the DAVA to support victims without making decisions for them. Once the victim decides, the DAVA should support the victim's decision.

Each incident of domestic abuse must be treated separately in respect to reporting. For example, a victim can opt for a restricted report even if a prior incident was handled as an unrestricted report.

### 3.4.2.2 Restricted Reports to Command

For purposes of command responsibility and the gathering of accurate data, the DAVA or his/her supervisor is responsible for reporting information concerning domestic-abuse incidents, without information that reasonably could lead to personal identification of the victim or offender, to the command. This gives the command an accurate picture of the number and type of domestic-abuse incidents within the command and enhances the command's ability to provide a safe environment that contributes to the well-being and mission-readiness of its Sailors.

### 3.4.2.3 Exceptions to Confidentiality and Restricted Reporting

Information regarding a restricted report may be disclosed to the following persons or entities for these reasons:

- Disclosure to specific individuals is authorized in writing by the victim.
- Command or law enforcement if, based on the assessment, there is a good-faith belief that there is 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 health-care provider has a reasonable belief that child abuse also has occurred. However, disclosure will be limited only to information related to the child abuse.
- Disability Retirement Boards and officials when disclosure by a health-care 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 DAVA or health-care 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 statute or applicable U.S. international agreement.

For further information, see [DoDI 6400.06, enclosure \(3\), Restricted Reporting for Incidents of Domestic Abuse](#).

### 3.4.2.4 Restricted Reporting vs. Privilege

Under DoD instruction, chaplains and attorneys do not take restricted reports; they, however, do have privilege that allows confidential communication between a chaplain or attorney and a client. Privilege is the right of certain individuals not to disclose to another party private information that a client shared with them. Privilege ensures complete protection of private information disclosed by an individual to a chaplain or attorney.

Per Navy instruction, virtually every discussion a chaplain has with an individual is covered under privilege. In most cases, such as abuse, chaplains will try to persuade the individual to get help. If the individual refuses, and the chaplain believes there is a risk of imminent harm, the chaplain may choose to report. However, the chaplain is not legally obligated to do so.

Attorneys also have privilege. However, there is no attorney-client privilege between a Sailor and a Navy attorney (JAG) until the JAG is officially detailed to be that Sailor's defense attorney in a court-martial. In reality, a JAG would be putting his/her own license to practice at risk if conversations with a client are revealed. Most JAGs will treat all conversations as privileged whether or not they have been assigned as the Sailor's defense attorney.

### 3.4.2.5 Disclosure Procedures for Restricted Reports

If a DAVA believes that disclosure of a restricted report is warranted or required due to one of the exceptions, a supervisor should be consulted. If time allows, the Navy Legal Service Office or Staff Judge Advocate also should be consulted. If there is uncertainty or disagreement on whether information should be disclosed, the matter should be brought to the attention of the installation commanding officer for a decision.

The DAVA also must make every reasonable effort to provide the victim advance notice of the intention to disclose a covered communication, with a description of the information to be disclosed; the basis for disclosure; and the individual, group or agency to which it will be disclosed.

## 3.5 Maintaining Confidentiality

There are internal controls that the FFSC should implement to ensure an environment that maintains and fosters confidentiality. These include:

- Handling all contacts, including phone calls or e-mail, in a manner that ensures the protection of private information.
- Conducting consultations in private spaces.

- Safeguarding personally identifying information (PII) including hard copy and electronic files.
- Releasing confidential information in compliance with the Privacy Act. Information may be relayed only to those with a need-to-know, unless the Sailor or family member gives written permission.

All FFSC staff must take the necessary precautions and safeguards to maintain the confidentiality of information and case records. Responsibilities include:

- Having the proper authority to gather information.
- Ensuring controlled access to confidential information. This includes not leaving privacy-protected information where others can see it, such as on the copier or fax machine.
- Using e-mail and fax judiciously to transmit privacy-protected information.
- Not discussing case information where others can overhear. Remember, others may determine who is being discussed even if names are not mentioned.

All FFSC staff have a duty to maintain the privacy of personal information. Any member or employee of the Navy may be found guilty of a misdemeanor and fined not more than \$5,000 for:

- Willfully maintaining a system of records without first meeting public-notice requirements.
- Disclosing information protected under the Privacy Act to any unauthorized person or agency.
- Obtaining or disclosing information about an individual under false pretenses.

In addition, disclosure of privacy-protected information is grounds for dismissal and can result in criminal and/or civil penalties (OPNAVINST 1754.1B).

### 3.5.1 Confidential Communication

DAVAs may need to provide confidential/privacy-protected information to command leadership, legal or medical providers or other Navy personnel who have an official need to know the information. When transmitting any information in a written format, hard copy or e-mail, it is critical to safeguard the client's right to privacy. When communicating sensitive and/or confidential information protected by the Privacy Act:

- Do not put identifying information in the subject line of e-mail, outside of an envelope, etc. This includes the client's name and Social Security number.
- Never include a client's complete Social Security number in an e-mail or document that may be seen by those without a need to know. If necessary, include only the last four digits.
- Label the correspondence as private. Examples include:

- "For Official Use Only — Privacy-Sensitive."

- "Any misuse or unauthorized disclosure may result in civil and/or criminal penalties."

- "For Official Use Only — may be read only by the intended addressee. Unauthorized use for whatever purpose or by whatever means is prohibited."

- "If you have received this communication in error please contact (insert your contact information)."

#### NOTE

E-mail communication should be filed in the record. Each site should develop procedures for filing e-mails containing confidential information in case records.

### 3.5.2 Safeguarding Case Record Materials

It is important that all case record material remains confidential. To ensure the safeguarding of case record materials:

- All information/files concerning victims must be locked in designated filing cabinets when unattended.
- Electronic files must be protected by passwords.
- Retention and disposal of files must be consistent with Navy records management.

Access to case records must be limited. This requires that control mechanisms are in place to ensure records are secure and can be located at any time. Materials that must be secured include all documents with personally identifying information. Procedures to protect records and materials from loss, destruction, damage or access by unauthorized individuals include:

- Securing case record materials whenever staff is out of the building.
- Desktops and routing boxes must be cleared and file drawers locked. All records should be maintained using a “double-locked” method. Both file cabinets and individual office doors must be locked when staff are out of the office.
- Securing computer files via password, limiting physical access to terminals, and backing up official records daily.
- Removing cases from premises only with permission from director or supervisor. Case records may be removed only for official purposes.
- Authorizing specific staff to have access. Access is limited to those who have been screened properly and trained and/or have a need to know consistent with the purpose for which the information was collected. The FFSP information system, FFSMIS, is designed to allow access only to authorized users. Be cognizant of the fact that FFSMIS is a Web-based system and authorized users can access case information from any computer with an Internet connection. Ensure that if accessing case records from other than the office computer, information is not accessible to non-authorized users.
- Ensuring that confidential material is not left at the copier, printer or fax machine.

### 3.5.3 Maintaining Confidentiality in Remote Communities

Many military bases are located in remote, isolated, or highly secured areas. Invariably, the focus on security leads such communities toward self-containment, self-sufficiency and often, for security reasons, intentional isolation. In such a community, DAVAs must be aware of the difficulty of maintaining a victim’s confidentiality.

Unlike in a large or accessible community, DAVAs are likely to interact regularly with victims and families in numerous settings such as at the exchange, at school, or at community gatherings. The dual relationship of being a service provider and having probable social contact with the victim comes into play.

Because of the potential for interaction with victims in a social or community setting, it is incumbent that the DAVA respects the victim's right to privacy. Some victims may acknowledge FFSC staff outside of an official setting, and others prefer not to do so. It is recommended that the DAVA discuss these issues with the victim when reviewing the Privacy Act Statement. The victim should be reassured that every effort will be made to maintain confidentiality.

## CHAPTER 4

# Establishing and Maintaining Professional Relationships

By the very nature of victim advocacy, DAVAs come into contact with, and must establish relationships with, a variety of individuals and organizations within both the military and civilian communities. To be effective, they not only must be credible, having knowledge and proficiency in domestic abuse and the military system, but they must be able to establish and maintain effective relationships with clients and colleagues, set boundaries, collaborate and network.

## 4.1 Establishing Relationships

Effective relationships, whether personal or professional, demonstrate the following attributes:

- Atmosphere of respect and trust.
- Clear communication.
- Positive connections between and among the individuals.
- Exchange of information and ideas.
- Respect for privacy.

DAVAs should keep in mind the basics of establishing and maintaining a professional relationship as they work with clients, co-workers, commands and community. These include, but are not limited to, the following:

- Remember to work with individuals and not just a command or an organization. Be friendly, responsive and non-threatening.
- Treat others with respect and trust. Be polite, patient and, if necessary, persistent.
- Be prepared. Know the details. Specifically identify what must be accomplished and why.
- Keep people informed. Provide them with the necessary information and get them involved from the beginning; they are more likely to become personally invested and want the relationship or project, etc., to succeed.

### KEY TERMS

#### Collaboration

Act of working together with one or more people to achieve something that each cannot achieve separately.

#### Credibility

Degree to which someone or something is deemed trustworthy and believable.

#### Empathy

Emotionally resonate with client's experience "as if" it were your own.

#### Networking

Exchange of information or services among individuals, groups or organizations.

#### Positive regard

Seeing client as a person of worth — separate from his or her actions.

- Look for win-win opportunities. Try to understand the others' perspective or situation. If, for example, you ask someone to present or attend a workshop, consider it from their perspective. What are the benefits?
- Have positive expectations. Be encouraging. A positive approach goes a long way.
- Give full attention to others. Actively listen. Focus first on understanding other people's needs and priorities. Use reflective listening skills, clarifying statements, and open-ended questions. (For additional information on active listening, see [Chapter 6.3.1](#).)
- Maintain confidentiality. Letting people know that they can share information without fear of disclosing personal or business information to others. This builds trust.
- Thank everyone. Recognize and thank both individuals and organizations.

### 4.1.1 Establishing a Relationship With Victims

Although establishing and maintaining a relationship with a victim includes the above attributes, the DAVA-victim relationship is a "helping" relationship and also must include the following:

- **Trust.** For a victim to trust the DAVA, it is important that the DAVA establish the structure and form of the relationship. The informed-consent process and defining the roles of the DAVA and the victim will help establish trust.
- **Empathy.** Empathy is understanding the victim's experience "as if" it were your own. This does not mean taking on the victim's situation but trying to understand it from their perspective. Using empathy in a helping relationship promotes rapport.
- **Positive regard.** Positive regard means appreciating the victim as a unique and worthwhile person separate from any of the victim's actions.

#### NOTE

Further information on DAVA-victim relationships can be found in [Chapter 7](#).

## 4.2 Credibility

Credibility is defined as the degree to which someone or something is deemed trustworthy and believable. To succeed in relationships, a DAVA must be credible. Efforts to build and sustain credibility should be ongoing. The following techniques may be used to build credibility:

- **Be one's self.** Concentrate on and play to strengths. Demonstrate value to the client, co-workers and organizations. Be honest and human.
- **Act competently.** Show that the FFSC's and clients' interests are of utmost importance. Be a problem-solver.
- **Listen carefully and follow instructions.** Know what is expected, and follow through in a timely manner.
- **Be knowledgeable.** At the heart of credibility is being a professional and knowing what to do. Be open to learning. Seek out others who have the knowledge you need. DAVAs must be expert on domestic abuse, victimology, Navy rules and regulations, etc.
- **Keep an open mind.** Keep an open mind to new opportunities, skills and ways of doing things. Be flexible and adaptable.
- **Be professional.** Speak and look like a professional. Others perceive someone as credible if their dress and manner is professional and commands respect.

## 4.3 Boundaries

To establish and maintain professional relationships, DAVAs must be able to set boundaries. Boundaries define the limits and responsibilities of the people with whom one interacts on the job and in the community and makes it possible to venture safely into trusting relationships.

When setting boundaries, self-awareness is critical. DAVAs should be aware of their:

- **Role.** What is in the DAVA job description and program guidance? What is the scope of the job? What are the needs of the client or victim?
- **Feelings and behaviors.** How does a particular situation or client make you feel or behave? Are these feelings or behaviors professional?
- **Motivation.** Why are you saying or doing this? In whose best interest is it? The best interest of FFSC customers and clients always comes first.
- **Limits.** Are you not only allowed to do a particular task but are you able to do it? Can it be completed within the allotted timeframe?

Another consideration in setting boundaries is power. There is a power differential between DAVA and victim, between supervisor and supervisee, between clinicians and DAVAs, etc. Power can be affected by:

- **Position.** Those in authority have power. The Navy chain of command is an excellent example of this.
- **Intellectual differences.** Intellectual abilities can be used to control or influence others.
- **Vulnerability.** Those who lack information, are abused, or are alone, for example, are vulnerable. This vulnerability may make one desire to please others and not be abandoned.
- **Characteristics.** Age, gender, race and other characteristics affect the power differential in a relationship.

DAVAs must establish and maintain boundaries with supervisors/supervisees, co-workers and clients. Signs that a DAVA has healthy boundaries include the following:

- No special treatment of clients, co-workers or supervisors. For example, DAVAs should not give their home phone number to victims and/or tell them to call anytime.
- Self-disclosing appropriately. For example, DAVAs do not share personal information with clients.
- Getting needs met from friends and family, not from victims. For example, DAVAs talk with friends, family or co-workers to problem-solve or resolve personal issues.
- Recognizing that many individuals and organizations can help the victim. DAVAs believe that other professionals understand and can intervene appropriately.
- Setting appropriate limits — neither distancing oneself nor becoming overly involved.
- Having appropriate expectations.
- Keeping information confidential.
- Acting in the best interest of the client.
- Consulting with supervisor or co-worker if in doubt.

DAVAs may ask themselves the following questions to help maintain boundaries:

- Is this in the client's or colleague's best interest?
- Will this have an impact on service delivery? Will it strengthen or damage the relationship?

- Should I consult with a colleague or supervisor about these concerns?
- How would this be viewed by the client’s family or significant other?
- How would I feel telling a colleague about this?
- Am I treating this person differently (e.g., appointment length, time of appointments, extent of personal disclosures)?
- Does this individual mean something special to me?
- Does this action benefit me rather than the client, FAP or the FFSC?
- Am I comfortable in documenting this decision or behavior in the file?
- Is this in compliance with FFSC/Navy standards or professional code of conduct or code of ethics?

### 4.3.1 Boundary Issues With Clients

Setting boundaries with clients is difficult for all helping professionals. It is particularly difficult when working with victims who are vulnerable and needy. Role-modeling healthy boundaries and routines prevents victims from perceiving the DAVA as a source to “fix” or “rescue” them from their problems. Healthy boundaries keep both DAVA and victim focused on the immediate issues and plans. To increase effectiveness and reduce the stress of working with victims, DAVAs should work continually to develop and reinforce their own personal and professional boundaries.

In working with victims, particularly outside the office, there always is the opportunity to become too involved. Some of the boundary issues that arise relate to social courtesies and customs. For example, is it all right to accept a snack or meal, or attend a child’s birthday celebration? There are no simple answers. It always is correct and acceptable to say “no” and that it is not allowed by agency policy. However, it is important to understand the victim’s motivation. For example, in many cultures, it is an insult not to accept food when offered. The DAVA may make excuses such as having just eaten, but if a “no” is going to be detrimental to the relationship with the victim, it may be better to say “yes” but accept only a drink or small snack.

It can be particularly difficult to maintain appropriate boundaries with victims who are in crisis. The following suggestions may be helpful:

- Acknowledge their emotion in a caring and supportive manner.
- Help to identify the problem.
- Request permission to ask a few questions about how they are feeling.
- Maintain the role of an advocate; DAVAs are neither therapists nor clinicians.

The following problem-solving method is suggested as an effective way for DAVAs to deal with the challenge of maintaining boundaries and getting the victim needed help in a difficult or emotionally charged situation:

- **Recognize the victim for being able to identify a problem and seek help.** Offer assurance that asking for help is the first step. Ask what you can do to help, or state that you have resources that may be helpful — this should set the stage for a successful interaction. Keep in mind that a victim who lacks healthy boundaries may attempt to “tell all.” Help the victim to slow down, focus, and take the opportunity to ask a few clarifying questions. This will assist the victim in organizing his or her thoughts.
- **Identify the victim’s strengths and assets.** These may include having the additional resources and support services available to military families, their willingness to say “yes” to making a safety plan, etc.
- **Help the victim make a plan.** In a professional and caring manner, offer suggestions that will help pinpoint the problems. It may be that the victim either is unaware of the resource or aware of it but simply does not know how to obtain it. Give cues that will direct the conversation toward a positive resolution. For example, taking out a referral resource list or making notes may help the victim understand that appropriate solutions are available for the current situation.
- **Make a follow-up plan.** Reassure the victim that you will give them a call to follow-up.

## 4.4 Ethics

Ethics, as defined by *Merriam Webster*, is a set of moral principles, a theory or system of moral values. To be effective, professional relationships must be based on ethics.

A professional code of ethics is intended to serve as a guide for a DAVA’s professional conduct. It encompasses the profession’s mission and core values and provides a guide for dealing with ethical issues or dilemmas in practice. Any time DAVAs venture outside the boundaries established in the professional code of ethics, they do a disservice to the victim, who ultimately may experience distrust and anger.

Determining the appropriate course to take when faced with a difficult ethical dilemma can be a challenge. There are many instances in victim advocacy where simple answers are not available to resolve complex ethical issues. DAVAs should take into consideration the values, principles and standards of their profession that are relevant to any situation in which ethical judgment is warranted. One’s decisions and actions should be consistent with the spirit as well as the letter of a professional code of ethics.

As DAVAs are educated and trained in different disciplines, each should consider their own professional code of ethics. However, whichever discipline is followed when making a decision, the steps in the ethical decision-making model from the American Counseling Association (online at [www.counseling.org](http://www.counseling.org)) can serve as an example.

The steps in ethical decision-making include:

- **Identify the problem.** Gather as much information as possible to clarify the situation. In doing so, it is important to be as specific and objective as possible. Is it an ethical, legal, or professional problem? Is it a combination of more than one of these? Other questions that it may be useful to ask are: Is the issue related to me, and what I am or am not doing? Is it related to a client and/or the client's significant others and what they are or are not doing? Is it related to the institution or agency and their policies and procedures?
- **Apply the appropriate principle from the professional code of ethics.** After clarifying the problem, refer to the code of ethics to see if the issue is addressed there. If there is an applicable standard or several standards and they are specific and clear, following the course of action indicated should lead to a resolution of the problem.
- **Determine the nature and dimensions of the dilemma.** Examine the problem from various angles. Consult with colleagues or supervisors.
- **Generate potential courses of action.** Brainstorm as many possible courses of action as possible. Be creative and consider all options.
- **Consider the potential consequences of all options.** Evaluate each option and assess the potential consequences for all the parties involved. Eliminate the options that clearly do not give the desired results or cause even more problematic consequences. Select a course of action.
- **Evaluate the selected course of action.** Would you recommend the same course of action to another DAVA in the same situation?
- **Implement the course of action.** Taking the appropriate action in an ethical dilemma often is difficult. After implementing the course of action, it is good practice to follow up on the situation to assess whether your actions had the anticipated effect and consequences.

DAVAs may implement different courses of action in the same situation. There rarely is one right answer to an ethical dilemma. However, following a decision-making model will ensure that DAVAs maintain boundaries, act ethically, and maintain professional relationships.

## 4.5 Networking

One aspect of building professional relationships is networking. Networking is the exchange of information or services among individuals, groups or organizations. Whether establishing relationships with another program area, a command, or a local shelter, it is necessary to network.

Networking is more than simply talking to others about FAP, domestic abuse, victim advocacy and the FFSC. To build relationships and develop resources for victim advocacy, DAVAs should follow these steps in the networking process:

- **Determine goals.** What will be accomplished by networking with a particular individual or organization? When networking to establish a partnership with FAP, it is important to develop a relationship based on mutual needs and interests.
- **Identify key people within an organization.** Who can help you, and to whom can you be of help? Success requires a mutual understanding that it is about “what I can do for you” as much as it is about “what you can do for me.”
- **Contact the identified individuals.** Briefly explain the value of meeting, and set a time to meet.
- **Exchange information.** Propose possible solutions and associations. How can FAP, the DAVA Program and the FFSC benefit their organization — co-sponsoring events, providing coverage for each other, etc.? In exchange, DAVAs benefit by learning about community programs and resources, meeting colleagues, identifying points of contact at organizations, and expanding client resources.
- **Follow-up.** After establishing contact, it is crucial to invest the time and energy for follow-up. Immediately contact the individual by e-mail or telephone. Review how the FFSC and the DAVA can be of assistance, and establish a plan for future contact. Ask all contacts if they are willing to be on the FFSC mail and/or e-mail distribution lists.

## 4.6 Collaboration

Collaboration can be defined as the act of working together with one or more people in order to achieve something that each cannot achieve separately (*Encarta Dictionary*). By sharing knowledge, information, resources, power and decision-making, DAVAs and the FFSC can work together with others to achieve a significant, positive impact on meeting victims’ needs and reducing or eliminating domestic abuse.

Collaboration goes beyond networking. It implies interdependence and ongoing give-and-take. All parties must:

- Deal constructively with differences.
- Work beyond stereotypes to rethink their views.
- Jointly own decisions.

For collaboration to be successful, the following factors must be in place:

- Shared vision.
- Problem-solving orientation.
- Trust and mutual respect.
- Effective communications.
- Clear definition of roles.

## 4.6.1 Collaboration With FFSC Staff

For DAVAs to be successful, working cooperatively with FFSC staff, particularly clinical and FAP staff, is critical. A strong DAVA Program that meets the victims' needs requires working together as a team.

DAVAs should establish mutual working relationships with FFSC colleagues — both at one's own site and across all FFSC sites. Programs and services provided by Personal Financial Management (PFM), Family Employment Readiness Program (FERP), and Relocation Assistance Program (RAP) staff are a natural overlap. Taking time to meet with these staff members and attending some programs and workshops will enable DAVAs to share firsthand knowledge with victims.

One way to network with colleagues at other sites is through conferences, webinar training sessions, and meetings sponsored by CNIC. Register FFSC or CNIC webinars through the Learning Management System (LMS) at <http://staff.zeiders.com> (Zeiders staff) or <http://government.zeiders.com> (government staff).

### 4.6.1.1 Working as a FAP Team

DAVAs are an integral component of FAP. For victims to get necessary services and have their needs met, it is necessary that all FAP staff work as a team. At times it may be challenging to develop effective working relationships with mutual respect and client-focused goals. The following should help:

- **Identify specific roles.** What is the role of the DAVA? The FAP case manager? The clinical provider? Do roles overlap and, if so, how can roles be defined more clearly? For example, which services are clinical and which are educational? And who provides these to the victim?
- **Focus on the victim.** Keeping the focus on the victim enables the entire team to provide myriad services to meet the victim's needs.
- **Share information.** To work together, FAP staff must share all relevant information. What is helpful for other staff to know about the situation? How will this information be shared?
- **Keep it professional.** Co-workers should use an open, positive and professional attitude and approach with each other. Focus on work objectives — co-workers do not necessarily have to like each other to provide quality client services.

## 4.7 Effective Meetings

According to the National Statistics Council, 37 percent of employee time is spent in meetings. It is, therefore, critical that meetings are productive and foster relationships and collaboration. The following suggestions should help DAVAs be an effective participant as well as to conduct successful meetings.

### 4.7.1 Meeting Participation

Whether or not they are required to conduct a meeting, all DAVAs regularly attend meetings — staff meetings, planning meetings, community or military board or advisory committee meetings, etc. There are many things that can be done to ensure that DAVAs are effective participants.

Before the meeting:

- **RSVP if necessary.** Let the meeting host know whether you will attend.
- **Prepare.** Read related material, particularly any distributed by the meeting organizer, before the meeting. Bring the material with you, along with paper and a pen or a laptop computer.

At the meeting:

- **Arrive on time.** If you will be late, let the host know. Don't expect the meeting leader or another participant to fill you in on what you missed.
- **Listen carefully.** Pay attention to what is being discussed.
- **Don't interrupt.** In a more formal meeting, you may need to ask the leader to acknowledge you by raising your hand.

- **Minimize distractions.** Silence your cell phone, and avoid side conversations.
- **Participate.** Share your thoughts and ideas. Think about how others at the meeting will interpret your silence if you do not participate. However, don't monopolize the discussion. Keep your questions brief, and allow others ample opportunity to speak.
- **Listen actively.** Look at the person who's speaking to you, nod, ask probing questions, and acknowledge what's said by paraphrasing points that have been made. If you're not clear about something that's been said, ask for more information.

## 4.7.2 Meeting Planning

Meetings should be held judiciously. Before holding a meeting, consider the following factors:

- Is a meeting necessary? What is the purpose? Hold a meeting only if it is necessary.
- What are the desired outcomes? Establish clear objectives. How will you know if the meeting was successful? What will make the meeting a productive use of people's time and energy?
- Who should attend the meeting?
- What is the meeting agenda and timeframe? When will the meeting start and end?
- What preparatory work is needed both by the facilitator and the participants?
- Are there alternatives to meeting? For example, could circulating a memo and asking for input suffice?

## 4.7.3 Agenda Preparation

A set agenda provides organization to a meeting. When preparing an agenda, list all agenda items in these categories:

- Information items.
- Brainstorm items (brainstorm only and refer to committee or individual for more work).
- Discussion items (refer to committee or individual for more work).
- Decision items.
- Next steps.

Decide what items must be covered:

- Create a time allocation for each item to ensure there is time for all items.
- Develop a written agenda with the items and time allocations.
- Define meeting roles and who will fill them.
- Decide what information people need in advance to make this a productive meeting.
- Define meeting logistics and who will handle them (e.g., location, equipment, refreshments, meeting notice, and agenda and other materials to be given to participants).
- Next steps: Define tasks in advance that will need to be assigned. (Add others at the meeting as you proceed, and summarize at the end of the meeting.)

The meeting agenda should be circulated in advance. It should include the objectives; the agenda items; location, date and time; any necessary background information; and assigned items for preparation. When organizing agenda items, take the following into consideration:

- **Priority.** Identify the most important issues that must be discussed and order them.
- **Desired outcome.** A desired outcome is the preferred result for the item. Clarifying the desired outcome helps determine priority, time, person responsible and process. Some examples of desired outcomes include “an agreement about X” or “a list of Y.”
- **Time.** Estimate how much time is needed to achieve a desired outcome. Participants likely will be more satisfied by participating in a lengthy, meaningful discussion than by taking part in a short conversation that doesn’t allow for meaningful input.
- **Person responsible.** The meeting organizer does not necessarily need to introduce or guide the discussion of all agenda items. For example, it may be appropriate for one participant to guide the discussion so another may listen carefully and take additional notes.
- **Process.** What techniques will be used — i.e., brainstorming, presentation, or feedback on specific questions? Will decisions be made by a majority vote, unanimous consensus, or by the leader?

## 4.7.4 Conducting a Meeting

If, after reviewing the above factors, holding a meeting seems necessary, the following suggestions and guidelines should enable DAVAs to conduct a more effective meeting:

- **Use tools and techniques to keep the meeting on track.** Start and stop the meeting on time. Stick to the agenda.
- **Encourage everyone to participate.** Assign roles as needed. Ask someone to be the timekeeper, the recorder (take minutes), or the scribe (write on flip charts).
- **Begin with something positive.** For example, ask participants to share something new they learned or something they have accomplished since the last meeting.
- **Challenge ideas, not individuals.** Separate the idea from the person.
- **Define the issues.** Encourage brainstorming, synthesize the discussion, narrow the options, and then call for a decision or make one.

Knowing how to solicit information that guides the group toward results will increase meeting productivity. The following are suggested phrases DAVAs may want to try:

- **Proposing an idea or concept** — ask, “How about?”
- **Seeking information** — say, “Please describe” or “What’s your reaction?”
- **Providing information** — say, “We found that ...”
- **Giving your opinion** — say, “In my opinion ...”
- **Disagreeing** — say, “This may be a problem because ...”
- **Testing consensus** — ask, “How many agree?”
- **Setting a standard** — say, “We need to decide by ...”
- **Relieving tension** — ask, “Why did the chicken cross the road?” or some other (and better) attempt at humor.

For a meeting to be productive, negative issues must be addressed quickly and effectively. Try the following suggestions to minimize any negative participant activities at a meeting:

- **Late arrivers.** Don’t update. Acknowledge their presence if not disruptive. Let them know that you can discuss what they missed after the meeting.

- **Side conversations.** Must relay discussion to group. Ask the speaker to share their side conversation so all can benefit from the information.
- **Non-participating members.** Directly solicit input. Some participants may be reluctant to share their ideas. When asking for information from participants, try not to put them on the spot; be sure they know it is acceptable to “pass.”
- **Rambling.** Focus on agenda and document other items for later discussion. It may be necessary to bring the speaker back to the main topic; say thank you and move on.
- **Negativity.** Ask participants if they agree or disagree. What may seem negative may be a different, and sometimes more realistic, perception.

The ending of a meeting is as critical as the beginning. The facilitator should review the following and send minutes with this information to all participants:

- Decisions that were made.
- Actions needed and who will be responsible for each task.
- Issues that still need to be resolved.
- Date for the next meeting and agenda topics.

(The above information was adapted from human resources at the Massachusetts Institute of Technology at [http://web.mit.edu/hr/oed/learn/meetings/art\\_basics.html](http://web.mit.edu/hr/oed/learn/meetings/art_basics.html).)

### 4.7.5 Meeting Minutes

DAVAS may be responsible for ensuring that meetings are documented by recording minutes. Minutes are the official record of what happened at a meeting. Ensure that the minutes include the following:

- Meeting date and location.
- Time the meeting started and concluded.
- Chairperson and attendees (name, title and organization).
- Absentees.
- Agenda items.

For each agenda item, the topic should be listed with a summary of the discussion. If relevant, comments should be attributed to the individual participant. All required actions should be identified. Each required action should have the party responsible for its completion as well as a due date.

The following, adapted from Ohio National Guard materials at <http://ong.ohio.gov/family/website-toolkit/chairpersonbinderhandoutsfinal.pdf>, contains useful suggestions to assure accurate and complete meeting minutes.

#### 4.7.5.1 Meeting Minutes Checklist

- Note all of the essential elements including type of meeting, name of the organization, date and time, name of the chair or facilitator, and main topics. If appropriate, include approval of previous minutes and any relevant resolutions.
- Prepare an outline based on the meeting agenda. Leave space for your notes. Writing the topics in advance helps to keep notes organized.
- Prepare a list of expected attendees, and check off the names as people enter the room. Or, pass around an attendance sheet for everyone to sign as the meeting starts.
- Ask for introductions of new participants and note where they are sitting. This helps ensure accuracy as to who said what.
- Do not attempt to record every single comment, but concentrate on the general meaning of the discussion. Take enough notes to summarize.
- Minutes can be recorded either by hand or electronically — on a computer or a tape recorder. For important meetings, making an audio recording as a backup to written notes is suggested.
- Do not wait too long to compile the minutes. Timeliness is the key to producing an accurate record of the events.
- Have the meeting chair or facilitator review and/or approve the minutes before distributing them to the meeting attendees.



## CHAPTER 5

# Collaboration With Military and Community

Numerous military and community organizations provide programs and services that are beneficial to victims of domestic abuse and their families. To facilitate a coordinated response to victim issues, as well as to advocate for the victim and family, it is essential that DAVAs establish collaborative working relationships with a variety of entities and organizations.

Establishing effective working relationships with these entities and organizations can be beneficial to the DAVA program as well as to the other organizations. To establish a presence in the military and civilian community, DAVAs can take the following steps:

- Become knowledgeable about the resources and organizations that provide services and programs relevant to victims of domestic abuse. Visit these resources and organizations to establish a personal connection and share information. Determine exactly what these organizations can do for Navy domestic-abuse victims and how best to work together.
- Assist organizations in understanding how the FFSC may be of assistance to them. Focus on the aspects of the program that can benefit that individual organization or resource. Ask how DAVAs can be of help.
- Serve as a representative and/or attend various boards and committees, both on and off the installation.

DAVAs should establish collaborative working relationships with a variety of organizations. The following types of organizations are suggested as a starting point:

- Navy and military organizations, for information and referral and to enable continuity of services. This includes, but is not limited to, commands, ombudsmen (contact FFSC ombudsman coordinator), Medical Treatment Facility, Navy Legal Service Office, and base security.

## KEY TERMS

### CCSM

Clinical Case Staff Meeting.

### HIPAA

Health Insurance Portability and Accountability Act.

### IDC

Incident Determination Committee.

### JAG

Judge Advocate General.

### MOU

Memorandum of Understanding.

### VWAP

Victim Witness Assistance Program.

- Community organizations, for purposes of information and referral, continuum of services, and non-duplication of services. Local shelters, police departments, and the court system are among those that can assist DAVAs and victims.
- State, federal and local government agencies, for continuity of services and non-duplication of services. These include local and state domestic-abuse coalitions.
- Educational institutions. Most colleges, universities and technical schools have staff who work specifically with military personnel and/or their families and can assist victims with information on education opportunities.

Specifically, to provide effective services to military victims and their families, working relationships must be established with the following entities and organizations.

## 5.1 CNIC

According to OPNAVINST 1752.2B, the CNIC Navy's FAP manager is responsible for ensuring that installation Family Advocacy Programs are implemented and managed appropriately. In addition to the FAP manager, the CNIC victim-advocacy program analyst provides support to the DAVA program. Specific CNIC responsibilities related to the DAVA program include, but are not limited to, the following:

- Providing policy guidance regarding the implementation of program policy and plans.
- Planning for and distributing fiscal, personnel and program resources in coordination with regional commanders.
- Ensuring that regional and installation commanders collaborate with and establish written memorandums of understanding (MOU) with local community providers and other military services, as appropriate.
- Developing written-response protocols ensuring timely access to available victim services and procedures that outline DAVA responsibilities and other first-responders under CNIC cognizance.
- Developing programs including the creation and maintenance of DAVA materials and resources.
- Program evaluation and quality assurance. Review, update and ensure basic standardization and quality of services.
- Establishing, collecting and monitoring a central database for restricted and unrestricted incidents of abuse, as well as analyzing data for required reporting to DoD.

- Coordinating with law enforcement to monitor, assess and ensure a management-information system that captures the full scope of domestic- and child-abuse incidents and statistical data with victim and offender demographics.
- Ensuring that DAVAs have appropriate training to carry out responsibilities.

**NOTE**

Any contact that the DAVA has with the CNIC program analyst should be with the knowledge and approval of the FAR, FFSC supervisor and/or regional director.

## 5.2 Commands

As FAP is a line-managed, multidisciplinary program, command leadership has a significant role in FAP. In terms of victim safety and support, command leadership is instructed to:

- Provide immediate and continuous victim-response capability including medical care, victim advocacy, counseling, criminal investigation, Victim Witness Assistance Program (VWAP) information, and chaplain services.
- Promptly report all allegations of domestic or child abuse to FAP.
- Ensure that victims of domestic abuse receive sensitive care and support and are not re-victimized as a result of reporting the incident.
- Advise victims of domestic abuse of their rights. Victims also are informed and encouraged to exercise their options during each phase of the medical, investigative and legal processes.
- Ensure that Sailors, family members and civilian personnel are aware of Navy and civilian resources available to assist victims of domestic and child abuse.

DAVAs can play a significant role in helping commands accomplish the above. DAVAs will need to work collaboratively with command leadership, and it is recommended that the command identify a point of contact to handle FAP/ DAVA issues. When working with command leadership, it is important for the DAVA to be diplomatic, demonstrate competency and expertise, and work within the chain of command. Commands are focused on Sailor and mission readiness; DAVAs should approach the command in terms of how victim services support readiness.

DAVAs can help individual commands with the following:

- Coordinating safety-planning efforts.
- Issuing a military protective order (MPO) to separate the offender and victim for a “cooling-off period.” (See [Chapter 7.2.2.3.2.](#)) The command may want information on what to include in the MPO.

- Educating commands on what to say to victims that will encourage them to get support from DAVAs, chaplains, etc. DAVAs can convey a victim's story to the command and help them understand from a victim's perspective.
- Sharing updated resource lists with emergency numbers so commands can provide accurate information to victims.

### 5.3 FAP

The Family Advocacy Program was implemented to address the prevention, identification, evaluation, intervention, rehabilitation, counseling, follow-up, and reporting of:

- Child abuse and neglect (physical, sexual and emotional).
- Spouse/intimate partner abuse (physical, sexual and emotional).

The DAVA plays a specific role in the FAP process. In addition to working directly with victims, commands and community organizations, the DAVA supplies critical information to those making decisions about individual cases.

#### 5.3.1 Case Review Committee Model

The Case Review Committee is both a decision-making and an advisory body for incidents of suspected domestic abuse and child abuse or neglect. The CRC is multidisciplinary — composed of medical, legal, investigative and social-service professionals — who in coordination with command representatives recommends to the commanding officer an appropriate response to identified cases of abuse. The committee meets at least monthly to:

- Review reports of suspected abuse.
- Determine whether spouse/intimate partner or child abuse occurred and who in the family needs protection through a safety plan and related measures.
- Recommend intervention or treatment.
- Monitor progress in open cases.
- Determine case closures.

#### NOTE

At some sites, DAVAs may attend the CRC. If a DAVA should attend, it is important to remember that information must be presented in a factual and non-judgmental manner.

The DAVA is responsible for providing information to the CRC about the victim's and family's progress and safety, including any incidents that compromise the victim's safety, integrity or autonomy. At most sites, the DAVA shares this information with the FAP case manager who then reports at the CRC.

### 5.3.2 IDC/CCSM Model

Changes are being implemented to the FAP Case Review Committee processes across all service branches. The DoD is transitioning to a new model for making incident status determinations in domestic-abuse and child-abuse cases. The new model, the Incident Determination Committee (IDC) and the Clinical Case Staff Meeting (CCSM) Model, will replace the existing Case Review Committee (CRC).

This new model divides the case-review process into two distinct functions — administrative determined by the IDC, and clinical determined by the CCSM.

**The Incident Determination Committee (IDC)** will determine whether a case meets criteria for abuse. To ensure consistency, the committee will use a decision tree algorithm to ascertain whether the incident met criteria for abuse. The committee is chaired by a senior officer, and composition is limited to those with relevant information for determination. When a case meets the criteria, the case will be entered in the FAP Central Registry database.

**The Clinical Case Staff Meeting (CCSM)** will be responsible for safety planning and determining treatment recommendations and risk-assessment of a case. Clinical recommendations are decided at the CCSM by all pertinent individuals and agencies involved in providing services to the individual or family. The FAP manager (FAPM) will chair the CCSM. Attendance is limited to those with clinical expertise in child abuse and domestic abuse. The FAPM will exercise discretion in inviting other military or civilian medical, mental health, or clinical social-services providers who may add value to the clinical-case discussion. In domestic-abuse incidents, the DAVA will attend for the discussion of recommendations, safety planning, and supportive and treatment services for the victim.

The CCSM provides clinical consultation for:

- Supportive services and, as appropriate, treatment for victims of child abuse or domestic abuse.
- Ongoing coordinated case management between military and civilian agencies, including risk-assessment and ongoing monitoring of child abuse and domestic-abuse victims' safety.
- Plans for clinical intervention and appropriate treatment for alleged abusers who are eligible for treatment in a military Medical Treatment Facility.

#### NOTE

The transition to this new model is beginning at the time of publication of this *Resource Guide* (summer 2010) but will not be implemented throughout the Navy until 2011 or 2012.

When attending a CCSM for the purposes of recommendations, safety planning, supportive and treatment services for the victim, the DAVA should be prepared to discuss the following:

- The current victim impact statement (VIS).
- The victim's safety plan.
- Steps taken by military and/or civilian authorities to ensure the victim's safety and safety of children.
- Effects of any new incidents of abuse since the last CCSM.
- Recommended changes to the victim's safety plan.
- Coordination with resources.

### 5.3.3 Victim Impact Statement

The term "victim impact statement" refers to written or oral information about the impact of the crime on the victim and the victim's family. Victim impact statements are used most commonly at sentencing. Such statements provide a means for the court to refocus its attention, at least momentarily, on the human cost of the crime.

At the CCSM, a victim impact statement (VIS) serves a similar purpose — it allows the group to focus its attention on the effects of the abuse on the victim. The victim impact statement must include the impact of the abuse on the victim, including financial, social, psychological and physical harm suffered by the victim. Issues to consider include:

- Physical injuries incurred — temporary or permanent.
- Medical or dental treatment required and any potential surgery, ongoing therapy, etc.
- Emotional or psychological injuries suffered and prognosis for future treatment.
- Loss of ability to work and/or lost wages.
- Financial loss, including property loss or damage.
- Change in lifestyle.

### 5.3.4 Family Advocacy Committee (FAC)

The Family Advocacy Committee (FAC) recommends and coordinates policy and oversees the installation FAP. The installation commanding officer appoints, in writing, a multidisciplinary FAC. The FAC includes the FAP manager, staff judge advocate, chaplain, DAVA, and representatives from base security and the Medical Treatment Facility. Other representatives may include Child Development Program, housing, Child Protective Services, etc.

FAC functions include the following:

- Advise the installation commanding officer on policy matters.
- Establish the Coordinated Community Response (CCR). (See [Chapter 5.7.](#))
- Ensure domestic-abuse planning, resource management, monitoring, problem solving and marketing.
- Provide evaluation and needs assessments.
- Provide oversight and policy guidance to the CRC.
- Establish MOUs.

**6.4.5.8.** *Actively participate as a member of the installation Family Advocacy Committee (FAC) in the development, implementation, and evaluation of installation domestic abuse policies and procedures...*

## 5.4 Medical

Medical Treatment Facilities (MTF) and Dental Treatment Facilities (DTF) are required by instruction to establish specific crisis-intervention and referral protocols for cases of domestic and child abuse. Personnel in emergency- and ambulatory-care units should be trained to follow protocols including underlying causes, patterns and dynamics of abuse; screening procedures for domestic and child abuse; sensitive and protective patient interviewing; military and civilian reporting requirements; proper collection and transfer of evidence; referral and/or provision of victim-advocacy services; provision of basic family violence information; safety planning; and specialized family violence discharge planning.

DAVAs may work with the MTF and DTF in the following ways:

- **Referrals from medical.** The MTF or DTF may refer victims for services. DAVAs should ensure that medical staff are familiar with DAVA services, and that protocol and procedures are established that facilitate a smooth process for victims.

**6.4.5.5.** *Collaborate with the DoD-sponsored Medical Treatment Facility (MTF) and Dental Treatment Facility (DTF) in the establishment of protocol and procedures to ensure notification of a victim advocate for all incidents of suspected or reported domestic abuse...*

- **Referrals to medical.** DAVAs may have contact with victims before they have received medical attention. Establishing a collaborative working relationship with medical personnel will enable DAVAs to refer victims to the correct facility and medical staff.
- **Accompanying victims to medical appointments.** DAVAs, at the request of victims, may accompany them to medical appointments. DAVAs should be supportive of the victim by helping to clarify instructions for follow-up appointments, medications, etc. DAVAs also may want to learn the names of medical personnel and, if appropriate, document accordingly in the case notes.

### 5.4.1 Health Insurance Portability and Accountability Act (HIPAA)

HIPAA, the Health Insurance Portability and Accountability Act, was passed by Congress in 1996. It increased privacy of protected health information (PHI) including compliance with privacy and security. Although not applicable to FFSC records, it is applicable to MTF records. As a general rule, PHI is not released unless based upon a HIPAA-compliant authorization or a specific exception.

HIPAA has raised many questions for FFSC staff regarding access to and release of PHI of their clients. HIPAA establishes additional restrictions on access to medical records and the release of client information without a signed release from the client. With the potential of both criminal and civil penalties for the unauthorized release of PHI under HIPAA, the medical community has taken a conservative approach to the release of PHI.

Since many victims will be seen at the MTF, it is imperative that DAVAs are familiar with the restrictions imposed by HIPAA and work with the MTF to meet HIPAA requirements and facilitate victim services.

## 5.5 Law Enforcement

DAVAs interact with both civilian and military investigative and law-enforcement personnel. Navy investigative and law-enforcement personnel include Naval Criminal Investigative Service (NCIS), base security, and other personnel trained to conduct criminal investigations.

DAVAs will work most frequently with civilian law enforcement or base security. However, there may be times when Naval Criminal Investigative Service (NCIS) is involved in a domestic-abuse case. The Naval Criminal Investigative Service (NCIS) is the primary law-enforcement and counterintelligence arm of the Navy. It works closely with other local, state, federal and foreign agencies to counter and investigate the most serious crimes.

NCIS is the investigative agent for all child sexual-abuse cases and whenever there are major physical injuries in either child or spouse-/intimate partner-abuse cases.

Investigative and law-enforcement personnel often are the first-responder at a domestic-abuse incident. As such, they have the following responsibilities:

- Identifying victims of, and witnesses to, a crime.
- Making every effort to obtain necessary emergency medical treatment for victims.
- Immediately assessing the situation and taking action to minimize, within the means available, threats to the victim and witnesses. This may include assistance in obtaining protective orders.
- Providing the victim and witnesses with “[Information for Victims and Witnesses of Crime — DD2701](#).” DD2701 explains the rights afforded victims and witnesses under the law and applicable instructions. DD2701 shall be completed by investigative and law-enforcement personnel with names and telephone numbers of local crime victim support services.

DAVAs are not first-responders, and it is up to law enforcement to investigate incidents of domestic abuse. However, DAVAs should collaborate with law enforcement to:

**6.4.6.4.** Collaborate with military and civilian law enforcement and criminal investigative units in the establishment of protocol and procedures to ensure: (1) notification of the victim advocate when such units are notified of a domestic abuse incident; (2) collaboration on safety planning and safety measures; and (3) ongoing training of military and civilian law enforcement personnel on the victim advocate’s role.



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### NOTE

DAVAs should keep copies of DD2701 on hand to ensure that victims receive it and have it explained to them. In addition, if a victim makes a restricted report, law enforcement would not be contacted.

**NOTE**

Installations now are required to pursue formal MOUs with local civilian law enforcement in accordance with USD Policy Memorandum of 29 Jan 04 on Establishing Domestic Violence Memoranda of Understanding Between Military and Local Civilian Officials.

- Establish protocol and procedures to ensure that all law-enforcement personnel know to contact DAVAs about domestic-abuse incidents.
- Collaborate on safety planning.
- Provide training to increase knowledge of domestic-abuse issues and services available to victims.

## 5.5.1 Victim and Witness Assistance Program (VWAP)

**6.4.3.10.** *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 UCMJ in accordance with Victim and Witness Assistance Procedures.*

Victims of, and witnesses to, crimes often suffer adverse effects. The Victim and Witness Assistance Program (VWAP) helps to mitigate these effects and also helps victims and witnesses understand and participate in the military justice system. The program ensures that Navy personnel are trained to provide appropriate information, referrals and services.

VWAP serves the victims and witnesses of all types of crimes. Typically, the victims who desire the most assistance fall under FAP or Sexual Assault Prevention and Treatment (SAPR) and thus are helped primarily by those advocates. If the victim has not already received DD Form 2701, VWAP personnel ensure that victims have a copy.

DAVAs should be in regular contact with the VWAP Command Victim and Witness assistance coordinators (the command's primary point of contact in the area of victim and witness assistance) as well as with other points of contact for VWAP. VWAP points of contact may be found at base police, NCIS, NLSO, and medical clinics or hospitals.

The Navy and Department of Defense are committed to assisting victims of, and witnesses to, crimes and have established a bill of rights for both victims and witnesses.

### Victim Bill of Rights

A crime victim has the following rights (OPNAVINST 5800.7):

- The right to be treated with fairness and with respect for the victim's dignity and privacy.
- The right to be reasonably protected from the accused.
- The right to be notified of court proceedings.

- The right to be present at all public court proceedings related to the offense, unless the court determines that testimony by the victim would be materially affected if the victim heard other testimony at trial.
- The right to confer with trial counsel and the staff judge advocate to the convening authority in the case.
- The right to receive available restitution.
- The right to information about conviction, sentencing, imprisonment, and release of the accused.

A witness in a court-martial has the following rights (see [OPNAVINST 5800.7](#)):

- The right to be treated with fairness and with respect for the witness' dignity and privacy.
- The right to be reasonably protected from the accused.
- The right to be notified of any scheduling changes that will affect the witness' appearance at court-martial.
- The right to be notified of the arrest of an accused, the initial appearance of an accused before a military judge, the release of the accused pending court-martial, and proceedings in the prosecution of the accused (including entry of a plea of guilty).
- The right to information about the conviction, sentencing, imprisonment, and release of the accused.

Further information on the Navy's VWAP can be found at: <https://www.cnic.navy.mil/Hawaii/Programs/Manpower/VictimandWitnessAssistanceProgram/index.htm>.

## 5.6 Legal

Sailors and their family members have the right to free legal advice and assistance under the Navy Legal Assistance Program. In the Navy, legal assistance provides legal aid and advice for most personal, noncriminal matters. Active-duty members, activated Reserve and Guard members, and their family members are eligible to seek assistance from any military installation where there is a legal assistance office.

Legal assistance offices are located on almost every base, ship and installation. At major installations, the Naval Legal Service Office (NLSO) is a key source for providing legal assistance.

### NOTE

Attorneys in the Navy are known as JAGs (judge advocate generals), as they are part of the Navy Judge Advocate General's Corps.

DAVAs must be familiar with the legal services available to victims and may accompany victims to legal appointments at the victim's request. However, under no circumstances should DAVAs provide any type of legal advice. DAVAs should be cognizant of offering opinions or even examples of what occurred with other victims, as each case is different.

## 5.7 Coordinated Community Response

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

A coordinated community response is an interdisciplinary and multi-agency response to ensure victim safety. This requires a consistent response from individuals, community organizations and military entities. All should work together in developing approaches that prioritize the safety of victims. Military and civilian law-enforcement personnel, courts, social-services professionals, victim advocates, and allied professionals must collaborate to coordinate strategies and address domestic abuse.

A coordinated community response may operate under various names — task forces, coordinating councils, advisory committees, or governors' commissions. They share a common purpose: to create partnerships for effective intervention and prevention of domestic abuse.

Coordinated efforts promote the effective management of domestic abuse cases and issues by providing mechanisms:

- For improving communication between criminal-justice and other involved agencies.
- Establishing specific protocols for responding to these cases.
- Educating the community on domestic-abuse issues.

For a coordinated community response to be effective, each organization involved in the efforts must define the following:

- **Vision.** How does the organization define domestic abuse? How does it describe its mission and goals?
- **Accessibility.** Are services available 24 hours a day, seven days a week? Are there costs associated with services? Are there eligibility requirements for services? Are services and criminal-justice agencies located where victims can reach them?
- **Competency.** Are the professionals who are delivering services and intervention adequately informed about domestic abuse, community resources, laws and the justice system? Are they fully trained to perform their specific responsibilities?

- **Usefulness.** Are the services and interventions in the community useful for victims in their efforts to achieve safety and justice? Do they stop or reduce violence, require accountability, ensure victim safety, and promote the empowerment of victims?
- **Adequacy.** Are there adequate services to accommodate the demand by victims and offenders? Is information about other services adequate for tailoring specific referrals? Are communication systems and protocols established for sharing critical information between agencies?

From the perspective of the military installation and the FFSC, methods to enhance a coordinated community response include, but are not limited to, the following:

- Cross-train staff. Offer to provide training to community organizations on FAP and DAVA and invite them to train FFSC staff on their programs and services.
- Ensure that the community domestic-abuse council or task force includes military representation from all branches of the service.
- Work toward the creation of MOUs between the installation and community programs, civilian law enforcement and prosecutors' offices. For example, an MOU between the installation and a nonprofit domestic-violence shelter/services organization might include having the shelter provide after-hours emergency services to Navy victims.
- Convene a monthly roundtable of military and civilian domestic-abuse responders. Rotate meeting places, and include a short training session by the host organization.
- Create collaborative outreach and educational materials for victims.
- Coordinate Domestic Violence Awareness Month activities. Show visible support for each other's efforts on behalf of victims. (See [Chapter 9.8.2.1.](#))

**6.4.5.7.** *Establish liaison with civilian victim resources.*

## 5.8 Systems Advocacy

Systems advocacy is an effort to change policies, rules or laws that determine how services are provided; in other words, changing a system. Systems advocacy works to change the situation for a group of people who share a similar problem, or to change a service system.

Because systems advocacy works to cause change in organizations, service systems or laws, it requires a long-term, sustained effort by a coalition of individuals and organizations. It is harder to change how an organization or system treats a group of persons than it is to change a decision made by one person in one particular situation.

**6.4.5.** *Systems Advocacy. All domestic abuse responders shall promote a coordinated community response for the prevention of domestic abuse and for intervention when domestic abuse occurs...*

Systems advocacy generally is used to change the policies of agencies, organizations or departments that are part of government, or are established by government grants or contracts and operated under laws or governmental rules and policies. The advocacy effort could be directed at a local, state or national agency, and it could be directed at changing a written or unwritten policy, or at changing a law. Where the effort is directed will depend on the nature of the problem and which organization has authority.

DAVAs may participate actively in systems-advocacy efforts only at the direction of the FFSC director and/or the base commanding officer. However, DAVAs are in a unique position to observe and work within a variety of military and community systems. DAVAs should share information and ideas with FAP/FFSC supervisory staff on what they see as ways a system can be improved.

## 5.9 Memoranda of Understanding

**6.1.5** *Commanders shall ensure military criminal investigative and law enforcement organizations and legal officials establish formal memorandums of understanding (MOUs), or include in existing MOUs with their counterparts in the local community...*

In many instances it is beneficial to enact a memorandum of understanding (MOU) with another organization. An MOU is a written agreement that delineates the ways in which a military installation and one or more entities cooperate on issues. An MOU defines general areas of understanding between two or more parties and documents each party's role or function in a joint effort. MOUs between an installation and local civilian agencies may be used to strengthen and formalize procedures for dealing with domestic-abuse incidents that occur on or off the installation.

DAVAs should be aware of local MOUs that affect client programs and services. Although it most often is supervisory staff that is responsible for drafting an MOU or keeping MOUs current, understanding the structure and content of an MOU is helpful for all staff working collaboratively with other organizations.

There is a standard Navy format for an MOU. The format includes the following:

- **Purpose.** A concise statement of what is going to be done and the parties involved.
- **Background.** A concise statement on why this agreement is necessary.
- **Points of contact.** The individuals responsible for each party.
- **Responsibilities of each party.** What each party will contribute. What are the respective responsibilities of each, on and off the installation?
- **Evaluation.** How it will be determined if the MOU is effective.

- **Review.** When the agreement will be reviewed. Usually re-evaluation and renegotiation may be initiated by any party at any time.
- **Effective date.** The date the MOU is put into effect.
- **Termination.** Conditions of termination, such as required number of days of notice.
- **Signatures of responsible parties.**

Naval Legal Service Office may provide advice regarding the appropriate scope and content of an MOU as well as reviewing before the parties sign. An MOU involving the FFSP is signed, on behalf of the FFSP, at the appropriate level (installation commanding officer, director or site manager, regional commander, etc.).

**NOTE**

An MOA is a memorandum of agreement. Both MOAs and MOUs are used as written agreements between two parties. There is no established legal difference, and the two terms are interchangeable.



## CHAPTER 6

# Information and Referral

Information and referral (I&R) is one of the required essential services of the FFSC. It helps individuals and families identify, understand and effectively use available programs and services. Staff providing I&R help clients to understand their problems and make informed decisions about possible solutions. They may advocate on behalf of those who need special support and reinforce the individual's capacity for self-reliance and self-determination through education and problem-solving.

Information and referral is a key component in every service the Fleet and Family Support Center offers. Many FFSCs have an identified I&R specialist. However, if the inquiry concerns victim-advocacy issues, DAVAs likely will assist the client. By providing appropriate, accurate and timely information, as well as effective referrals, DAVAs can help empower clients and give them the support needed to stay safe and make informed decisions.

FFSC Accreditation Standards require FFSC staff to collaborate with civilian and military organizations to respond to the ongoing needs of service members and their families without duplicating existing services. Victim-advocacy services — from education to safety planning — are available from a variety of community organizations. To provide I&R effectively as well as avoid duplication of services, it is the responsibility of DAVAs to become aware of, and knowledgeable about, the wide range of supportive services available to victims of domestic abuse.

## KEY TERMS

### Active listening

Talking with people so that the conversation truly is two-way.

### I&R

Information and referral.

### PACT model

Model for I&R comprised of problem, assess, choose and try.

## NOTE

For I&R documentation information, see [Chapter 10.5](#).

## 6.1 Resource Development

The first step in an effective referral system is to identify and develop appropriate resources. I&R resources include military and civilian organizations and agencies that can assist Navy families with victim services including shelter, safety planning, legal services, etc. I&R resources must be identified and developed so that varied inquiries and needs can be met appropriately.

**6.4.2.8.** Offer victims information, as appropriate, regarding local resources for immediate safety and long-term protection and support...

Linking victims with appropriate resources entails a cooperative relationship between DAVAs and agencies/organizations on the base and in the community. The more that DAVAs know about these resources, the more effective they can be in meeting the needs of clients.

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

DAVAs should work with the FFSC I&R specialist to become familiar with the wide range of supportive services available to military families. The I&R specialist should have complete and updated files on many military and community organizations such as child-care providers, public transportation, English-as-second-language classes, etc.

However, DAVAs will need to identify and develop more extensive domestic-abuse resources including:

- Housing and shelters.
- Child care.
- Clinical services.
- Courts and attorneys.
- Medical services.
- Victims' rights.
- Chaplain resources.
- Victim compensation.

**6.4.3.7.** *Provide the victim comprehensive information and referral on relevant local military and civilian resources, the National Domestic Violence Hotline (1-800-799-SAFE) and Military OneSource (1-800-342-9647).*

Various methods can be used to identify and develop resources:

- Contact existing I&R resources for updates. Inquire if they are familiar with new agencies or organizations providing services for victims.
- Research community organizations that are recommended by colleagues or clients. Contact them for information and, if appropriate, add their information to the resource file.
- Chaplains and ombudsmen are familiar with a wide range of services. Contact them for information and/or recommendations. Although they may not be familiar with specific victim resources, they can be helpful in identifying support services.
- Contact community coordinating organizations. In many communities, United Way or a similar coordinating agency publishes a resource directory. This directory can be used for information on a variety of helping organizations.

## 6.2 Resource Database

To provide effective information and referral, a detailed, up-to-date resource database is an essential tool. DAVA resource files should include the following:

- **FFSC resources.** Many programs and services offered by the FFSC can help victims with finding a job, relocating, budgeting, etc. Many victims are in need of clinical counseling, and information about this program should be given to all victims.
- **Military resources.** The Child Development Center, chaplains, ombudsmen, Medical Treatment Facility, Navy-Marine Corps Relief Society, family support services available through the other service branches, etc., all are valuable resources for victims.
- **Community resources.** An accurate, up-to-date resource database should contain information about available community resources, including details about the services provided and the conditions under which services are available. These resources should include those organizations that can assist victims with basic needs such as shelter, as well as with additional services such as child care or employment. Remember that some victims asking for information may opt not to use military resources.
- **National/international resources.** Hotlines and websites can be accessed from any location. Some victims may not be located near service providers and are dependent on Internet and phone support.

**6.4.3.11.** Advise the victim of FAP clinical resources.

DAVAs should ask about the following to determine if a community resource is appropriate, potentially helpful, and should be included in the database:

- Availability of services including location, hours and waiting lists.
- Contact information.
- Accreditation (if appropriate).
- Experience serving military families.
- Eligibility. Is it limited, for example, by where the client lives?
- Intake or application process.
- Procedures and limitations, if applicable. For example, are children allowed?
- Any costs to the client — fees and TRICARE eligibility.
- Confidentiality of services.
- Willingness to communicate and follow-up with DAVAs and FAP staff.

## 6.2.1 Resource Database Organization

To have accurate and up-to-date resources available for staff and client use, the resource database must be organized for easy access and retrieval. When organizing resources, use the following guidelines:

- Determine a format that is easy to use and maintain. Users must be able to obtain the information quickly. This can be accomplished most easily using a computerized database. However, a hard-copy backup is recommended. Hard-copy information can be organized using a Rolodex, file cards, or in folders.
- Use a standard classification system. If at all practical, this system should be coordinated with the FFSC's I&R resource file system.
- Organize files so they are indexed and accessible in different ways (cross-referenced), i.e., alphabetical by organization name, alphabetical by service headings, or by key words.
- Include information on eligibility requirements, fees, points of contact, telephone numbers and mailing addresses, hours of operation, locations, and description of services using the same format for each organization.

## 6.2.2 Resource Database Maintenance

Once organized, resource files must be maintained on a regular basis. To facilitate the maintenance of resource files:

- Stamp all materials with the date received, and date all resource files whenever information is updated.
- Update resources on a regular schedule. Set up a "tickler" file so all resources are reviewed at least twice a year.
- Keep up relationships with agencies and providers so that updated materials and information can be obtained.
- Discard all dated materials at least twice a year.
- Implement an organized system by which employers and organizations can send resource updates to the FFSC.

## 6.3 Effective Referrals

For clients to receive quality I&R services in a timely manner, it is essential that a well-developed referral system be in place. A referral system is an organized method of linking clients with the most appropriate resources. Both military and civilian service providers may be used to augment DAVA services. Victims may need shelter, counseling, child care, budget planning, etc.

**6.4.2.9.** *Facilitate victim contact with military and civilian resources, as appropriate, including shelter and safe housing resources.*

Accurately assessing the I&R needs of clients and providing them with pertinent information and support is the basis of an effective referral. An accurate assessment process requires staff to use a variety of skills and techniques to determine the needs of the inquirer, clarify the needs, and then identify appropriate resources. Two of the skills that staff should develop are the ability to actively listen and to use the PACT model as a step-by-step approach to I&R.

### 6.3.1 Active Listening

Active listening is critical to understanding another person completely and is extremely helpful to the I&R process. It is a way of talking with people so the conversation truly is two-way. Although active listening often is associated with counseling, the techniques apply to all relationships. Employing the basic principles of active listening will assist DAVAs in establishing relationships with victims, co-workers and service providers.

Active listening uses techniques that help the individuals talking feel that they are being acknowledged and understood. This encouragement to speak is provided by the listener's verbal and non-verbal signals to the speaker. Active listening:

- Encourages the client to share information.
- Helps the client feel that what he or she said is of worth.
- Helps the listener understand what is being said.
- Allows clients to express their own feelings and ideas.

Active-listening techniques may be utilized whether you are speaking face-to-face, by phone, or even by e-mail. The listener should:

- Focus solely on what the speaker is saying. Try not to think about what the speaker is going to say next. The conversation will follow a logical flow after the speaker makes a point.

- If in person, face the speaker and maintain comfortable eye contact. Sit up straight, or lean forward slightly to show attentiveness through body language.
- Show understanding by providing verbal and visual clues (when in person). Murmur “uh-huh” and “um-hmm” and nod. Raise your eyebrows. Say words such as “really,” “interesting,” as well as more direct prompts: “What did you do then?” and “What did she say?”

There are four key verbal components of active listening. These are paraphrasing, reflective listening, open-ended questions, and clarifying questions.

- **Paraphrasing.** Listeners state in their own words what they just heard the other person say. This demonstrates understanding and respect for that individual’s words and feelings as well as helping the listener to check for understanding. The listener asks questions or uses statements that naturally lead to further responses. For example:
  - Is what you’re saying ...
  - You seem to be saying ...
  - What I hear you saying ...
  - Let me see if I understand correctly ...
- **Reflective listening.** Reflecting goes a step beyond paraphrasing by showing empathy for the speaker’s feelings. For example, “I think in that situation it is natural to feel frightened” or “I can see why that would make you angry.”
- **Open-ended questions.** This is a way to allow clients to talk about whatever is important to them and to encourage them to share information that may clarify the situation. Open-ended questions give the speaker maximum latitude to speak freely and share more than just facts. They cannot be answered yes or no. They may begin “tell me about” or use words such as “what,” “where” and “how.” Examples include:
  - How can I help you?
  - What’s on your mind?
  - Would you like to tell me what’s concerning you?
  - Tell me about your plans for ...

Listening to the answers of open-ended questions helps the listener to:

- Gather information.
- Clarify understanding of what is being discussed.
- Connect with and better understand the speaker.

- **Clarifying questions.** The listener asks informational questions to understand the situation fully. For example, “Does your spouse know you want to leave?” or “Exactly where would you go if he threatens you?” Very similar to open-ended questions, these also may begin “tell me about” or use words such as “what,” “where” and “how.” However, the intent is to gather specifics and details. Examples include:
  - Tell me about your plans for ...
  - What does that mean to you?
  - When have you experienced something like this before?
  - What information do you have about that?
  - How will things be different when this is resolved?
  - What do you think will happen if you ...?

### 6.3.2 PACT Model

The PACT (problem, assess, choose, try) model provides a step-by-step approach to performing the I&R function including identifying problems, assessing and considering options. The steps are:

- **P** – Determine the problem.
- **A** – Assess available options.
- **C** – Choose the most appropriate options.
- **T** – Make a plan to try the options.

#### Problem

The first step in the PACT model is to determine the problem. Referrals will be effective only if the client’s actual need is identified. Therefore, it is critical that the individual clearly states the problem. Often, clients will present with a need that really is a symptom of a deeper problem they cannot or will not name. It can take exploration to get to the underlying problem and be able to suggest the best resources.

#### Assess

Once the primary problem is identified, possible approaches and options to solving or reducing the problem should be assessed. The following are important components when assessing options:

#### NOTE

If it appears that the presenting problem is not the actual reason for the contact, explore the issue further. It may be appropriate to discuss with the client the option of seeing a clinical counselor.

- Focus on possible solutions.
- Choose realistic options.
- Determine the client's thoughts and feelings about the identified options.
- Realize that some problems cannot be solved.

A person focusing on a problem may have trouble visualizing possible solutions. To shift the focus, help the client brainstorm possible solutions. Encourage the client not to dismiss anything out of hand. Once the client begins to create solutions, narrow the possibilities by discussing the client's perception of each option. Is the resource something the client would consider? What are the advantages of using this resource? Are there any disadvantages?

As the options are narrowed, be realistic about the usefulness of each one. If a client suggests using a resource that seems inappropriate or unrealistic, this is the time to discuss it tactfully.

It also is important to realize that there will be some problems presented that cannot be solved using the PACT model. Offer a sympathetic ear and a meaningful referral to assist the client in coping.

To avoid giving a referral to an organization that clients already have contacted, always ask what steps, if any, they already have taken to resolve their issue or meet their need. What worked, what didn't work, and why or why not? If they hadn't done anything yet, reassure them that now is the time for action. If they already have tried something, commend them for their efforts thus far and explore additional options with them.

### **Choose**

After assessing possible options, it is time to choose one or more. Explain why a referral is necessary. Clients might feel they are being "pushed off" on another agency rather than having the DAVA provide the assistance they require. Point out that FFSC doesn't offer the service needed or that the referral is better equipped to meet their particular needs.

Give the client the referral information. Do a "warm hand-off," if appropriate. A warm hand-off is a facilitated referral involving direct contact among the DAVA, the client and the referral source. (See [Chapter 6.3.3.2](#).)

### **Try**

The final step in the PACT model is to help the client make a plan to try the referral. The plan should be simple with prioritized steps. The simpler the plan, the more likely it is that the client will follow through. If the issue is complex, divide it into smaller steps and help the client establish priorities.

It is recommended that the plan be put into writing. If the client is present, use the I&R Referral Form. (See [Appendix B, form 10](#).) If by telephone, ask the client to write down the referral information. Keep the plan simple so the client is not overwhelmed. (People experiencing crisis or severe stress might not be able to process large amounts of information or complex plans.) Giving only one or two referrals at this time increases the chance that the client will contact them.



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Be sure to summarize the proposed action plan before ending the contact. An excellent way to check for understanding is to ask the client to summarize the plan and the steps they will take. If necessary, arrange to follow-up with the client. End the contact on a positive note by wishing the client success and leaving the door open for further contact.

**NOTE**

When providing I&R to a victim who has an open FAP case record, DAVAs may place a copy of the referral form in the case record for follow-up and for statistical purposes.

### 6.3.3 Referral Process

After thoroughly evaluating the client's need and determining that a referral is the most appropriate response, taking the following steps will contribute to a positive, successful referral:

- If sharing privacy-protected information, request that clients sign a release of information and carefully explain why a release is necessary when divulging this type of information. (See [Appendix B, form 8](#) for a sample.)
- Prepare clients for their referral appointments so they feel confident and self-assured about exploring additional resources. In addition to information such as names, addresses and directions, tell them what to expect. Explain to whom they are being referred and why. Give positive reasons for the referral, and highlight the benefits.
- Give clients choices. Provide enough information about the organizations so that clients can make an informed choice. Do not provide so much information or the names of so many organizations that the information is overwhelming.
- Help clients make a list of concerns or questions they would like to ask the referral resource.
- Give specific name(s) and number(s) to call. Be sure the client has the following information:
  - Name, address and telephone number of referral source.
  - Purpose of referral.
  - DAVA's name, position and contact information.
- If appropriate, follow up with the clients. Ask if the referral was appropriate and met their needs. Determine if they need additional referral information.



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**NOTE**

For many victims, contacting a resource raises their anxiety. Accurately assessing their needs and preparing them for the contact may help alleviate anxiety and encourage follow-through.

### 6.3.3.1 Rule of Three

Usually there is more than one community resource that will meet a client's needs. It is both professional and ethical to provide clients more than one resource whenever possible. This empowers them to decide which provider or resource to use as well as preventing community providers from having an unfair advantage in obtaining business.

Military Standards of Conduct include specific referral guidelines. This guidance for referring individual clients to community resources includes application of the "rule of three." The rule states that a minimum of three resources must be given to the client who then will decide which resource to use. A rotating list of providers is the ideal approach to use whenever possible.

In overseas and remote locations, or for a unique need, it can be difficult to provide a choice of three resources. In these situations, every effort must be made to provide equitable distribution to the limited number of resources. One should avoid even the appearance of a conflict of interest, although obtaining the best professional assistance for a client always should be the highest priority.

### 6.3.3.2 Warm Hand-off

In some situations, it is beneficial to assist the victim by providing a warm hand-off. This technique ensures optimal communication between the DAVA, the victim, and the referral resource by establishing a direct connection between the victim and the referral resource. Three-way calling may be used to introduce the victim to the point of contact at the referral organization. You also can call the organization, introduce the victim, and then hand over the phone. If you use this option, be sure that the victim has the privacy necessary to discuss personal issues. If the referral is internal to the FFSC, offer to walk the victim to the program workspace and introduce the appropriate staff member.

The steps in a warm hand-off include the following:

- Make the call to the referral resource. Wait for a "live" person (not electronic menu or voice mail) to come on the line and briefly explain the situation.
- If the victim is on the phone, pass through the call.
- If the victim is present, have the victim talk directly to the referral resource.
- Whenever possible, follow up to see if the victim connected with the referral resource and whether or not he or she was satisfied with the outcome.

## CHAPTER 7

# DAVA Victim Services

DAVAs provide a wide variety of services to victims of domestic abuse. In accordance with DODI 6400.06, victims of domestic abuse, living on or off the installation, must have access to victim-advocacy services 24 hours a day either through personal or telephone contact. DAVAs should maintain liaison with military and community first-responders, and with victim services organizations, to ensure that victims get an immediate response. Many FFSC sites provide this coverage by working in partnership with community shelters or other resources that operate 24/7.

Once a victim contacts the FFSC or a referral is received from a military or community source, DAVAs should make every effort to contact the victim as soon as possible.

Before meeting with a victim, it is imperative for DAVAs to have effective interviewing and counseling skills. Using active listening (See [Chapter 6.3.1](#)) helps to truly hear a victim and understand what is being said. In addition, using solution-focused techniques and knowing how to talk to a victim will assist in providing the victim quality services that meet their needs.

### KEY TERMS

#### CPO

Civil protective order.

#### MPO

Military protective order.

#### OCONUS

Outside the continental United States.

#### SOFA

Status of Forces Agreement.

#### Solution-focused counseling

Short-term problem-solving approach to counseling.

#### SOP

Standard operating procedures.

#### UCMJ

Uniform Code of Military Justice.

## 7.1 Advocacy-based Assistance

DAVAs work with victims to focus on safety planning and to empower the victim through reinforcing autonomy and self-determination. Using problem-solving methods, DAVAs help victims identify the barriers to safety; develop a safety plan; clarify issues; solve problems; increase self-esteem and self-awareness; and improve and implement decision-making skills.

A problem-solving model that is used commonly throughout the DoD and in the civilian community is called solution-focused counseling. Developed in the mid-1980s, solution-focused counseling, as its name implies, focuses on success. The focus is on clients' strengths and abilities rather than on their weaknesses. The solutions are derived by clients themselves.

### NOTE

Local standard operating procedures (SOP) delineate exactly how services are carried out at that site.

**NOTE**

DAVAs do not provide counseling. Solution-focused techniques are not clinical methods and may be used when providing assistance and advocacy to victims.

The Navy has implemented this program throughout its Personal Financial Management programs. Using the theories and methods of Dr. Fred Waddell, solution-focused techniques have proven very successful in the realm of financial counseling and are easily adaptable to other types of non-clinical counseling and interventions including, but not limited to, employment, relocation and advocacy. (Waddell, Fred. *Solution Focused Financial Counseling*. Michigan: Genesis Press, 2001.)

Solution-focused techniques:

- Keep responsibility with the client.
- Enhance a client's self-esteem.
- Educate and empower clients.
- Can be readily adapted to different counseling needs.
- Facilitate faster problem resolution.

Using these techniques, DAVAs can provide advocacy-based assistance by implementing the following structure when meeting with victims:

- **Short-term.** The DAVA and victim meet only as long as it takes to resolve the issues.
- **Goal-oriented.** For victim advocacy, the goal is to have the victim successfully make a short-term plan to remain safe and examine options.
- **Task-centered.** The focus is on constructing solutions to immediate safety needs and challenges resulting from the abuse.
- **Positive.** The focus is on what the victim is doing well.
- **Encouraging.** The DAVA helps the victim identify trends or methods of positive change and encourages them further.

Solution-focused techniques include eight steps that will enable a successful meeting with a client. The eight steps are:

- Prepare.
- Build a relationship.
- Gather data.
- Prioritize.
- Explore options.
- Make a plan.
- Implement the plan.
- Follow-up.

**Step 1: Prepare for the meeting.** Although DAVAs often have little preparation time before meeting with a victim, the following should occur:

- Be organized. Have all standard paperwork and resource information easily available.
- Review any information already known about the situation and victim.
- Avoid interruptions.

**Step 2: Build the relationship.** Victim advocacy deals with extremely private and emotional issues. Therefore, it is critical that the DAVA and the victim establish a relationship based on trust. To do so, the DAVA should:

- Put the victim at ease. Greet them warmly. Introduce yourself. Engage in small talk for a minute or two. Offer a cup of coffee or glass of water.
- Be friendly, responsive and non-threatening. Treat victims with respect. Try to develop an understanding of the victim's immediate needs and set goals to meet these needs.
- Give the client full attention. Actively listen. Use reflective listening skills, clarification questions, open-ended questions, and summarizing statements. See [Chapter 6.3.1](#).
- Explain that FAP will open a case record to chart progress. Have the victim complete a Privacy Act Statement and any site-specific paperwork if it has not been done already.

**Step 3: Gather data.** The DAVA should help the victim feel comfortable so that the process flows. Advocates have learned that most people previously have solved many problems and probably have some ideas of how to solve the current problem. To help victims see these potential solutions, ask "What did you (or others) do that was helpful in the past?" Have them identify their skills and resources. Skills may be internal resources such as determination, belief, past experiences and intelligence. Resources can include external ones such as family, friends, support groups, shelters, etc.

To determine what the victim wants and needs:

- Get the victim's assessment of the current situation.
- Determine what steps already have been taken to keep safe or resolve the abusive situation.
- Determine if the situation is dangerous and requires an immediate response.
- Find out the victim's specific needs, such as developing a safety plan, going to a shelter, or obtaining a protective order.
- Discuss how the victim and children are reacting to the situation.

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

**Step 4: Prioritize.** During this step of the process, the victim’s immediate concerns are separated from the long-term concerns. This determines the priority of issues to be addressed and provides the information to help a victim construct solutions to their current situation. Any immediate concerns or emergency issues must be addressed at once. For example, if the victim feels immediately threatened and in danger, this should be addressed at the outset.

**Steps 5 and 6: Explore options and construct solutions.** This is the problem-solving phase.

- Explore realistic options and solutions. For example, can the Sailor be confined to the ship, or can a protective order be requested?
- Develop a plan to get more information about options. What does the victim need to know to make an effective safety plan or go to a shelter?
- Explore the victim’s thoughts about each option. If, for example, the victim is hesitant to go to a shelter, discuss the pros and cons.
- Determine what other resources may be needed. Financial assistance? Employment services? Child care?

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

Validating what victims already are doing well and acknowledging the difficulty of their problems encourages them to change while giving the message that the DAVA has been listening and cares. Compliments may be conveyed in the form of appreciatively toned questions of “How did you accomplish that?” that invite the client to self-compliment by virtue of answering the question.

**Step 7: Implement the plan.** Once the victim has enough information to make decisions, the next step is to develop a plan of action.

- Help the victim identify the steps of the plan.
- Refer to resources as needed. Resources may include FFSC staff, shelter, court, etc.

**Step 8: Monitor and follow-up.** Monitoring and following-up are means by which to evaluate effectiveness as well as to provide excellent customer service. Follow-up with victims can be in person, by phone, or by e-mail.

- Ask if the victim was able to successfully meet immediate needs.
- Determine if the referrals or materials provided were useful.
- Find out if further assistance is needed.

## 7.1.1 Talking to a Victim

Experienced DAVAs have developed ways to talk to victims — including specific phrases and questions that help to establish and maintain an effective victim-DAVA relationship. These approaches are based on supporting and empowering the victim — discussing options and giving victims choices.

Often it is difficult to know where to start. Staying with the facts at first, rather than getting into feelings and emotions, is recommended. Provide the victims the opportunity to talk. Let the victims tell their stories over and over if needed. Some of the phrases to use include:

- What were your first thoughts?
- What went through your mind when ... happened?
- What happened next?

Supportive phrases are empathetic and offer the victim encouragement. Examples include:

- What can I do for you? How can I help you?
- I can't fix (the offender), but I can help you.
- I am here for you no matter what you decide.
- I know that violence is only a part of your relationship with the offender.
- What do you need right now?
- Let me know what I can do to help.
- I'm so sorry that happened ...
- I can't imagine what you're going through ...
- It must have been really upsetting to ...
- I can't imagine how terrible you are feeling.

It sometimes is easy to say something that seems supportive but is not. Be careful not to blame or judge the victim's behavior, even in subtle comments or reactions. For example, don't say:

- Anything blaming such as, "You did *what?*"
- I know what you're going through or, I know how you feel.
- The same thing happened to me; I remember when ...
- It will take some time, but you will get over it.
- It's not so bad.
- This was God's will.

- God won't give you more than you can handle.
- Others have it much worse.
- You just need to forget about it and move on.
- You did the best you could (unless the victim says it first).

DAVAs can provide emotional support to victims by:

- Being non-judgmental.
- Remaining calm.
- Offering supportive comments when the victim discloses information. Reassure victims that they did not create the problem and are not to blame.
- Validating feelings. DAVAs should acknowledge the victim's feelings and perceptions and explain that fear, loneliness and guilt are common responses to abuse.
- Letting them know they have the right to be safe. This enhances the recovery process, helps build self-esteem and empowers the victim to talk more about the assault.
- Finding out what the victim wants. Help ensure the victim has a support system, assist with immediate needs such as a safe place to stay, child care, etc. This may include information and referral or helping the victim contact friends or family.

Despite a DAVA's support and encouragement, some victims are reluctant to share information. It is important to let victims tell the story and share their feelings as they are able. Consider the following:

- Don't push a calm, withdrawn victim to talk. Let the victim know that you are available to listen or to provide moral support.
- Don't "take over" for the victim. If the victim seems completely overwhelmed and unable to think clearly, a referral to a clinical provider may be appropriate.
- Don't challenge a victim's feelings, whatever they may be. For example, if a victim blames herself, let her know that many victims tend to blame themselves or feel responsible even though the violence was not their fault; the offender has committed the abuse and is responsible.
- Keep your feelings in check. Don't express pity, shock or disgust (the victim does not need to be attending to the DAVA's emotional state — he/she may "clam up" as a result).

## 7.2 Initial Interview and Safety Planning

Initial interviews are conducted to provide victims with safety assessment; safety planning; explanation of the FAP process, including restricted and unrestricted reporting; information and referrals; protective-order options; and domestic abuse-related needs assessment. Initial interviews also may be used to gather information regarding the current domestic-abuse incident, past history of abuse, and demographic information.

Initial interviews may be conducted via telephone but are more effective when conducted in person, either in the office or at an off-site location. For safety reasons, initial interviews should be conducted as soon as possible after a referral, as the victim's and DAVA's schedules permit.

After establishing rapport and before the victim shares information about the abuse, the following must be discussed:

- That communication with the DAVA is voluntary.
- Restricted vs. unrestricted reports. Explain guidelines for restricted/unrestricted reporting. If the victim is undecided, make clear that by opting for a restricted report, it always can be changed.
- Explain limits to confidentiality and mandated reporting issues — plans to harm self, others or harm to a child, etc. If not done already, complete the Privacy Act form.
- DAVA role. The victim needs to understand clearly what the DAVA can do to help and support the victim.
- Availability of clinical services. DAVAs can introduce the victim to an FFSC clinical provider.
- The FAP process. At a minimum, give a brief FAP overview, including CRC.

### NOTE

DAVAs may want to use a checklist or form to ensure that they obtain all relevant information and provide the victim with needed resources. A sample victim contact form can be found in [Appendix B, form 11](#).



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**6.4.2.1.** *Ensure that the victim understands that communication with the victim advocate is voluntary.*

### NOTE

Demographic information necessary to open a case record must be obtained. Sites may vary in their procedures — i.e., the victim may fill out a form before meeting with a DAVA or the DAVA may complete the form with the victim or obtain information throughout the interview and subsequently complete the form.

### 7.2.1 Assessing Safety Concerns

The next step is to determine why the victim is seeking services. It usually is most helpful just to ask the victim. The DAVA should explain what is known about the current incident and then ask the victim to elaborate. For example, "The only information I have about your incident is ... Can you please give me more detail, so I know what type of services would be helpful?"

**6.4.2.3.** *Ascertain the victim's immediate needs.*

It is important to assess the victim's safety concerns and immediate needs. Safety concerns include the circumstances under which victims feel that their safety, and that of their children, may be compromised. DAVAs should inquire about:

- **Weapons.** Ask about weapons used as well as weapons to which the offender may have access or own.
- **Vulnerability.** Is the victim pregnant or physically challenged? Were children present during the incident?
- **Level of threat.** Has the victim or children been threatened with injury or death? Does the victim feel afraid?
- **Stalking.** Is the victim being stalked?
- **Substance abuse.** Are alcohol or drugs involved in the incidents?
- **Injuries.** Has the victim been injured? During an initial or subsequent interview, the DAVA either may observe physical injuries or the victim may state that he or she has been injured. It is important that all physical injuries are documented, including pictures of the injuries. If the incident was reported to law enforcement or to a medical provider, they should have taken pictures documenting any injuries. If the injuries have not been documented, the DAVA should encourage the client to contact law enforcement or the Medical Treatment Facility to do so. However, it is not the role of the DAVA to take pictures to document the abuse; from a legal perspective, this would put the DAVA in the role of a witness and investigator.

**6.4.2.4.** *Encourage the victim to seek medical consultation or examination.*

## 7.2.2 Safety Planning

Once safety concerns have been addressed, a safety plan should be put into place. Safety planning is essential to help protect victims from further abuse and assure that they are well-informed on all options for safety. Victims of spouse or intimate-partner abuse should receive intensive safety planning from the DAVA.

**6.4.3.3.** *Develop a safety plan with the victim, if one has not already been completed, and review it periodically with the eligible victim.*

The safety-planning process can help victims think through their safety issues, develop a plan to enhance safety, and alleviate fear. Safety concerns include:

- The victim's physical safety and that of family and friends.
- Health issues and fear of injury or permanent damage.
- Impact of reporting.
- Ability to take steps to become self-sufficient and independent of the offender.

Safety planning is designed to give victims options for maintaining their safety when living with domestic abuse. It is most beneficial for victims to consider the options and develop a personal safety plan before an abusive incident. However, most victims are not seen until after one or more incidents of abuse have occurred. The goal of safety planning is to assist the victim in formulating a reasonable and achievable safety plan.

When safety-planning with a victim, the DAVA should discuss all of the following information:

- How to obtain a military protective order and/or a civil protective order.
- Help the victim identify the danger signs. What triggering events or signs are present prior to the abusive incidents?
- Identify and discuss family and community support systems available to the victim.
- Warn the victim that FAP or police intervention could escalate the abuse.
- Ensure that the victim is aware of resources.

#### NOTE

DAVAs do not assist a non-offending parent in a child-abuse case in developing a safety plan. At the request of the FAP case manager, a DAVA may provide information or resources to assist the parent with safety planning.

### 7.2.2.1 Written Safety Plan

The DAVA should discuss an initial safety plan and, with the active participation of the victim, develop a plan in accordance with DD Form 2893, "Victim Advocate Safety Plan." A copy of this form can be found in [Appendix B, form 12](#).

The use of this exact form is not required, and many sites have customized the safety plan to make it more user-friendly and inclusive of local resources. Some of the changes that may make the form more user-friendly include the following:

- Including lists where victims can check items as completed.
- Reorganizing the information so that, for example, everything related to the victim's children is in one section.
- Developing separate plans for male and female victims with gender-specific resources.
- Developing separate plans for active-duty military and civilian victims.



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**6.4.2.6.** *Discuss an initial safety plan and, with the active participation of the victim, develop a plan in accordance with the safety plan, DD Form 2893, "Victim Advocate Safety Plan." Ensure that the victim understands that establishing a written safety plan is voluntary.*

#### NOTE

Ensure that the victim understands that establishing a written safety plan is voluntary.

**6.4.2.6.** *A copy of the safety plan shall be retained by the victim advocate only when the victim is eligible for military medical care and will continue to see the advocate.*

**6.4.3.1.** *Ensure that FAP, law enforcement, and the command are aware of the victim's safety plan if the victim has elected the unrestricted reporting option.*

The DAVA should ensure that the victim has a safe place to keep or hide their safety plan and victim information packet. Options may be to hide it somewhere in the home where the offender will not find it, keep it at work, family or friend's house, trunk of car, etc.

All safety planning should be documented in the victim's case record. If safety planning is done by the DAVA, this should be discussed with the FAP case manager for both restricted and unrestricted reports. In addition, if the victim has elected an unrestricted report, the DAVA should ensure that FAP, law enforcement and the command are aware of the safety plan.

## 7.2.2.2 Lethality Assessment

**6.4.2.5.** *Assess the situation for imminent danger of life-threatening physical harm to the victim or another person, considering the existence and frequency of the risk factors in Section 6.6.2...*

Lethality or danger assessments are an additional tool to help DAVAs reduce risk of homicide or serious physical harm to a victim. Using a valid and reliable assessment, the victims' answers can predict behavior that has led to homicide among domestic-abuse victims. DAVAs should be trained to use a lethality assessment to evaluate a victim's level of danger and help her or him to create a safety plan.

### NOTE

The DAVA always should assess for danger and lethality, even if the victim has said it was done by police or medical personnel.

These assessment instruments measure several risk markers and calculate a score that reflects the degree of risk. Reviews and studies as to the usefulness of danger and lethality instruments find them superior to clinical judgment alone. There are numerous danger and lethality assessments available. The following, the Danger Assessment and the Victim Advocate Lethality Assessment Checklist, are recommended based on validity and relevance to the military victim.

### 7.2.2.2.1 Danger Assessment

One of the most highly regarded lethality assessments is the Danger Assessment developed by Dr. Jacqueline Campbell. The Danger Assessment (DA) is intended as a lethality-risk instrument. The first part of the Danger Assessment assesses severity and frequency of battering by presenting the victim with a calendar of the past year. The victim is asked to mark the approximate days when physically abusive incidents occurred, and to rank the severity of the incident on a 1 to 5 (1 = slap, pushing, no injuries and/or lasting pain; through 5 = use of weapon, wounds from weapon) scale. The calendar is intended to:

- Raise the consciousness of the victim.
- Reduce the denial and minimization of the abuse.
- Increase accurate recall.

The second part of the Danger Assessment is a 20-item instrument that uses a weighted scoring system to count responses of risk factors associated with intimate-partner homicide. Some of the risk factors victims are asked about are whether or not their partner owns a gun; their partner's employment status; and whether or not there have been threats to kill the victim, etc.

The assessment determines four risk categories: variable, increased, severe and extreme:

1. **Variable danger.** When the danger risk is variable, victims should be informed that the level can change quickly. Victims should watch for other signs of danger and believe their instincts.
- 2/3. **Increased and severe danger.** At this level, victims should be advised there is risk, and assertive safety planning should be done. Protective orders are recommended.
4. **Extreme danger.** Victims should be advised of serious danger and assertive actions taken to protect the victim's safety.

Training is required to use the Danger Assessment. Further information can be found at [www.dangerassessment.org](http://www.dangerassessment.org).

### 7.2.2.2.2 Victim Advocate Lethality Assessment Checklist

The Army has developed a lethality assessment based on DODI 6400.06. The Victim Advocate Lethality Assessment Checklist is intended to identify domestic-abuse victims who may be at a greater risk for future abuse and/or potentially lethal situations. The checklist is not a clinical assessment; it is a tool for DAVAs to gather information on risk factors, victims' needs, and safety concerns. The risk factors identified on this checklist are taken directly from DODI 6400.06, Domestic Abuse Involving Section 6.6.2, Pages 24-25.

A sample checklist with directions for use can be found in [Appendix B, form 13](#).



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### 7.2.2.3 Protective Orders

Both civilian courts and military commands can issue protective orders that are designed to stop violent behavior and keep the abuser away from the victim. Each state has some form of domestic violence restraining-order law, and many states also have specific restraining-order laws for stalking and sexual assault. For further information on state laws, go to <http://law.findlaw.com/state-laws/protective-orders/>.

**6.4.3.9.** 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 CPOs or MPOs. The victim advocate shall not provide legal advice.

### 7.2.2.3.1 Civil Protective Orders (CPO)

Civil protective orders are examples of orders issued by a court that restrain the conduct of a person and protect a victim from the activities of an abusive person. A protective order restricts the contact certain people may have with the "petitioner" (the person requesting the order). The person restricted by the order is called the "respondent."

The terminology used differs from state to state and includes protective order, personal protective order, temporary restraining order, and emergency protective order.

The victim does not have to press criminal charges to get a protective order. However, if the abuser violates the protective order, he or she can be sent to jail.

Victims can get a protective order if they have been abused by:

- A current or former spouse.
- Anyone with whom the victim has had a child.
- Any individual who lives with the victim or has lived with the victim in an intimate relationship.

A protective order may require the abuser to:

- Stop abusing the victim.
- Stop contacting the victim and family or household members.
- Provide suitable alternative housing for the victim and other family and household members, and to pay deposits to have utilities connected or restored in this housing.
- Leave the home and give temporary possession of the home to the victim.
- Give the victim temporary possession of a jointly-owned motor vehicle and prevent the abuser from using the vehicle.

Before a CPO is issued, the court will consider the history between the parties, including threats, harassment, stalking and physical abuse. The court will want to know whether the respondent has:

- Attempted to harm the petitioner and/or their children.
- Used or threatened to use weapons.
- Restrained the petitioner from leaving the home.
- Destroyed personal property.

Current regulations ensure that CPOs are valid outside of the jurisdiction in which they originated:

- Under the federal Violence Against Women Act (VAWA), jurisdictions must give full faith and credit to valid orders of protection. Full faith and credit is a legal term that stipulates that jurisdictions must honor and enforce orders issued by courts in other jurisdictions. Full faith and credit helps to protect freedom of movement by requiring the justice system to enforce orders of protection throughout the country. If an abuser travels across state or tribal lines and violates a protective order, the abuser can be punished under the laws of the jurisdiction where the violation occurred and also may be charged with federal crimes.
- In 2003, the Armed Forces Domestic Security Act took effect. Under this act, CPOs have the same force and effect on military installations as they have in the state, territory or tribal land that issued them. As a result of the act, judges can take action against an individual who violated a CPO on a military installation located in the United States. On Nov. 10, 2003, DoD issued a policy memorandum implementing the act. The memorandum directed the services to issue regulations specifying that persons subject to the Uniform Code of Military Justice (UCMJ) shall comply with civil and military orders of protection and that failure to do so may result in prosecution under the UCMJ.

#### NOTE

Through memoranda of understanding (MOUs) with civilian law enforcement and prosecutors, installation law-enforcement agencies should be able to receive copies of CPOs issued against service members.

### 7.2.2.3.2 Military Protective Orders (MPO)

It is DoD policy that every appropriate effort be made to protect victims of abuse from further harm. Commanding officers are authorized specifically to issue military protective orders (MPOs) to safeguard victims, quell disturbances, and maintain good order and discipline while victims are pursuing protective orders from civilian courts, or to support existing civil protective orders.

When safety-planning with a victim, the use of an MPO should be considered. It is issued to an active-duty service member both to protect a victim of domestic abuse and to regulate the behavior of the allegedly abusive service member. MPOs are issued:

- To protect potential victims from threatened abuse before abuse has occurred.
- To stabilize the situation pending an investigation.
- After domestic abuse has been reported, to protect the victims from further abuse.
- To allow time for additional safety measures to be put into effect.

**NOTE**

MPOs may be directed to civilians but are necessarily limited in their scope, since civilians are not subject to military orders. Options in this case include orders barring civilians from the installation, housing, etc. Orders given to civilians should be aimed at assuring safety.

A DAVA, installation law enforcement, or a FAP clinical provider may request a commanding officer to issue an MPO. The commanding officer should tailor the order to meet the specific needs of a victim. An MPO should be issued regardless of whether a CPO already is in place. If a CPO already has been issued by a civilian judge or magistrate, the MPO should, to a practical extent, have identical or similar provisions. It should not contradict the terms of the CPO. It may be, however, more restrictive.

MPOs directed to service members may be broad in scope, since service members are subject to military orders. The order should specify its duration, the factors permitting the lifting of the order, or the fact that it is in effect until further notice by the issuing authority or designee. The victim should be notified when the MPO is issued.

MPOs should include provisions that will reasonably ensure the victim's safety, but may not include any punitive provisions. Examples of appropriate provisions are:

- Prohibit the subject from having any face-to-face, telephone, or written contact with the victim, including contacts conducted through third parties.
- Bar the subject from designated areas or places, such as military family housing; the family home off the installation; schools; place of employment; child-development centers; and youth programs.
- Require a service member who is the subject of the MPO to move into government quarters.
- Require the subject to leave any public place if the victim is in the same location or facility.
- Require the subject to do certain activities or refrain from doing certain activities.

An MPO is designed to control a situation in order to protect the safety of the victim and not to punish an alleged offender. The MPO should:

- State its military purpose.
- Be specific in controlling certain behaviors.
- Be comprehensive to prevent misunderstandings.
- Be in writing. Verbal orders may be given but then put into writing to avoid confusion and misinterpretation.
- If *ex parte* (i.e., without input from both parties), be of short duration, as the other party has a right to be heard.

- Be reconsidered as the crisis abates and the facts surrounding the domestic abuse are determined. A final decision regarding the continuation of an MPO should be made by the commanding officer, with input from FAP, if available.

The original MPO is given to the individual to whom it is directed. The alleged offender must sign the MPO stating that it has been read and the contents understood. Distribution of the completed form is limited to the service member; the service member's personnel file; base security and law enforcement; and, if authorized or otherwise justified, to the protected person (victim). The MPO should be destroyed six months after it has expired.

The DoD has a standardized MPO. The Military Protective Order DD Form 2873, April 2004, is available online at: <http://www.dtic.mil/whs/directives/in-fomgt/forms/ddforms2500-2999.htm>. A copy of this form can be found in [Appendix B, form 14](#).

A violation of an MPO constitutes a Uniform Code of Military Justice (UCMJ) violation. Depending on a number of factors, a violation of an MPO may result in non-judicial punishment, court-martial proceedings, or other disciplinary measures. DAVAs are not required to report a violation of an MPO. However, if a victim is too afraid to report it, the DAVA could assist and report to the command on the victim's behalf and with the victim's permission.



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**NOTE**

Further information on MPOs may be found in OPNAVINST 1752.2B enclosure (8).

## 7.2.3 Meeting Victim's Needs

In addition to safety-planning needs, the DAVA should address a victim's other immediate needs such as safe shelter, food, transportation, medical care, legal advice, etc. To do so, the DAVA should provide both education and resource information.

In addition to a copy of the safety plan, an education packet and list of resources may be given to the victim. Not only will written information give victims time to review and determine which resources will be useful, but information is empowering and will enable them to advocate for themselves.

An information packet could include information on the following:

- Signs of abuse.
- Cycle of violence.
- Power and control/equality wheels.
- Victims who stay.

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

**6.4.2.9.** Facilitate victim contact with military and civilian resources, as appropriate, including shelter and safe housing resources.

**6.4.3.11.** Advise the victim of FAP clinical resources.

- Protective orders.
- Preparing to speak to an attorney.
- Children who witness abuse.
- Hotlines and local resources.
- DD Form 2701 Initial Information for Victims and Witnesses of Crime.

#### NOTE

[Chapter 6](#) contains detailed information on the I&R process.



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Many victims are overwhelmed during an initial interview. Providing them with written information may be adequate for some, but most victims will find it helpful for the DAVA to discuss appropriate resources and review options. All appropriate military and civilian resources should be discussed. If it appears that the victim could benefit from counseling, explain the FFSC clinical counseling and FAP options. If the victim is interested in specific resources, the I&R Referral form with contact information should be given to the victim. (See [Appendix B, form 10](#) for a sample form.)

## 7.2.4 Concluding an Initial Interview

Before concluding an initial interview, the DAVA and victim should discuss follow-up. Does the victim want additional contact with the DAVA, and for what purposes? Is there an interest in a support or educational group? Will they want accompaniment to court or other appointments? If so, are there dates already in place?

How further communication will occur also should be discussed. Is it safe for the victim to receive phone calls? E-mail? Any messages should be brief and to the point, and even cryptic if the victim feels threatened. DAVAs may want just to give their name and ask the victim to call. Even leaving a phone number can be risky, but it may be necessary.

If safe to do so, be sure that the victim leaves with the safety plan, resource information, and information on the next steps to take.

## 7.3 Victim Advocate Safety

Working in the domestic-abuse field is not without danger. Although it may be rare that a client is violent or threatening, the DAVA needs to remain aware of this potential in order to protect his or her own safety and the safety of others.

### 7.3.1 Office Safety

The FFSC must endeavor to ensure the safety of both personnel and clients. To minimize risk, a written protocol should be in place. A written protocol for office safety should include:

- Required staff training in recognizing and assessing risk.
- The role of each staff member. For example, who contacts security, who assists the DAVA, etc?
- Safe arrangements of offices and office furniture. The DAVA should not sit where access to escape can be blocked. If for any reason the DAVA is uncomfortable, he or she should consult with a supervisor before seeing the client or immediately upon sensing danger.
- Plans for lock down and separation of other clients and staff.
- A plan for removal of weapons. Weapons are not allowed in the FFSC. If a person is not presenting in a threatening manner, staff should ask the person to remove the weapon and take it to a secure location of his/her choice. The supervisor or director should be informed of the infraction and notify appropriate authorities. If the person is presenting in a threatening manner, the DAVA should leave the room immediately and directly notify a supervisor. Security should be called to remove the weapon. The client may get the weapon back through security, or a designated command representative may retrieve it.

At no time should the DAVA compromise his or her personal safety. If, in the context of the interview, it becomes apparent that the client potentially may be violent, the DAVA should excuse himself/herself immediately. If unable to leave, there should be a back-up, coded system to contact the front desk or another staff member for emergency assistance. For example, the DAVA may tell the client they are going to ask the I&R specialist for resources, then call the front desk and use the code to request help. The DAVA might ask for the "red resource folder," indicating that help is needed.

### 7.3.2 Safety Outside of the Office

If a victim cannot get to the FFSC, it is possible to meet in a neutral and safe location. To ensure the DAVA's safety, DAVAs should work with their supervisors to establish designated safe areas where they could meet with a victim. Places that are safe and help preserve the victim's confidentiality include the medical clinic, chapel, law enforcement offices, etc.

Providing services to victims outside of the office is significantly different and appropriate steps must be taken to protect the DAVA's personal safety. A meeting with a victim outside of the office should be conducted only after determining that it is absolutely necessary.

When meeting with a victim outside of the FFSC, DAVAs should:

- Learn as much as possible in advance about the victim and the situation. Is there anything that could endanger the victim or the DAVA? Assess any risks to personal safety.
- Carry a charged cell phone with the numbers for FFSC, supervisor and security.
- Before getting out of the car, thoroughly observe the surroundings.
- If possible, confirm the alleged offender's whereabouts.
- Maintain consistent awareness of potential risks and terminate a meeting, at any time, if your intuition tells you the situation is unsafe.

### 7.3.2.1 Home Visits

A home visit should be considered only as a last resort. If the DAVA determines that this may be the only possible option, then consultation with a supervisor is required. The FAP case manager also should be consulted to determine if there are any factors that would preclude a home visit.

The supervisor should help the DAVA consider other options. However, if a home visit is the only option, then approval should be given and ways to ensure safety should be reviewed. [Appendix D](#) contains detailed information on what can be done to assess and ensure safety on a home visit. But, a home visit should never be scheduled if the personal safety of the DAVA is in question.

### 7.3.2.2 Itinerary Log

It is critical that DAVAs keep their supervisor or other designated point of contact (POC) informed of their home visits and other out-of-the-office activities.

DAVAs should use an itinerary log or similar method to share information regarding their schedule. At the end of each off-site visit, if possible, they should check in with their POC. If the off-site visit is taking additional time, then the DAVA should call to establish a new check-in time.

#### NOTE

If the designated POC will not be available, there should be a backup.

The following information should be given to the POC, or the POC should know how to obtain it from the DAVA's calendar:

- Date and appointment time.
- Meeting site including address and phone number.
- DAVA's vehicle make/model and license plate number.
- DAVA's cell-phone number.
- Designated time that DAVA will check in with POC.

Each site should establish a protocol regarding DAVA check-in. The protocol should include steps to be taken to contact the DAVA, such as calling the cell phone and/or home phone, and notifications if DAVA cannot be contacted.

A sample Itinerary Log can be found in [Appendix B, form 15](#).



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## 7.4 Transporting Clients

Accreditation Standard 2.10 states that DAVAs may provide specialized services such as transportation for clinical or medical appointments. The following guidance should be followed when transporting clients.

- Civilian (GS) DAVAs should drive a government-owned vehicle (GOV) if at all possible while conducting official government business. Contract DAVAs may not drive the GOV and should consult the terms of their contract pertaining to the use of a privately-owned vehicle (POV) for official government business.
- If a DAVA is involved in an automobile accident while conducting official government business, then the supervisor must be notified immediately. It also is recommended that the DAVA's personal insurer be notified immediately as well.
- If an automobile accident occurs due to the DAVA's negligence while driving a victim in a POV then the DAVA or the DAVA's private insurer may be liable for any damages to a third party unless the proper authority determines that, under the Federal Tort Claims Act, the DAVA was acting in the scope of employment duties at the time of the accident. This determination is made on a case-by-case basis and generally does not apply to contract staff. Contract DAVAs should consult the terms of their contract pertaining to personal liability for negligent acts committed while working within the scope of their employment.

## 7.5 Ongoing Services

**6.4.3.2.** *Maintain follow-up contact with the victim as appropriate.*

**6.4.2.6.1.** *Victim advocates shall attempt to periodically review the victim's safety plan with the victim.*

The type and extent of ongoing services provided vary from victim to victim. Some victims, after an initial contact and safety planning, either do not require or do not want to utilize DAVA services. Most, however, will benefit from and will want continued contact.

To foster self-determination and empowerment, the victim should be given the option of determining the format and timing of further contacts. The DAVA and victim should discuss:

- **How contact will be maintained.** By phone, e-mail or office visit? For safety purposes, the victim should be encouraged to check in with the DAVA. However, if phone calls or e-mails are a safe option, then the DAVA may contact the victim directly.
- **The type of contacts the victim thinks will be needed.** Transportation? Accompaniment to appointments or court appearances? Or will the victim want regular contact for support and education on domestic issues and resources?
- **Set a schedule to meet.** Some victims will need regular in-person and/or phone contact — particularly at first. Weekly, every two weeks, monthly, or as needed all are options. The schedule should reflect the victim's needs while still helping the victim become independent. DAVAs also should review the victim's safety plan with the victim on a regular basis.

Among the many advocacy services with which victims may request assistance, two of the most common are court accompaniment and support groups.

### 7.5.1 Court Accompaniment

The criminal-justice process can be confusing and intimidating. DAVAs can assist victims with needed support and information throughout this process. Many victims will ask the DAVA to accompany them to court. If so, the DAVA should keep the following in mind:

- The DAVA's role is to support the victim but not to speak for the victim. Explaining procedures and expectations is an excellent way to provide support. Often victims may have their children with them, and the DAVA may have to assist the victim in keeping children under control and entertained. It is suggested that DAVAs may want to have paper and crayons and other items to occupy children.

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

- DAVAs do not testify unless subpoenaed. They should check with the FAP supervisor and the JAG if subpoenaed. If required to testify, DAVAs should state only facts and not offer opinions. A summary of the client's statement should be given. To clarify, the DAVA may want to preface any comments with, "The victim stated that ..."
- At a hearing, a DAVA should not speak unless the court asks. It is important that the DAVAs let the court know that unless subpoenaed, they are not there to share information but only to provide support to the victim.

## 7.5.2 Support Groups

When working with victims of domestic abuse, it is important to deal with the many social issues surrounding abuse, rather than concentrating solely on the personal difficulties of the victim. Group work fosters such an approach. It provides a safe space for bonding that enables victims to talk about what often is felt to be an unspeakable experience, and it gives public status to an experience that previously has been lived as personal.

A support group can provide an opportunity for personal growth, socialization, education and prevention. When support groups are designed for domestic-abuse victims, they also can be a safe place for victims to express themselves (especially feelings they may not feel safe to express at home), share and normalize experiences, link with other victims, find help, and learn coping strategies.

Support groups can be sponsored by the FFSC, or if possible, co-sponsored with a community organization. If numerous support groups exist in the local community, the FFSC may not need to conduct its own group.

Ideally, the group should have two facilitators: a DAVA and a clinical provider or educator who have experience and are well-trained in group work and domestic abuse. They should know how to handle conflict and other dynamics that occur in groups. An advantage to having two facilitators is that it enables one to give individual attention to a victim should the need arise. The following is a list of desirable characteristics for a victim support group facilitator:

- Knowledge about safety planning.
- Has appropriately addressed own issues on the topic.
- Good listening and communication skills.
- Appropriate problem-solving skills.
- Empathetic.
- Nonjudgmental — avoids using labels.

- Positive role model.
- Ability to confront appropriately any members who break confidentiality.

**NOTE**

Many sites require a clinical provider to co-facilitate, because although it's an educational support group, many clinical issues may arise.

DAVAs must ensure the confidentiality of the group at all times by explaining and respecting the participants' rights to confidentiality, and clarifying with the participants the situations where confidentiality may be limited (e.g., reporting obligations based on child protection). Participants must understand clearly that any information that might individually identify a group member cannot be released outside the group and anything confidential will be released only with their express consent.

For the group to be successful, participants must feel that they are supported. DAVAs should:

- Explain the necessary group rules and ensure they are followed. The group itself should develop the ground rules, with the guidance of the group facilitators. Facilitators also should let the group know what legal and agency responsibilities they have and what they expect from participants.
- Ensure that the participants feel they are being heard and not judged.
- Encourage the participants to take responsibility for their own behavior.
- Recognize the individual needs and experiences of all participants.
- Support participants in making informed choices and decisions.
- Challenge any myths or stereotypes about domestic abuse that arise within the group.

The group rules and process should support a safe environment and also give participants ownership of the group and control in creating their own environment. This ownership and control can provide a great sense of involvement and empowerment to the group members — two important goals of group work with victims.

A support group can be conducted in several different ways. Group facilitators may have a specific topic for the meeting, facilitate group exercises, allow time to discuss personal questions or issues (this usually is done best with small groups), and/or provide speakers/presenters on various topics. The following is a list of possible topics for group discussion:

- Types and dynamics of abuse.
- Safety planning and how to leave safely.
- Support systems (friends, family, faith community, etc.).
- Effects of abuse on children.

- Substance abuse.
- Self-sufficiency — employment, educational opportunities, single-parenting, etc.
- Reactions of family, work or community.

Further information on support groups can be found at:

- Arizona Coalition Against Domestic Violence  
[http://new.vawnet.org/Assoc\\_Files\\_VAWnet/BestPracticesManual.pdf](http://new.vawnet.org/Assoc_Files_VAWnet/BestPracticesManual.pdf)
- Women's Aid Federation of England — *The Power to Change Manual*  
[http://www.womensaid.org.uk/core/core\\_picker/download.asp?id=1963](http://www.womensaid.org.uk/core/core_picker/download.asp?id=1963)

## 7.6 Providing DAVA Services OCONUS

Whether located CONUS or OCONUS, DAVAs must be familiar with the challenges and issues of moving and living overseas as well as returning CONUS after an overseas tour. The personal and family stress that results from change and uncertainty is increased when Sailors and families are separated from their familiar culture and from regular contact with extended family and friends. The normal demands of Navy life are magnified and multiplied. It goes without saying that increased stress can lead to incidents of domestic abuse. The best way to help people manage this stress and prevent domestic abuse is with information and support so they may cope with change and feelings of isolation or loneliness.

DAVAs should be aware that for service members and their families moving OCONUS:

- Additional stress may occur due to the unfamiliarity of the environment.
- There is a need to understand not only food, language, and customs, but why people in that country behave as they do. What are the important values and beliefs of the country? These are often not readily apparent.
- Adjusting to a new culture can take a long period of time. It can be an uneven process.
- Developing intercultural communication skills will be a necessity.

It is important that DAVAs not only are culturally competent (See [Chapter 2.3](#)) but are familiar with the OCONUS process and issues that Sailors and families face. These include:

- **Culture shock.** Culture shock describes the feelings of anxiety and disorientation many people feel in a foreign culture. It occurs because while living in a new place can be exciting, it involves many challenges.
- **Cultural adjustment.** Individuals go through a period of cultural adjustment. Although people will respond differently to their new environment, it is common to follow a pattern of adjustment that begins upon arrival to their new home. Many people initially experience culture shock, then cultural adjustment, and finally, cultural acclimation.
- **Cultural acclimation.** People who experience cultural acclimation and integration are characterized by having experienced cultural empathy, resilience, and appreciation of the host country's culture while maintaining one's own cultural heritage.

As DAVAs work with victims, they should keep in mind that the victims' responses may be influenced or intensified by their adjustment, or lack of adjustment, to the local culture. Victims may feel overwhelmed as they lack the support of family, friends and a familiar community.

### 7.6.1 Status of Forces Agreements (SOFA)

A Status of Forces Agreement (SOFA) is a legal agreement between the United States Military and a host country. A SOFA defines the legal status of U.S. personnel and property in the territory of another nation. The purpose of such an agreement is to set forth rights and responsibilities between the United States and the host government on such matters as criminal and civil jurisdiction, the wearing of uniforms, carrying arms, tax and customs relief, and entry and exit of personnel. They are a vital means by which the DoD carries out its policy directive "to protect, to the maximum extent possible, the rights of United States personnel who may be subject to criminal trial by foreign courts and imprisonment in foreign prisons."

DAVAs must be aware of the legal constraints and limitations of the Status of Forces Agreement (SOFA) in effect between the specific host nation and the Navy. For example, local jurisdictions may be in conflict with certain procedures utilized by FAP. However, staff must comply with SOFA or other international agreements.

## 7.6.2 Impact of OCONUS Milieu

The culture of the host country has a direct impact on the FFSC's relationships within the community and with host nationals. Differences may be value-based and may be in direct conflict with American cultural values. For example, the status of women may be far removed from American values, or tolerance for violent behavior within families may be acceptable. Political and religious differences can also make it more difficult to live and work in certain countries. All DAVAs should become knowledgeable about the culture, religion, politics, and everyday lifestyle of the host country. (See [Chapter 2.3](#) for information on cultural competency.)

To effectively deal with these concerns, DAVAs should:

- Contact DoDDS school personnel. Usually there is a staff member who teaches the host nation's language. He/she may have POCs in the community and know about resources.
- Work closely with the community-relations advisor or host nationals who work with intercultural relations programs.
- Join local national/American committees. This is an excellent way of becoming part of the local community.
- Seek volunteer host nationals interested in helping Americans better understand the history, culture, and traditions of the area.
- Contact professionals who can speak English. Information about them and access to their services can usually be facilitated through local professional societies and/or associations.
- Make contact with Americans living abroad. Many are employed or contracted by U.S.-based multinational corporations or the U.S. government. Information may be obtained from the local American Chamber of Commerce office or the Commercial Attaché at the American Embassy or Consulate. These individuals can be an excellent source for networking and obtaining resources or resource information.

## 7.6.3 Domestic Abuse Issues OCONUS

Domestic abuse incidents present particular challenges at OCONUS sites. Due to legal agreements, cultural differences and limited resources, there are several issues specific to OCONUS installations that have a direct influence on the provision of DAVA services.

A response to a domestic abuse incident must not conflict with the Status of Forces Agreement (SOFA) or other international agreements, and the jurisdiction of the cognizant foreign court. Policy requires that installation commanding officers cooperate with civilian agencies and observe local laws pertaining to domestic-abuse incident notifications and reporting. This can limit options or types of services for both victims and offenders.

In addition, OCONUS or isolated locations may lack a support infrastructure. Services such as shelters may not be available or accessible. Even if local resources are available, the language barrier can prevent individuals from seeking services in the community. It is the responsibility of DAVAs to identify available local resources that may enhance victim safety and support.

Because of the limited resources OCONUS, creative responses to domestic abuse incidents are required. Without access to domestic abuse shelters, for example, the DAVA, FAP and commands should work together to explore temporary safety options for the victims. At some sites, the victim may stay with an undisclosed family from the command, a friend, or at an undisclosed location on or off base. Another option may be to make temporary arrangements at off-base shelters.

Since language barriers may be an issue for a victim using a community shelter or resources, it is important that the DAVA secure a translator. The victim must sign a Release of Information form allowing the translator to discuss their case with a third party. In addition, the translator would be required to read and sign a Privacy Act Statement signifying that confidentiality will be maintained.

### 7.6.3.1 OCONUS FAP - Early Return of Dependents

In any case of alleged domestic abuse, the safety of the victim is of primary concern. In most instances, FAP and DAVA services are able to meet the needs of the victim. However, the CRC may substantiate an abuse case and further recommend due to the severity of abuse, lack of local resources, or other reasons, that the family or family member(s) be transferred early from OCONUS or isolated sites. The following factors should be considered in determining an early return of dependents (ERD):

- Overall family functioning and fitness for overseas duty.
- Risk of further abuse.
- Availability of local resources.

FAP at the OCONUS location is responsible for taking steps to promote the safety of FAP clients returning to CONUS. OCONUS FAP should:

- Coordinate with the FAP at the receiving location and provide complete case information including a referral for services, complete case file, and treatment/intervention plan.
- The receiving FAP assumes responsibility for case management when the service member/family member arrives at the new installation. The receiving FAP is responsible for reviewing the case with the local CRC, assuming routine FAP case management duties and providing case updates to the overseas command if needed. If the family is not returning to a community with a Navy installation, the receiving FAP (closest to the family's CONUS destination) should advise the family of the nearest available military family support services.

Although the FAP case manager would be responsible for the overall coordination of an ERD case, the DAVA may continue to provide support to the victim including developing a plan for when the victim has returned CONUS.

## 7.7 Victim Compensation

There are both state and military programs that provide compensation to crime victims, including victims of domestic abuse.

Financial assistance for crime victims is available in every state and in D.C., Puerto Rico, the Virgin Islands and Guam. Victims of violent or personal crimes – including assault, domestic violence, rape, child abuse and drunken driving – as well as family members of murder victims, are eligible for victim compensation. Each state covers crimes within its jurisdiction, and crimes falling under local, state, federal, tribal and military jurisdiction are equally eligible in state compensation programs.

To qualify, victims must meet certain requirements. Each state sets limits on the amount of compensation available, and the compensation programs pay primarily for medical care, mental-health counseling, lost wages and support, and funerals. For further information including a listing for each state, go to: <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32351>.

## 7.7.1 Transitional Compensation

**6.4.3.14.** Provide the victim's spouse with basic information about the Transitional Compensation Program...

A form of compensation for military victims is transitional compensation. This program is guided by DoDI 1342.24 Transitional Compensation for Abused Dependents, and OPNAVINST 1750.3. The program, authorized by Congress (Title 10 USC 1059), provides payment of monthly monetary benefits, medical care, and commissary and other privileges for the families of service members separated from active duty due to domestic abuse.

Transitional compensation benefits are designed to assist family members in establishing a life apart from abusive service members. It applies in cases of service members on active duty for more than 30 days and who are:

- Convicted of a family-member abuse offense resulting in separation from active duty pursuant to a court-martial sentence.
- Administratively separated from active duty if the basis for separation includes a family member-abuse offense.

To obtain transitional compensation, the family maltreatment must be included as part of the reason for discharge by courts-martial or administrative separation. Transitional compensation payments are made monthly to the spouse of the service member based on the rate in effect for dependency and indemnity, are tax-free and provided from 12 months' to 36 months' duration.

### NOTE

The offender cannot reside with the victim during the time the victim and family members are receiving transitional compensation.

If the spouse is ineligible to receive payments because of remarriage, cohabitation, or active participation in the maltreatment of the family member, payment is made to each dependent child of the service member not residing in the household of the service member or of the ineligible spouse.

The spouse must return the Defense Finance and Accounting Service's (DFAS) annual request indicating that she/he is not remarried and is not cohabiting with the former service member offender by completing a certificate of eligibility (COE). Dependent children certify annually they are not living in the same household with the former service member offender or ineligible spouse via the COE process. In the event of remarriage or cohabitation, the spouse, or former spouse, must notify DFAS within 30 days.

In addition to telling victims about the availability of transitional compensation, DAVAs may assist in helping the victim complete the paperwork and apply. Further information on transitional compensation is available through the point of contact for administrative support at Commander, Navy Installations Command Millington Detachment (N911) at (901) 874-4332 or (901) 874-4361.

A copy of the application for transitional compensation, DD Form 2698, can be found in [Appendix B, form 16](#). To download a fillable application form, go to <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2698.pdf>.



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## 7.7.2 Relocation Benefits

For some domestic-abuse victims and their children, moving away from the service member will be the best course of action. However, the expense of moving, especially from overseas locations, can present a formidable barrier.

Whether a victim will be compensated for shipping household goods and a vehicle is dependent on rules and regulations in Section 406(h) of Title 37 U.S.C. (Reference (ae)). The regulation states that "... the secretary may provide a benefit authorized for a member under paragraph (1) or (3) to that dependent in lieu of providing such benefit to the member."

A determination described in the subparagraph refers to a determination by the commanding officer of a service member that:

- The member has committed a dependent-abuse offense against a dependent of the member.
- A safety plan and counseling have been provided to that dependent.
- The safety of the dependent is at risk.
- The relocation of the dependent is advisable.

The request for relocation must be from the spouse or the parent of a dependent child of that service member. Transportation may be provided for household effects or a motor vehicle only if a written agreement of the service member, or an order of a court of competent jurisdiction, gives possession of the effects or vehicle to the spouse or dependent of the service member.

A DAVA should discuss possible relocation with a victim at the initial interview. If the victim is considering relocation, DAVAs should discuss the following with the victim:

- If seeking a CPO, request payment of relocation costs (if allowed by the state where victim and offender reside).
- Including possible plans for separation or relocation in the safety plan.
- Other sources of financial assistance for relocation, including state Victim Compensation Programs and charitable relief funds (e.g., the Navy-Marine Corps Relief Society).

**6.4.3.15.** *When a victim spouse decides to relocate away from the active duty abuser, provide the victim with basic information and eligibility requirements pertaining to the shipment of household goods and a vehicle at government expense...*

### NOTE

For these purposes, the term "dependent-abuse offense" means an offense described in Section 1059 (c) of Title 10.

### NOTE

Go to [http://www.access.gpo.gov/nara/cfr/waisidx\\_05/32cfr733\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/32cfr733_05.html) for information on the Navy's guidelines for support of dependents.

## 7.8 Case Closure

**6.4.2.6.2** *Prior to closure of the victim advocacy case file, the victim advocate shall attempt to assess the victim's need for additional or ongoing safety measures or clinical case staffing.*

There are no requirements as to the number of meetings or the length of time a DAVA should see a victim. Each case is different, depending on the needs of the victim and family. The DAVA and victim should decide mutually when to close the case. However, the following should be considered:

- Is the victim safe from further abuse?
- Are there any immediate needs with which the victim still needs help?
- If the victim is leaving the area, is a referral to another DAVA or agency needed?

Required documentation should be completed by the DAVA (See [Chapter 10.5](#)), and the case then should be closed.

## CHAPTER 8

# Education and Training

A successful presentation on domestic-abuse issues or DAVA services requires not only interesting, relevant content and professional delivery, but a connection with the participants.

Whether you have many years of experience or are fairly new to presentations and training, the following information will help develop effective domestic-abuse training sessions for a variety of audiences.

### 8.1 Victim Advocacy Training Topics

DAVAs may be asked to provide training on a variety of topics to a variety of audiences. However, the training topics fall primarily into one of the following three categories:

- Domestic abuse — what is domestic abuse, dynamics, etc.
- Navy’s response to domestic abuse/FAP/victim-advocacy services.
- Domestic-abuse resources — both civilian and military.

Within these categories, additional training topics that often are requested include:

- Protective orders.
- Transitional compensation.
- Stalking.
- Prevention.

Audiences include the following:

- Sailors at command indoctrinations or general military trainings (GMTs).
- Command leadership — officers and senior enlisted.
- Civilian spouses of active-duty Sailors.
- DoD civilians eligible for military medical care.

#### KEY TERMS

##### **Auditory learner**

Learn by listening to and discussing information.

##### **Ice breaker**

Short exercises used to introduce the topic or to encourage interaction among learners.

##### **Kinesthetic learner**

Learn by doing.

##### **Visual learner**

Rely on sight to learn.

**6.4.6.1.** Assist in educating command and installation personnel on domestic abuse and victim advocate services.

**6.4.6.2.** 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.

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

- First-responders — military and civilian, including MTF/DTF, chaplains, law enforcement.
- 911 dispatchers.
- Child Development Center and Child and Youth Program staff.
- Ombudsmen.
- Judges and court officials.
- Civilian service providers.

## 8.1.1 Content

The information on domestic abuse and the Navy's response is comprehensive. No single training session of 60 minutes to 90 minutes possibly can cover the information effectively. There are basic topics that can be "mixed and matched," depending on the needs and interests of the audience. For example, command leadership would be interested in guidance, statistics, and their required response; and ombudsmen would be most interested in resources and an understanding of FAP and DAVA roles. A number of the following topics can be combined for a customized presentation:

- FAP program overview, including eligibility and services.
- DoD/Navy guidance.
- DoD definitions for domestic abuse and domestic violence.
- Dynamics and cycle of abuse, including risk factors, types of abuse, power and control.
- Causes of abuse, including attitudes and culture.
- Statistics — (DoD and Navy statistics should be included if available).
- Understanding the victim.
- Impact on victim and impact on children.
- FAP vs. clinical counseling cases.
- Restricted vs. unrestricted reporting.
- Appropriate response (command, civilians, first-responders, etc.).
- Victim safety planning, including risk factors and protective orders.
- Coordinated community response.
- Resources — military and civilian.
- Myths about domestic abuse.
- DAVA role.

All DAVAs should be prepared to provide training on the role of the DAVA. Training should include information on direct victim intervention, especially safety planning, as well as other services provided. The following is a very basic outline of what to include:

- Immediate support to victims of abuse, evaluation of their needs, and information regarding the following:
  - Crisis intervention.
  - Safety assessment and planning.
  - Safe and confidential ways to seek assistance.
  - Emotional support.
  - Military and civilian protective orders.
  - Military and civilian resources.
  - Referrals to housing; medical and mental-health services; legal, financial, and support groups.
  - Rights as Navy dependents.
  - Transitional compensation and crime victims' compensation.
- Victim safety planning
  - Safety during an explosive incident.
  - Safety when preparing to leave.
  - Safety in your own home when an abusive partner leaves.
  - Safety with a protective order in place.
  - Safety on the job.
  - Safety for children.
- Services
  - Collaboration with FAP case managers.
  - Accompaniment to interviews by investigative agencies and to court appearances.
  - Follow-up victim contact and ongoing support.
  - Transitional compensation information.

**NOTE**

When presenting to command leadership, it may be helpful to share the Navy's Leader Guide for Managing Families in Distress at [http://www-nmcphc.med.navy.mil/lguide/domestic\\_violence\\_outline.aspx](http://www-nmcphc.med.navy.mil/lguide/domestic_violence_outline.aspx).



DAVAs are required to provide training to first-responders. The following topics should be included:

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

- Show 10-minute DVD, *The War at Home*. (Produced by NCIS. Contact them for information.)
- DoD definitions — domestic abuse and domestic violence.
- Identifying the primary aggressor.
- Assessing injuries.
- Assessing for strangulation.
- Assessing for child abuse.
- Risk assessment (see Section 6.6.2 of DODI 6400.06).
- Stalking.
- Guidelines for mandatory reporters.
- Notifications.
- DAVA services.
- Closing. “You don’t have to be a DAVA to do the right thing for victims, but it helps to know some and have them on your side.”

## 8.2 Skills for Training Success

Training excellence is achieved by developing subject-matter expertise, increasing knowledge of the fundamentals of training and facilitation, and recognizing and tapping into the expertise that the adult learner brings to a training session.

### 8.2.1 Adult Learning

Part of being an effective instructor or facilitator involves understanding how adults learn best. Compared with children and teenagers, adults have special requirements and needs as learners. Adult-learning researcher Malcolm Knowles identified six characteristics of adult learners that form the foundation for adult-learning theory. The characteristics of adult learners include the following:

- **Learner’s need to know.** Adults need to know why, what and how before engaging in a learning activity.
- **Self concept of the learner.** Adults are relatively self-directing and wish to control their own learning.

- **Prior experience.** Adults come to a learning event with a rich background of experience and knowledge, which is considered their greatest resource for learning. They need to connect learning to this base of knowledge and experience.
- **Readiness to learn.** Adults generally are ready to learn something when they recognize a developmental or life task that necessitates new knowledge.
- **Orientation to learning.** Adults' orientation to learning is problem-centered; they seek to learn things in context.
- **Motivation to learn.** Adults are motivated primarily by internal factors. They seek to learn for predominantly intrinsic value and look for a personal payoff to their learning.

**NOTE**

Further information on adult learning can be found in *The Adult Learner*, Fifth Edition by Malcolm Knowles.

Knowing the characteristics of adult learners, DAVAs must consider how they can capitalize on this knowledge and most effectively help their clients. R.J. Wlodowski, in the book *Enhancing Adult Motivation to Learn*, suggests a model of instructor characteristics and skills which is particularly relevant to adult learners. He groups these characteristics into four categories of skill:

- **Expertise — the power of knowledge and preparation.** Expertise is a function of knowing something that is beneficial to adults and knowing it well. It involves the preparation needed to convey that information through an organized learning event. For example, DAVAs should be thoroughly familiar with domestic-abuse topics and know where to obtain additional information and resources.
- **Empathy — the power of understanding and consideration.** Empathetic instructors continuously consider the learner's perspectives and have a realistic understanding of the learner's needs and expectations. A demonstrated sense of empathy includes adapting the instruction to the learner's level of experience and skill. For example, if most Sailors at command training on domestic abuse are young singles, DAVAs may adapt the materials to include information on violence in dating relationships.
- **Enthusiasm — the power of commitment and animation.** Enthusiastic instructors value what they teach. They express commitment with appropriate degrees of emotion, animation and energy. Some individuals are naturally more enthusiastic and expressive. However, all DAVAs can learn techniques to help present material in an interesting and passionate manner.
- **Clarity — the power of language and organization.** Clarity involves presenting information in a way that can be followed and understood by most learners. The facilitator should prepare and adapt the presentation to the specific needs of the learners.

### 8.2.1.1 Adult Learning Styles

A key to motivating participants, including victims, to engage in learning is to understand adult learning styles and preferences. Differing aptitudes, abilities and experiences have caused individuals to develop a preference for learning — i.e., how they process information. Most individuals prefer auditory or visual input; however, some people have a preference for kinesthetic learning — learning that involves movement.

A preference for one type of learning may be seen in the following ways:

- **Visual learners.** Visual learners rely on sight to learn and process information. They prefer, enjoy or require visual aids such as:
  - Graphic illustrations — bar graphs or charts. The power and control wheel is a pertinent example.
  - Color codes to highlight salient information.
  - Maps to find their way.
  - Drawings or designs to illustrate overhead presentations.
  - Sitting near the front to better see the presenter's face, gestures, or visuals.
- **Auditory learners.** Auditory learners learn by listening to and discussing information. They prefer, enjoy or require:
  - A verbal presentation of new information, such as a lecture.
  - Group discussions to hear other points of view.
  - Fast-paced verbal exchanges of ideas.
  - A good joke or story that they can repeat to others.
  - Verbal cues or mnemonic devices to help them remember information.
- **Kinesthetic learners.** Kinesthetic learners learn by doing. They prefer, enjoy or require:
  - Movement, such as rocking or shaking a leg during a lecture.
  - Hands-on experience to learn a task.
  - Gestures from the instructor.
  - Role-play exercises.
  - Trying new things without a lengthy explanation of the activity.

While it is thought that people have developed a preference for, or have greater skill in, processing one type of input, most people simultaneously process information through multiple senses. In fact, the retention of learned material is enhanced if the learner is asked to process information using more than one sense. Presentations that are multisensory (using visual and auditory components), in combination with interactive activities, will increase learning and retention for most adults.

## 8.2.2 Presentation Skills

A presentation should be a two-way interaction, much like a conversation. It requires gaining participants' attention, meeting their needs, and giving a presentation that is understandable, significant and memorable. To connect with an audience, apply the following techniques:

- Research the learners, beforehand if possible. Learn about their demographics, level of knowledge, and familiarity with the concepts that will be presented. Information may be obtained from the program organizer (command master chief, shelter director, etc.) or from questions asked at the beginning of the presentation. If appropriate, include a very short activity to help identify what learners hope to gain from the presentation.
- Arrive early and mingle with the learners. Ensure that your body language communicates "I am glad to be here." Introduce yourself, and ask about the learners. For example, if presenting to local law-enforcement staff, ask about their experiences responding to domestic-abuse calls and if they are familiar with the Navy's programs.
- Greet and acknowledge the learners. Make sure they all can hear and see you.
- Clearly communicate the objectives and presentation length.

It is important to maintain a connection with each learner throughout the presentation. The following techniques should help establish and maintain that connection:

- Begin on a positive note without apologies.
- Ensure that your voice reflects enthusiasm. Avoid speaking in a monotone — something that may occur if you are reading your notes.
- Smile. Let the learners know you are glad to be there.
- Ask a question. It may be rhetorical, answered by a learner, or by a show of hands.
- Use humor. You need not tell jokes, but do use some humorous examples.

- Make eye contact. Vary where you look. Learners should think you are looking at each of them exclusively.
- Promote participation. Use methods that encourage interaction. This can be as simple as asking for a show of hands in response to a question.
- Praise the learners. Thank them for their participation, questions and enthusiasm.

### 8.2.3 Active-Learning Techniques

Active-learning techniques to engage learners and help them retain the information should be utilized with adult learners. Facilitators are encouraged to engage learners in active-training techniques throughout a presentation. According to Ruth C. Clark and Ann Kwinn, in their book *The New Virtual Classroom*, active learning helps achieve the learning objectives because it supports six learning events:

- **Supports attention.** Forces social presence and prevents learners from dividing their attention between two or more activities.
- **Builds new mental models.** Assists in the construction of new mental models necessary for learning.
- **Supports the transfer of learning.** Active-learning techniques support the transfer of learning from the brain's working memory to long-term memory, where the information can be retained.
- **Manages cognitive load.** Research has demonstrated that there is a limit to the amount of information the human brain can assimilate at one time before it reaches its cognitive load. Keeping learners engaged and focused through active-learning techniques prevents learners from reaching their cognitive load too quickly.
- **Activates prior knowledge.** Active-learning events cue information already stored in long-term memory, which then expedites the learning process.
- **Motivates learners.** Active-learning techniques motivate learners by providing them ways to apply their learning.

#### 8.2.3.1 Interactive Questions

Of the techniques used to connect with audiences, asking questions may be the most critical as well as the most frequently used technique to keep training active. Interactive questions can be used throughout training to keep learners engaged in the material and assess their knowledge. Trainers can use the responses from interactive questions to help frame the material in a real-life context for the learners.

Training researchers (Clark and Kwinn, 2007) have identified four types of interactive questions:

- **Knowledge.** These questions can be used to assess prior knowledge from other areas, evaluate the learning progress throughout the training, or to review content.  
*Example: What do you know about the Navy's DAVA Program?*
- **Demographic.** Demographic questions reveal relevant attributes about learners to include their job, title and physical location.  
*Example: Can you please tell us your name, where you work or have worked, and what you do?*
- **Behavior.** Behavioral questions inquire as to what learners have done in the past, what they are doing currently, or what they will do in the future.  
*Example: What has been your experience with the local shelter?*
- **Attitude.** Questions about participant attitudes can be used to assess satisfaction as well as to reveal opinions and feelings that may obstruct learning or the application of skills.  
*Example: How do you feel about reporting possible domestic abuse to your command?*

## 8.2.4 Activities to Enhance Learning

Activities must be used selectively and in ways that will enhance learning. Most victim-advocacy presentations or briefs are short, so it is critical to select appropriate activities that promote learning. Before selecting and using an activity, the following information should be considered with regard to number of learners, size of training space, etc.:

- What is the purpose of the activity? Will it promote learning? Does it contribute to meeting the learning objectives?
- Which activity or format is most practical and effective?
- Is there time for the activity to be completed and processed?
- Are the logistics suitable? Is there enough space, materials, etc.?
- Will you be able to maintain control and monitor the activities? It can be difficult to keep learners focused and on-task.

When introducing an activity to a group, it is important to do the following:

- State the purpose. Why are you doing this activity? What will the group gain from the experience?
- Rearrange the room and learners as required.
- Get everyone settled and then provide clear directions. If the activity has multiple steps, you may want to hand out or post written directions.

- Solicit questions. Be sure everyone understands the expectations.
- Demonstrate or clarify rules and procedures, if necessary.

During the activity, it is important to:

- Expect some confusion, resistance or frustration. Domestic abuse is an emotionally charged subject, and during a program there may be learners with varying levels of experience as well as varying emotional needs. These may affect their willingness and ability to participate.
- Resist giving answers. Encourage the learners to work with each other and to do the best they possibly can.
- Keep track of time. Do not let activities go on too long. Give the group periodic time checks so they can finish the task.

Process the activity. Whether the activity or exercise went as expected, processing is critical. This is where learning takes place — where the learners “put together” what they experienced. When processing an activity:

- Ask learners what they experienced. What did they do, and what were their reactions?
- Ask learners what they gained from the experience. For example, after generating a list of the impact of domestic abuse on victims and children, the learners may recognize that they previously were unaware of the harm done to children.
- Ask learners how they can apply what they learned to the real world. In the example above, the list of concerns is the first step; the group then should brainstorm possible resolutions to their concerns, such as how children affected by domestic abuse can be helped.

The following chart illustrates some types of activities with general examples for domestic abuse training sessions.

<b>Ice-breakers</b>	<p>Short exercises or activities used to introduce the topic, to acquaint and encourage interaction among learners, or to build cohesiveness. If a large group, break the group into several smaller ones, or ask questions and have learners stand up or raise their hands in response.</p> <p>This information can be used to help format discussions and emphasize or supplement various content areas.</p>	<p><b>Example.</b> Poll the learners as to how long they have been working with victims, or how many do safety planning, etc.</p>
<b>Small Group Interaction</b>	<p>Divide a larger group into smaller ones and assign a task for them to do together. This is good for getting learners who are hesitant to contribute to a large group discussion or for potentially sensitive topics.</p>	<p><b>Example.</b> Small groups of first-responders are asked to discuss what is most difficult about responding to abuse situations.</p>
<b>Brainstorming</b>	<p>Encourages creativity and a wider view of possible solutions to a problem. A time limit for brainstorming (e.g., 5 minutes) usually is set. This gives learners an opportunity to share information and ideas, contribute, and share expertise.</p>	<p><b>Example.</b> Ask learners to brainstorm ideas on where victims can find help in the community, or what to say to children who have witnessed abuse.</p>
<b>Panels</b>	<p>Consists of a small group of people who carry on a guided and informal discussion before an audience. They may volunteer facts, give opinions, and answer questions.</p>	<p><b>Example.</b> Ask first-responders to share information and examples about domestic abuse in the community.</p>
<b>Role Plays</b>	<p>Learners have an opportunity, in a supportive environment, to try out a role about which they may be apprehensive. It is learning by doing. Role playing can be extremely effective in illustrating or demonstrating a point that involves person-to-person communication. Role playing can include an observer whose job is to take notes or make objective comments about a role-play interaction.</p>	<p><b>Example.</b> Role-play what the victim may say to a judge.</p>
<b>Quizzes</b>	<p>Use true and false, one-word answer, or multiple choice to teach or review content. Facilitators can use quizzes to assess what learners already know, or to see how well they have processed or retained content.</p>	<p><b>Example.</b> Use a fact-or-fiction quiz to test what learners know about the causes of domestic abuse.</p>

## 8.2.5 Presentation Checklist

After having developed a presentation based on adult-learning principles and active-learning techniques, the following checklist can be used to ensure that the presenter is adequately prepared.

### Presentation Checklist

#### Presentation

- Your introduction captures the learners' attention and explains your objectives.
- You follow your objectives by clearly defining the points of the presentation.
- The main points are in logical sequence.
- The main points flow well.
- The main points are supported with active-learning techniques and visual aids.
- Your closing summarizes the presentation clearly and concisely.
- The conclusion is strong.
- The conclusion is tied to the introduction.

#### Delivery

- You are knowledgeable about the topic covered in your presentation.
- You have practiced the presentation using your notes and visual aids.
- You know where you will present (indoors, outdoors, standing, sitting, etc.).
- You have visited the presentation site. If not, you have found out as much as possible about the space.

- You have interspersed active-training techniques that appeal to all types of learners.
- You have checked to ensure visual aids are working and know how to use the equipment.
- You can present without the use of visual aids, if necessary.

#### Appearance

- You are dressed and groomed appropriately and in keeping with the learners' expectations.
- You have practiced your presentation standing (or sitting, if applicable), paying close attention to your body language and posture — both of which will be assessed by the learners.

#### Visual aids

- The visual aids, including hand-outs, are easy to read and easy to understand.
- The visual aids are tied into the points you are trying to communicate.
- The video, slides, etc., can be seen easily from all areas of the room.

## 8.2.6 Facilitation Skills

Facilitation, as defined by the online *Encarta Dictionary*, is the process of making something easy or easier. As a facilitator, one helps or makes it easier for a group to accomplish its goals. To work effectively with small groups, DAVAs will need not only to present but also to facilitate.

There are many differences between facilitation and presentation. Skills that are unique to facilitation include the following:

- Facilitators coach, whereas presenters are the stars. Facilitation focuses on content and the group process. Facilitators are flexible and adaptive. They have a fluid agenda and are willing to modify activities during the session. They stay focused on the balance between process and results and are willing to take on different roles as needed. They may be in the background, remain neutral, take on a consultant's role or, if needed, take on a leadership role.
- Facilitators ask, whereas presenters tell. Presenters may lecture and/or use various activities and demonstrations to reinforce learning, but the focus remains on the presenter. Facilitators keep the discussion on track and flowing by using questions or activities to lead the group or redirecting questions to the group or individuals in the group. Facilitators encourage the learners and support them as they "take the lead."
- Facilitators build relationships, whereas presenters accomplish tasks. A goal is to have participants communicate not only with the facilitator but directly with each other. Facilitators assume that the learners have knowledge and experience to share, and by building relationships the group will accomplish tasks. They are concerned about both group and individual needs but focus on group needs unless an individual's needs are emergent.
- Facilitators find energy from within the group, whereas presenters get energy from within themselves. They invite feedback from others and are most energized when the group is able to function well with minimal input from the facilitator. Facilitators are resilient; they accept whatever happens as valuable data and continue smoothly.

### NOTE

See [Chapter 7.5.2](#) for information on support groups.

### 8.2.6.1 Facilitating Relationships within a Group

Since relationships are so central to small groups, it is important to start building them promptly, even before the actual meeting or discussion begins. The following tips may help the facilitator and the participants establish relationships more easily:

- If appropriate, call or e-mail participants in advance and tell them what to expect and how to prepare (what to bring, things to think about, etc.).
- Smile and greet participants as they arrive.
- Introduce participants to each other and help them identify what they might have in common.
- Arrange the room in a discussion-friendly set-up, such as a U-shape or a square.
- Provide something for the participants to do while they wait to get started. This preferably should be an activity that requires interaction among the group and is non-threatening.

Focusing on the needs and learning of the group can be difficult if an individual exhibits challenging behaviors. It is important to respect each individual but still to move the group forward. The following are commonly seen behaviors with tips on how to manage them:

- **Rambling — going-off topic and “wandering.”** To respond to this behavior:
  - Refocus attention by restating a relevant point.
  - Direct a pertinent question to the group.
  - Ask how the topic relates to the current discussion.
  - Ask “ramblers” to summarize their main point.
- **Silence — lack of participation from group members.** Some individuals are more verbal in a group than others. All should be encouraged to participate. Silence is extremely challenging if the entire group is quiet. To encourage verbal participation:
  - Go around the group and ask everyone the same question.
  - Give positive, strong reinforcement for any contribution.
  - Call on a particular participant to respond to a non-threatening question.
  - Acknowledge the silence and ask if there is a different topic they would prefer to discuss.

- **Talkativeness — everyone is talking and no one is listening.** To manage participation and handle a talkative group:
  - Acknowledge that you want to hear what each person is saying, but that it is difficult when everyone is talking.
  - If only one or two people are monopolizing the group, allow limited time for them to express their ideas and move on; or, acknowledge that it is an interesting point but you are interested in what others have to say.
  - Go around the group and ask everyone the same question.
- **Arguing — disagreeing with everyone and everything that is said.** To respond to an individual who argues:
  - Redirect the person's comments or questions.
  - Recognize his/her feelings and move on.
  - Acknowledge positive points.
  - Offer to talk to the participant after the meeting.
- **Angry participants — may be angry at their spouse, children, work, the Navy, etc., and may bring their anger to the group.** To respond to angry participants:
  - Reframe the hostility to depersonalize it. It may be a mask for fear.
  - Remain calm and polite.
  - Do not disagree but build on what has been said.
  - Acknowledge the anger and ask if others are feeling angry.
  - Ignore the behavior.
  - Offer to talk to the participant after the meeting.
- **Side conversations — a problem if they interfere with the group.** If so:
  - Do nothing if the conversations are minimal or focused on the topic.
  - Ask those involved in the side conversation if the entire group can be involved.
  - Engage the "side-talkers" in the discussion.
  - Remind the group that everyone has important comments and all would like to hear them.

**NOTE**

Several of the behaviors discussed above also may occur in a large group presentation, and many of the techniques may be used with a large group.

### 8.2.6.2 Attributes of a Facilitated Discussion

Small group discussion can foster learning as participants gain a sense of ownership of the learning process. Consider the following attributes of small group discussion (adapted from *Fostering Learning in Small Groups* by Jane Westberg and Hilliard Jason):

- Provides a safe environment for learners to practice new skills. Skills then will be more rehearsed when applied in the “real” setting.
- Presents an opportunity to be part of a group and to know that others are in the same situation. For example, victims may gain strength from each other knowing that they are not the only one who has faced domestic abuse.
- Allows participants to give and to receive feedback.
- Encourages interactions and gives opportunities for participants to learn from each other rather than from the experts. For example, in a support/education group for victims, a victim who has navigated the court system successfully may help others by sharing ideas and tips that have worked for them.
- Helps participants understand others’ points of view.

Ending a facilitated discussion is extremely important. Too often a discussion may end abruptly as time runs out or simply fizzles out, as there is nothing more to discuss. It is the role of the facilitator to ensure and plan a purposeful ending. When ending a discussion, think about the following:

- **Restate key points.** Ask the group what they learned or how they have benefited from the discussion. Consider the objectives — did the group learn, for example, what they needed to learn?
- **Acknowledge the participants’ hard work.** Thank them for their contributions, their willingness to share, and even for making the facilitator’s role easier.
- **Predict success.** Reinforce what was discussed and how it relates to staying safe or their options. Remind participants about programs and services that will help ensure their success.
- **Allow time for goodbyes.** Whether the group has been together for an hour or over the course of several sessions, be sure that the participants have time to say goodbye to each other. If appropriate, encourage them to exchange contact information.

## 8.3 Effective PowerPoint Presentations

Many DAVAs give presentations and training sessions using PowerPoint slides as a training aid. PowerPoint slides can be an effective and powerful way to get information across to an audience. However, the phrase “death by PowerPoint” is grounded in fact. Many presentations consist of a presenter reading the information to the participants. To avoid this, follow these guidelines.

When planning a PowerPoint presentation:

- **Think carefully.** What is the real purpose of your talk?
- **Do your research.** What is the purpose of the event? Why were you asked to speak?
- **Know your audience.** What does the audience expect? What are their backgrounds? How much information about the topic can you assume they bring to the presentation?
- **Start with solid content appropriate for the audience.** Develop a logical flow to the content.
- **Think of the entire presentation as an opportunity to “tell a story.”** Good stories have interesting, clear beginnings; provocative, engaging content in the middle; and a clear, logical conclusion.
- **Time the presentation.** Allow enough time for questions from the audience.

Effective PowerPoint slides should reinforce the presenter’s words, not repeat them. To do this:

- Use design templates.
- Standardize position, colors and styles.
- Include only necessary information. Limit the information to the essentials.
- Use colors that contrast.
- Be consistent with effects, transitions and animation. Limit the use of these special effects.
- Limit the number of slides. Too many slides can lose the audience.

Text and graphics guidelines should take the following into consideration:

- Generally use no more than six words per line and no more than six lines per slide. (Note: To truly have the slide reinforce the presenter’s words, aim for no more than six words per slide.)
- Use a larger font size to indicate more important information.

### NOTE

After the presentation, provide the audience with a handout containing the key points. Not only does this eliminate the need for word-heavy slides, but the audience will be better as they won’t need to take notes.

- Use a sans-serif font for body text. Sans-serif fonts tend to be the easiest to read on a screen.
- Be sure the text contrasts with background. Put dark text on a light background, as this is easiest to read.
- Align text either left or right. Centered text is harder to read.
- Do not use all capital letters, as they are hard to read.
- Limit punctuation marks.
- Use graphics to illustrate a main point.
- Balance the slide — graphics and words.
- Use quality graphic images. Tacky graphics detract from content and credibility.
- Limit the number of graphics per slide.

**NOTE**

For a concise and excellent guide to the technical aspects of PowerPoint, go to <http://www.customguide.com/pdf/powerpoint-quick-reference-2007.pdf>.

The above was adapted from information on the George Mason University Technology Resources website (<http://mason.gmu.edu/~montecin/powerpoint.html>) and from *Presentation Zen* by Garr Reynolds, New Riders, 2008.

## CHAPTER 9

# Marketing

The success of FFSC, FAP and the DAVA Program is dependent on the ability to effectively market available services and their benefits to the stakeholders — commands, Sailors and families, and the community. Marketing requires informing clients and stakeholders (military and civilian) about the goods and services they want and need. A solid FFSC marketing plan, inclusive of all programs and services, is needed to achieve this goal.

### 9.1 Marketing Plan

FFSC Accreditation Standard 4.3 requires that the FFSC has a marketing plan that covers each program and service provided. The marketing plan should include:

- Targeted communication strategies. Who are the specific target audiences, and what is the best way to reach each one?
- A distribution plan for marketing materials to keep commands, Sailors, families, and military and community organizations informed of FFSC programs and services.
- Identified processes to review marketing effectiveness and cost effectiveness.

The marketing plan guides the FFSC marketing efforts. It is a written document that helps manage the marketing process including goals, timetables, strategies and tactics. Although marketing is a day-to-day, continuous effort to promote FFSC programs and services, it is important to have a plan with identified goals.

The FFSC marketing plan is a guide for the programs and services that the FFSC plans to highlight at specific times during the next one to two years. It should:

- Support strategic planning goals and needs-assessment data. Programs and services to be marketed should be reflective of the needs and interests of current and potential clients and stakeholders.

#### KEY TERMS

##### Public relations

Ongoing activities to ensure a strong public image.

##### Social marketing

Selling of ideas, attitudes and behaviors.

##### Stakeholder

Someone with a direct interest or investment.

##### Target audience

Group with a common interest in a product or service.

##### WIIFM

What's in it for me?

- Represent the big picture. The FFSC’s overall marketing plan is composed of marketing strategies and distinct campaigns for each of its programs and services. This system ensures that programs within the FFSC are not in competition for the same target audience at the same time. (See [Chapter 9.8](#) for information on marketing campaigns.)

As part of counseling and advocacy services, the DAVA Program should be an integral part of the overall marketing plan for FFSC programs and services. For example, what will marketing success look like specifically for DAVA services? Will it be an increased number of client inquiries? Enhanced coordination with or addition of new community partners? Or additional requests for command training? Marketing goals may vary depending on the current status of the DAVA program at each FFSC site.

## 9.2 Social Marketing

Before considering specific ways to market DAVA services to target audiences, it is helpful to gain a general understanding of marketing concepts. In particular, it is beneficial to look at the marketing of FFSC programs and services in terms of social marketing.

Social marketing is the “selling” of ideas, attitudes and behaviors rather than of a product. It was developed as a discipline in the 1970s by Philip Kotler and Gerald Zaltman. Social marketing seeks to influence social behaviors to benefit the target audience and the general society by applying marketing principles to the achievement of social goals.

The primary focus of social marketing is on the consumer — on learning what people want and need. Marketing must “talk” to the consumer and not about the product. Social marketing considers the consumer’s focus by addressing the traditional “Four Ps” of marketing: product, price, place and promotion.

- **Product.** The product is the DAVA Program and its benefits. Victims first must perceive that they have a need and that the “products” offered are a good solution to their need. So, what does a DAVA “product” look like? The product is not necessarily a physical product, although it can be (a safety plan). It also may be a service (accompanying a victim to court), a behavior or practice (applying for transitional compensation), or even an idea (e.g., leaving an abusive situation or that domestic abuse will not be tolerated).
- **Price.** The price refers to what the consumer must do to obtain the product. Since DAVA services are available at no cost to victims, the price instead may require them to give up intangibles such as time or effort. For example, for victims, the intangible could be increased risk or fear. If the costs outweigh the benefits for an individual, the perceived value of the

product will be low, and it is unlikely to be used. However, if the benefits are perceived as greater than their costs, the possibility of trying and adopting the product is much greater. The “price” of DAVA services for victims is somewhat beyond the control of the FFSC. However, services that are confidential, available 24/7 and in a convenient and safe location will have a lower perceived cost.

- **Place.** Place describes the way the product reaches the consumer. Where or when might people think about the DAVA Program? Place refers to how training, services or information reaches commands, Sailors, family members, victims and the community. Another element of place is deciding how to ensure accessibility of the product. The activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, must be considered. For example, will victims see brochures at the commissary or MTF? Is it effective to hold a “virtual” training session for commands?
- **Promotion.** Promotion consists of the integrated use of advertising, public relations and personal selling with a focus on creating and maintaining demand for the product. Research is crucial to determine the most effective and efficient ways to reach target audiences. Once determined, DAVA services should be promoted using media that will reach these intended audiences.

### 9.3 Marketing Victim Advocacy Services to Target Audiences

Remember — there is no such thing as the general public. All prospective customers want to know how a program or service will improve or enhance their lives. Potential customers want to know benefits, not facts. Marketing should emphasize how DAVAs (and FAP) can assist Sailors, their families, the command, and community and military organizations. In other words, clients and stakeholders want to know “What’s in it for me?” (WIIFM).

When considering how to promote the DAVA Program, think about the concepts of outbound and inbound marketing. Outbound, or traditional, marketing focuses on finding customers. The organization or company uses techniques such as cold-calling, print or television advertising, mail, e-mail blasts, etc. The advantages of outbound marketing are that it is accepted by most consumers, reaches a large audience, and reaches an audience who may not have thought they want or need the particular product. The disadvantages include that it is interruptive (such as TV ads), expensive, has a low return on investment of time and money, is not targeted to the individual, and that technology makes these techniques less effective — spam filters, caller ID, TiVo, etc.

*6.4.6.5. Participate in developing and implementing public awareness campaigns on victim rights and advocacy services.*

Inbound marketing is focused on getting discovered by potential customers. Inbound marketing uses techniques such as creating videos that potential customers want to see, blogs to which they subscribe, and useful content and tools (RSS Web feeds, search-engine optimization, etc.) so that potential customers will call looking for more information. The advantages include that it costs less (no need to buy ads or produce brochures) and potential customers approach you because they are interested. The disadvantages include that potential customers may not use the Internet, subscribe to blogs, etc., or may never become aware of the product or service. Because the primary target audience for the DAVA Program — victims — may look for services when an incident occurs or they finally decide to seek help, inbound marketing may be a very effective way to reach them.

Further information on inbound and outbound marketing can be found at [www.hubspot.com](http://www.hubspot.com).

### 9.3.1 Customer Segmentation

Customer or market segmentation is the practice of dividing a customer base into groups of individuals that are similar in specific ways relevant to marketing or service delivery. Segmentation allows organizations to target groups and allocate resources effectively. It focuses on identifying customer groups based on demographics and attributes including attitude and psychological profiles. For the DAVA Program, these include, but are not limited to, commands; victims and families; offenders; and community and military partner agencies. Within this segmentation, audiences can be segmented further, such as by gender (male/female victims), victims with children, etc.

Customer segmentation can be a powerful means of developing customized marketing plans and campaigns. The key is to be aware of potential customers (victim, command, etc.), clarify their needs, segment them, and then tailor the message to demonstrate the value of DAVA services. Focus on the following when segmenting and developing strategies for specific target audiences:

- **Identification.** Who are the specific target audiences? This includes, but is not limited to, command leadership, Sailors, family members, victims and offenders, and community agencies.
- **Needs.** What does this specific audience need from DAVAs? Education? Support? Information?
- **Clear messages.** What will motivate the audience to listen or to help them to understand?
- **Effective presentation.** How and where should the message be delivered to the specific audience? Marketing must be relevant, credible and promoted via appropriate tools and strategies (see [Chapter 9.4](#)).

- **Realistic benefits.** What can be expected from utilizing the DAVA Program? Remember, WIIFM.

The following are just a few examples of customer segmentation relevant to DAVA services:

- **Victims with children.** Shelter, child care and protecting children from violence are needs specific to victims with children. Protecting one's children is an influential marketing message.
- **Command "helping" roles.** Command leadership spouses, command master chiefs and ombudsmen are a segment that can be targeted specifically in their roles of helping command members and families.
- **Community agencies that serve victims.** Marketing to these agencies will result in partnerships and enhanced victim services.

### 9.3.1.1 Command Leadership

Marketing to command leadership will garner their support, convey the importance of the Navy's stance on domestic abuse, and ensure that their Sailors and families are aware of the DAVA Program. Since the primary focus for command leadership is a consistently mission-focused and mission-ready Sailor, their interest and support of DAVA/FAP is dependent on how it can help their command members contribute to the mission. Appealing to the command's need for efficiency and mission excellence is the best way to engage leadership in promoting program awareness and supporting family members in getting the help they need.

Command leadership is interested in data. The marketing strategy should cite any studies or statistics on domestic abuse in the Navy/military and show how utilization of services may increase readiness and retention and lead to mission-ready Sailors.

One of the methods by which all FFSC programs and services are marketed to commands is through the FFSC Command Representative Program. The program is designed to serve the needs of commands by providing a primary point of contact and liaison at the FFSC. A command representative is an FFSC staff member assigned to work specifically with a command (DAVAs usually do not have command representative responsibilities).

The Command Representative Program is a personal link between the FFSC and commands. It provides information on available FFSC programs and services and encourages the use of FFSC programs and services by the commands. DAVAs should ensure that all FFSC command representatives are aware of the services provided to victims. Brochures, wallet-safety cards, and other DAVA Program information should be included in materials the command representatives give to the command.

### 9.3.1.2 Sailors and Families

Although few Sailors and families may have a personal need for DAVA services, they may know of others who could benefit from these services. Marketing directly to them will help ensure that they are aware of the services available for victims as well as FAP prevention and education programs.

One of the best ways to reach Sailors is through their commands. All Sailors read the Plan of the Week or Plan of the Day announcements. Other ways to market to Sailors is through command indoctrination (INDOC) programs and command-sponsored events for Military Child Month, Spouse Appreciation, etc.

Traditionally, marketing has been directed at spouses as a single group; or as junior spouses, mid-career spouses (spouses of officers and enlisted personnel with at least 10 years in the Navy), and senior spouses (those whose spouses may be closer to retirement). And although spouses in each of these groups may have common characteristics such as age or experience with the Navy lifestyle, they may have little in common when it comes to domestic abuse and needed services.

Therefore, when targeting spouses and determining how to segment, there are some factors that lend themselves to segmentation, including:

- Potential risk for abuse (Sailor recently returned from war zone, those with anger-management issues, etc.).
- Command-related leadership responsibilities. Leadership spouses often have input into command programming for Sailors and families.
- Spouses with children. Those with children have additional concerns when it comes to domestic abuse, safety, etc.

### 9.3.1.3 Community Organizations

To be successful, DAVAs should work closely with community organizations to ensure that clients have access to needed programs and services. Marketing to these diverse organizations must focus on “WIIFM” — they must understand the advantages to their organization of working with or supporting Navy FAP and victim-advocacy services.

Community organizations provide vitally important services for victims, including emergency shelter, food, child care, etc. The intent of marketing should be to determine how the FFSC and the organization can work together to benefit Navy families. Consider the following when marketing to community organizations:

- Schedule meetings with the organizations that may benefit victims.
- Determine how the FFSC and the organization can work together to meet victims’ needs. For example, in some communities a civilian shelter will provide 24/7 assistance to Navy victims until a Navy DAVA can meet with the client.
- Establish a point of contact with whom to obtain and share up-to-date information.
- Provide the organization with marketing materials such as DAVA brochures that they can give to Navy clients.
- Obtain the organization’s marketing materials to distribute to clients.

#### NOTE

For additional information on working with community organizations, see [Chapter 4.5](#).

## 9.4 Promotion — Marketing Strategies and Tools

Marketing strategies and tools fall into three broad categories — audiovisual, print media and digital. Regardless of which tools are selected, there are some basic principles to consider:

- **Develop and use a consistent “look.”** Colors, fonts, logos and taglines should work together to easily identify the FFSC and the DAVA Program. If each brochure, letter and flier has a uniform look, it is easier for target audiences to recognize them as FFSC materials.
- **Use a consistent and positive message.** Marketing should be consistent with DAVA/FAP goals, whether promoting services as a way to understand and help with the stress associated with Navy lifestyle; prevent abuse; or as a resource to promote Sailor, family and mission readiness.
- **Include a call to action.** Target audiences should have a way to respond or contact the DAVA. Use terminology such as “if we can be of help, call us” or “Go to [www.xyz.com](#) for further information.”

**NOTE**

All marketing materials and promotional ideas should go through the FFSC chain of command.

- **Repeat it, repeat it, and repeat it!** Communications research tells us people need to “hear” new information at least six times before it starts to register.

The following tools and strategies can be used effectively to market the DAVA Program. For each option, consider which would be the most effective way to reach the targeted audiences.

### 9.4.1 Audiovisual Tools

Audiovisual tools include radio, TV, videos, PowerPoint slides, and DVDs. These can be expensive but can be very effective.

- **Public service announcements (PSAs).** Television and radio stations are required to air PSAs. An FFSC PSA should highlight various programs and services, including DAVA services. But where are the PSAs aired? Are they on stations such as public radio, which traditionally attract an older audience? And when are they aired — at 3 a.m.? Often young adults and new moms are the only ones awake at that time. In other words, will the PSA reach your potential clients?
- **Base Public Affairs Office.** The base Public Affairs Office (PAO) covers newsworthy stories and can obtain local TV or radio coverage. Although, victims rarely want to share their stories, the personal angle can be an effective way to promote the DAVA Program.
- **PowerPoint, video or slide programs.** These are fairly easy to produce and inexpensive. A presentation can be looped to play repeatedly in the FFSC waiting area or other appropriate locations. Highlight and vary topics and tie them into current marketing campaigns. (See [Chapter 9.8](#) for information on marketing campaigns.)
- **Base or FFSC marquees.** These may be used to promote events such as Domestic Violence Awareness Month. The content must be very brief and to the point. This can be a particularly effective way to promote a specific program or service.

### 9.4.2 Print Media

Print media include fliers, brochures, posters and program materials. Any printed material with FFSC-identifying information can be considered a marketing tool. This includes everything from a flier to a tip sheet to an article in the FFSC or base newsletter. Be sure that the print product immediately draws attention. A fundamental premise of marketing is that readers will decide in a second or two, or perhaps even a split second, whether an advertisement or article is worth their time.

There are several key elements in the production of quality print materials:

- **Accurate and current information.** This establishes credibility. Outdated information quickly draws the reader's attention and enhances the likelihood that the content will be discounted.
- **High-quality graphic design.** This should integrate words and images that represent the product.
- **Products that grab the reader's attention.** They should be attractive, professional and easy-to-read. Digital photography is readily available and gives a polished look to print media.

Will print media reach your intended audience? It is common knowledge that the younger generations seldom read newspapers or newsletters, although they are more likely to do so if this same content is available online. Posters or fliers may be the more effective print media when marketing the majority of DAVA services.

Many FFSCs have found the following print products to be effective marketing tools for the DAVA Program:

- **Pamphlets or brochures.** Two distinct brochures are recommended — one for general information and one for victims. The general-information brochure is distributed knowing that abusers may be receiving them. It is generic so that abusers are not provided with knowledge of how victims are assisted and empowered. The general information brochure should be widely-distributed on base and in the community. The brochure for victims should be distributed where victims, but not offenders, are more likely to see it. Women's restrooms or lounges, women's health services, and base and community law enforcement are good places to distribute this brochure.
- **Safety planning card.** A pocket-sized card that a victim can carry in pocket or purse. These can be given to victims and other helping professionals such as medical staff and attorneys.
- **Tear-off sheets.** An information sheet about the DAVA Program. Tear-offs at the bottom of the page contain only a phone number that a victim can take with them. These can be posted in restrooms, on bulletin boards on base, etc.
- **Posters.** Place not only at medical clinic and Exchange but also at MWR facilities such as the movie theater or bowling alley.
- **Inserts.** These printed products that highlight services and where to get help can be placed in commissary or Exchange shopping bags.

#### NOTE

Stock photos are licensed, not purchased or sold. When stock photos are licensed, the purchaser has the rights to use the photos in certain ways. Using photos of people that are not "stock" photos, including FFSC clients, requires a legal release.

#### NOTE

Sample content for a domestic-abuse educational brochure and for a victim safety brochure can be found in [Appendix E](#).

## 9.5 Digital Marketing

The digital “world” is a critical element in today’s marketing environment. People watch less live television, buy fewer magazines and newspapers, and spend increasing amounts of time online. Digital-marketing technologies include “pull” and “push.”

### NOTE

Even if it is not currently possible or practical to have an FFSC presence in all of the following digital markets, DAVAs should be aware of the potential. Younger service members and families, in particular, will be reached more readily via digital marketing. However, any digital marketing that could compromise safety should not be targeted to victims.

- Pull digital-marketing technologies involve the user having to seek out and directly grab (or pull) the content via Web searches. Websites, blogs and streaming media (audio and video) are good examples of this.
- Push digital-marketing technologies involve both the marketer (creator of the message) as well as the recipients (the user). E-mail is an example of push digital marketing; the marketer has to send (push) the messages to the users (subscribers) for the message to be received.

Increasingly, FFSC customers will be reached by marketing modes including the Internet, e-mail, and cell phones. Consider the following when navigating the world of digital marketing.

### 9.5.1 Website Marketing

### NOTE

On many FFSC websites, it takes several clicks through counseling/advocacy or FAP links to locate information on the DAVA Program. Victims will benefit if the information is visible and accessible from the main page.

CNIC and the majority of FFSCs have websites that are used to disseminate information about programs and services, as well as to link clients to useful articles and resources. Each FFSC website should have a section on counseling and advocacy programs and services. It should be user-friendly, and the DAVA Program content should be easy to find and access. It should be kept updated, and contact information should be included for clients who want further information. It is helpful to provide links to articles or other websites with useful information on domestic abuse, safety plans, etc.

### 9.5.2 Social-Networking Site Marketing

In addition to the FFSC website, consider the benefits of social-network marketing. Social networks such as Facebook literally have millions of users who “live by” their accounts. Search these social networks, and you will find entries from Sailors and family members. Some truly are social, but others offer information and links to resources that would be helpful to Navy families.

Having an FFSC presence on social networks with links to accurate and helpful information, programs and services is an effective and relevant method to reach potential clients. What are the advantages of using social-networking sites for marketing?

- **Fast and easy to implement.** Launching a social-network page takes only a short time. Businesses and organizations do not have personal profiles but create a business page. After building and publishing the page, viewers can become “fans.”
- **Low cost.** There usually is no cost or only a very low cost to using online social-media sites.
- **Instant feedback.** Comments and reviews — both positive and negative — begin immediately.
- **Easy to update.** Unlike print products, it is quick, easy and inexpensive to keep the site updated.
- **Amplifies the impact of the content.** When content is distributed across and discussed on social networks, it is more likely to draw interest. For many victims, this anonymous and informal information and support may encourage them to get help.

Using social-networking sites to market is fundamentally different from other forms of online marketing. Social networking is about participation, being part of a community, and contributing to it. The fundamentals of social networking are:

- **Creating awareness.** Be an active user. The page should be creative and inviting.
- **Developing relationships.** Make contact and develop relationships with influential users. Earn friends — those who will use the page and invite others to use it as well.
- **Creating something of value.** Only content that is interesting or useful will gain visibility.
- **Building a positive reputation.** Be active, contribute to the community, and avoid overly promoting the content.

#### NOTE

FFSP has a presence on both Facebook and Twitter. For Facebook, go to <http://www.facebook.com/navyffsc?ref=mf>, and for Twitter go to [http://twitter.com/Fleet\\_Family](http://twitter.com/Fleet_Family).

#### NOTE

YouTube is inaccessible on NMCI computers. However, clients have access on their home computers. If FFSC staff can gain access to a non-NMCI computer, YouTube could be a viable marketing option.

## 9.5.3 YouTube Marketing

YouTube is a video-sharing website where users can upload, view and share video clips. In the few years since its inception, it has become one of the most popular websites on the Internet. About 42 percent of adult Internet users have watched a video on YouTube, with the greatest usage among males ages 18 to 24. Many Navy family members share video clips on YouTube. Scenes from homecoming are particularly popular, as are “tributes” to deployed Sailors.

FFSCs may want to explore the possibility of video clips on YouTube highlighting programs and services. Video clips of a workshop or information about services could offer practical tips as well as encourage viewers to use the FFSC.

## 9.5.4 E-mail Marketing

E-mail marketing is a form of direct marketing that uses electronic messages to communicate. In its broadest sense, every e-mail sent to a Sailor, family member, command, or military or community organization could be considered to fall under the umbrella of e-mail marketing. E-mail marketing can enhance the relationship of FFSC with its current clients, stakeholders and partners, and help develop increased loyalty and future interactions.

Customized e-mail is an excellent way to market and keep in contact with military commands, and with military and community partners. However, it is essential that all e-mail communication be kept professional and within the guidelines set by the Navy, the local installation and the FFSC. Distribution lists can be created and used to send relevant information on a regular basis. Program announcements, the FFSC newsletter, and resource information are among the items that may be sent via e-mail. Graphics and color can enhance an e-mail, but be aware that the security settings on many Navy computers may not accept these.

## 9.5.5 Cell-phone Marketing

Walk down the street or through the mall, and it is evident that cell phones are in constant use. Cell phones create a unique opportunity to reach potential customers, particularly via text messages. Worldwide, there are twice as many text-message users than e-mail users.

A study conducted by The Nielsen Company ([www.Nielsen.com](http://www.Nielsen.com)) found that 77 percent of wireless-subscriber lines in the U.S. subscribe to or purchase text-message capability and that text-messaging has become a new marketing vehicle. The study also found that of those texters who recall seeing some form of advertising while using text-messaging, 45 percent say they have responded in some way, with the most popular response being sending another text message. Fully one-quarter of responders sent another text message — emphasizing the interactivity and engagement this medium presents.

Marketing via text messages is designed so that a customer opts-in by calling a specific number. By doing this, the customer agrees to receive text messages that market a specific program, business, etc. Businesses, for example, can text a coupon that can be redeemed by showing one's cell-phone screen to the cashier.

For the DAVA Program, marketing via text message to victims is not recommended. Texting to clients or potential clients could present a safety issue. However, a text message to commands or ombudsmen could provide them with information, for example, on Domestic Violence Awareness Month or links to helpful websites.

## 9.5.6 Marketing Using Twitter

Twitter is a tool for “micro-blogging” or posting very short updates, comments or thoughts. Since Twitter was designed to be compatible with mobile phones through text messages, each update is limited to 140 characters. It is an open forum but restricted by the users to the people with whom they want to connect. Again, for marketing DAVA services, the use of Twitter can be challenging, and it is not recommended for use with clients where their safety could be compromised. Twitter can be used for:

- **Updates on events.** Use Twitter to announce program changes or interesting events. It is a great last-minute marketing tool.
- **Promote training or share interesting news.** It is very easy to post a link to the FFSC website or to an article on an aspect of domestic abuse.

## 9.6 Targeted Marketing Tools

The following marketing tools may be targeted to reach various segments of stakeholders and client populations. Using these targeted marketing strategies, the FFSC can tailor both the message and the delivery method. For example, the FFSC website could have separate sections specifically for command leadership, victims, ombudsmen, Sailors and families. There should be a specific section on the FFSC website that addresses not only FAP but victim-advocacy services. The tools and their targeted audiences include, but are not limited to, the following:

Marketing Tools	Target Audiences
FFSC website	Sailors, commands, families, ombudsmen, Family Readiness Groups
FFSC newsletters	Sailors, commands, families, ombudsmen, Family Readiness Groups, community organizations
Navy messages	Sailors, commands
Plan of the Week and Plan of the Day announcements	Sailors, commands
FFSP displays in high-traffic areas such as the commissary	Sailors, families
Military and civilian newspaper articles	Commands, community organizations, Sailors and families
Brochures and fliers	Sailors, family members, ombudsmen, military and community organizations
E-mail	Sailors, families, commands, special-interest groups, community organizations, law enforcement
Social media	Sailors, families, community organizations
Specialized newsletters or messages for specific groups	Family Readiness Groups, ombudsmen, law enforcement, courts, community organizations

## 9.7 Public Relations

Public relations (PR) includes ongoing activities to ensure a strong public image. PR is rooted in the delivery of a consistent pattern of information to target audiences through direct contact. These include personal networking, briefings, personal correspondence, and attendance at installation or community functions. PR does not just happen but occurs when there is planning and effort invested in having clients and stakeholders understand FFSC programs and services.

Public-relations strategies for the DAVA Program include the following:

- **Identify and meet with the key communicators.** These are others who can “sell” victim services and include FFSC staff, ombudsmen, command and base leadership, community advocates, etc. These individuals have the trust, respect and ability to reach potential clients directly.
- **Personal networking.** Set up meetings with community organizations and others who support victims. Personal networking helps others perceive the importance of the Navy’s DAVA Program.
- **Briefings and meetings.** Determine who can be reached as a group — local law enforcement, ombudsmen, etc., and set up a brief meeting to explain DAVA services.
- **Installation and community events.** These are a good way to gain visibility. Attend meetings of professional associations, Ombudsman Assembly, etc. Volunteer to give a short presentation, or set up a booth or table and distribute program information.

### NOTE

All marketing materials should be approved through the local chain of command.

Regardless of which tools and strategies are implemented to market services, the most effective marketing stems from the program’s success and reputation. FFSC staff, clients, and military and community resources should be among the stakeholders that positively promote the Navy’s DAVA Program.

## 9.8 Marketing Campaigns

The use of a marketing campaign enables the FFSC to market their programs and services most effectively. A marketing campaign is a component of a marketing plan — a connected series of events designed to bring about particular marketing results. Within an organization there may be several marketing campaigns running simultaneously, each directed at different target audiences.

For example, FAP and DAVA may actively market certain services at specific times of the year. CNIC or the DoD may determine when to market specific programs or services and designate a month for FFSCs to market that program. Or the DAVA Program may tie in naturally to other campaigns, such as Military Child Month (April) or Domestic Violence Awareness Month (October). Think of this strategy as similar to that of a department store where different items are on sale at different times of the year.

## 9.8.1 Marketing Campaign Strategy

When developing a marketing campaign strategy, include the product, the target audience(s), the goal(s), the duration, the promotion tools, and an evaluation or measures of success.

Use the Four P's discussed earlier in this chapter (product, promotion, price and place) to develop DAVA marketing campaign strategy. As an example, a marketing campaign for Domestic Violence Awareness Month (DVAM) would include the following elements:

- **Product.** The physical products available to promote awareness, such as purple ribbons or handouts. The products also may include specific activities or events.
- **Target audience.** The target audiences for DVAM would encompass all segments including victims, offenders, commands, community organizations, Sailors and families.
- **Duration.** How long should an effective campaign last? This may vary, but campaigns, by design, are time-limited, as the intent is to draw attention to a specific product or service. DVAM is one month in duration with Unity Day as a highlight. When should the campaign take place? DVAM is held nationally in October.
- **Price.** The costs would include actual promotional materials as well as staff and participants' time, effort and even the psychological cost of confronting domestic abuse in one's family or community.
- **Place.** DVAM campaigns could take place in various locations on the base and throughout the community, particularly if working in partnership with community organizations.
- **Promotion tools.** Promotion could be done through the FFSC newsletter, fliers in various locations on base, the FFSC website, e-mail, etc.



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- **Evaluation.** How will success be measured? By the number of victims requesting services? The number of commands asking for further training on domestic abuse? The number of clients requesting prevention services, such as anger-management or stress-management workshops? Asking individual clients about usage and satisfaction? Determine what should be measured and then choose appropriate methods. (See [Chapter 10.3](#).)

See [Appendix B, form 17](#) for a sample Marketing Campaign Worksheet.

## 9.8.2 Domestic-Abuse Marketing Campaigns

There are numerous ways in which the FFSC can conduct domestic-abuse marketing campaigns, including tying into other military or national events and campaigns. In addition to Domestic Violence Awareness Month discussed in the following section, these include:

- Military Child Month — April.
- Child Abuse Prevention Month — April.
- Military Spouse Appreciation Day — May.
- National Crime Victims Week — April. (<http://ovc.ncjrs.gov/ncvrw2010/index.html>)
- Campaigns sponsored by national organizations. For example, the National Domestic Violence Hotline has the Million Voices Campaign, or the International White Ribbon Campaign for men working to end violence against women (<http://www.whiteribbon.ca/>).

### 9.8.2.1 Domestic Violence Awareness Month

**6.4.6.6.** *Assist in planning events for National Domestic Violence Awareness Month.*

Domestic Violence Awareness Month (DVAM) evolved from the October 1981 “Day of Unity” conceived by the National Coalition against Domestic Violence. The intent was to connect advocates across the nation who were working to end violence against women and their children. In October 1987, the first Domestic Violence Awareness Month was observed. In 1989, Congress passed Public Law 101-112 designating October of that year as National Domestic Violence Awareness Month. Such legislation has passed every year since with the Day of Unity celebrated on the first Monday of Domestic Violence Awareness Month.

Each year, the National Resource Center on Domestic Violence coordinates the Domestic Violence Awareness Project. Go to <http://dvam.vawnet.org/campaigns/> for descriptions of, and resource information for, some campaigns designed to raise public awareness of domestic violence. These campaigns are intended to be used and adapted by individual communities and organizations. Information including fact sheets, newsletters, handouts, ordering information for marketing materials, and templates for the following popular and effective campaigns is available:

- Empty Place at the Table.
- Purple Ribbon.
- Silent Witness.
- Clothesline.

DAVAs should consider working in partnership with community organizations and/or other bases to conduct activities for Domestic Violence Awareness Month. Pooling resources saves time and effort and results in campaigns that are more powerful and effective.

**NOTE**

The purple ribbon has become one of the most widely-recognized symbols of domestic abuse. It has been adopted to remember and honor those who have lost their lives due to domestic abuse. Shelters and organizations use the purple ribbon to raise awareness about the crime of domestic violence in their communities. In addition to the demonstration of support for victims and advocates, the display of purple ribbons throughout a community conveys a powerful message that there is zero tolerance for domestic abuse.



## CHAPTER 10

# Providing Quality Services

Quality assurance (QA) provides a systematic monitoring and evaluation of the various aspects of a program, service, or organization to ensure that standards of quality are met. For the FFSC to achieve and maintain superior programs and services, quality and excellence must be incorporated throughout the organization.

To ensure quality, DAVAs should consider the following on a regular basis:

- What DAVA services are being provided exceptionally well?
- How could our services be improved?
- What additional training is needed for the FFSC to provide enhanced DAVA services?
- What additional resources are needed for the DAVA Program to be successful?

Providing quality programs and services requires that staff are knowledgeable about and can put into practice the following:

- FFSP Accreditation/Certification Program.
- Customer service.
- Program evaluation, including customer feedback.
- Professional development, including supervision and self-care.
- Accurate documentation, including SOPs, program statistics, etc.

## 10.1 Accreditation

Accreditation is the formal evaluation of an organization using accepted criteria or standards. It is a process of education and improvement for organizations that are committed to achieving quality in management and services. By becoming accredited, an organization demonstrates that it meets accepted standards of operation and is worthy of the confidence of its stakeholders.

### KEY TERMS

#### Accreditation

Process of assuring quality by meeting a set of standards.

#### Best practices

Practices that drive an organization toward higher quality.

#### FFSMIS

Fleet and Family Support Management Information System.

#### Quality assurance (QA)

Systematic monitoring and evaluation of an organization to ensure that standards are being met.

#### SOP

Standard operating procedures.

The FFSP Accreditation/Certification Program is designed to facilitate continuous organizational improvement and ensure consistent, high-quality services in support of the Navy's mission, values, personnel and families. The FFSP Accreditation/Certification Program drives the QA process and program for FFSC programs and services.

This emphasis on accreditation is a visible indicator that the FFSP has a vested interest in ensuring employee competence and organizational excellence. In 1993, the first FFSP Accreditation Quality Standards were developed and implemented to reflect achievement of excellence through continuous process improvement. These standards have been updated as needed to reflect current legal, regulatory and DoD policy and guidance.

Required by DoDI 1342.22, OPNAVINST 1754.1B, SECNAVINST 1754.1B, and CNICINST 1754.1, accreditation provides an external and objective process to demonstrate that the FFSC meets accepted standards for organizational strength and quality of service. The FFSC Accreditation Standards were developed based on legal and regulatory guidance and are benchmarked against industry practice for family service agencies.

The Accreditation Program process culminates in a three-year accreditation/certification decision. The steps include:

1. Mid-cycle self-assessment.
2. Triennial on-site peer review.
3. Follow-on actions taken by the site.

The FFSP Accreditation/Certification Program serves to:

- Define quality in programs, thus ensuring consistency of services across sites and consumer confidence.
- Establish goals for quality service, including meeting benchmarks and standards for operation and performance.
- Provide a training and self-assessment tool.
- Enable management and staff to measure their practice against specific criteria and to make needed changes and/or improvements.

The *FFSP Accreditation/Certification Handbook* (CNIC Program Implementation Directive PID 001A) defines the evaluation criteria used by the accreditation team to determine compliance with each standard. It is complemented by the *Accreditation/Certification Team Management Guide* (CNIC PID 005A) which describes accreditation/certification, delineates the roles and responsibilities of the regional and site staff and team members, and details the on-site process and team procedures.

Compliance with the accreditation standards is an integral part of everyday work. All DAVAs should be familiar with accreditation requirements, the method of review, and compliance standards. As a way to ensure that responsibilities are carried out and accreditation standards will be met, DAVAs may consider using a checklist. A sample checklist can be found in [Appendix B, form 18](#).

As victim advocacy is part of FAP, DAVAs should ensure that, in addition, they are knowledgeable about the FAP accreditation standards that may affect their duties and responsibilities.

DAVAs should familiarize themselves with Accreditation Standard 2.10 Victim Advocacy ([see next page](#)).

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### **Standard 2.10 Victim Advocacy**

- A. Whether the FFSP has a domestic abuse victim advocate (DAVA) position or not, victim advocacy services are provided either by FFSP staff or by referral to other military or civilian programs, when available. Services include; restricted and unrestricted reporting options; safety assessment/planning; information to victims on available benefits and services; referrals to military, and civilian victim assistance services or individual/group support programs.
- B. If a DAVA position is on staff, the DAVA serves as a supportive resource, advocates for the expressed interests of victims, and provides additional specialized services such as transportation for clinical/medical appointments and accompaniment to court proceedings. The DAVA documents contacts made, services provided and actions taken on the Victim Advocate Contact Note in the client's record.

#### **Method of Review**

Written documentation

Records review

Interviews

References

DoDD 1030.1

DoDI 1030.2

SECNAVINST S800.11B

SECNAVINST 17S2.3B

OPNAVINST 17S4.2A (under revision)

NAVPERSCOM Itr 1752 Ser 6B/171 of 10 Nov 03

CNIC FFSP PID FAP 002

#### **Compliance will be determined by:**

- A. Ensure that resource listing of military and civilian community services pertinent to victims is accurate and available.
- B. Review of the local/regional SOP indicates that it addresses the provision of all services required in the standard.
- C. Review of records quality of care indicators using the FAP Quality of Care and Record Review Checklist (CNIC 1754/20).
- D. Review of case records reveals documentation of the signed Victim Reporting Preference Statement only if restricted reporting was an option.
- E. Interviews with FAR, FAP staff and DAVA (if on staff) indicate:
  - 1. Knowledge of procedures for providing all listed victim advocacy services (with exception of transporting and accompaniment if DAVA is not on staff).
  - 2. Knowledge of their specific role in providing services to victims.
  - 3. Knowledge of military and civilian resources pertinent to victims.

## 10.2 Customer Service

*Merriam-Webster* (<http://www.merriam-webster.com/dictionary>) defines a customer as one that purchases a commodity or service. DAVAs should keep in mind that there are two types of FFSC customers, and both are critical to the success of the FFSC:

- External customers are external stakeholders and community organizations that have a vested interest in the success of the FFSC's FAP and DAVA Program.
- Internal customers are those within the FFSC and on the installation including colleagues, co-workers, commands, service members and their families.

Both external and internal customers expect excellent customer service. And regardless of job title, position at the FFSC, or experience, the primary task of FFSC staff is to attract, satisfy and retain customers. According to the ACA Group ([www.theacagroup.com](http://www.theacagroup.com)), customer service is the ability of an organization to give the customer constantly and consistently what they want and need. However, the ACA Group defines excellent customer service as the ability of an organization to exceed constantly and consistently the customer's expectations.

For the FFSC to provide excellent customer service, the programs and services not only must meet customer needs but beat the competition. According to author Tom Connellan in *Inside the Magic Kingdom: Seven Keys to Disney's Success*, "Your competition is anyone who raises customer expectations — because if someone else satisfies customers better than you, no matter what type of business, you suffer by comparison."

Unlike some FFSC programs, Navy families may be able to obtain similar victim-advocacy services through public and community organizations. Although DAVA services are tailored specifically to Navy families, if customer service is poor, many victims may opt to get services elsewhere. It therefore is critically important that the FFSC and DAVAs provide outstanding customer service.

From the moment victims, commands, community organizations and other stakeholders contact a DAVA, how they are treated determines their satisfaction. There are numerous keys to providing excellent customer service including, but not limited to, the following:

- **Greet customers promptly.** Acknowledge customers as soon as they walk in the door or call the FFSC. Smile and make eye contact, even if you cannot talk to them. Say, "I'll be with you in a moment." Waiting feels like an eternity to customers and especially to victims. When acknowledged, they are more likely to wait patiently than to give up and walk out.

- **Seek customer contact.** Speak with customers, ask how you can help, and invite them to participate. For example, not all victims may contact the FFSC in crisis mode. They may be just seeking information while gathering the courage to get help. This initial contact can be vitally important in encouraging a victim.
- **Be “aggressively” friendly.** Stop what you are doing and offer to help whenever you see a customer.
- **Communicate confidently with customers.** Listen to what the customer really is asking. Thank customers for coming in or calling the FFSC. Use active-listening techniques.
- **Ensure the environment is customer-friendly.** Use easy-to-read signage, good lighting, and clean facilities — including in individual offices.
- **Provide up-to-date materials and supplies.** Current information enhances credibility.
- **Train all FFSC staff.** All staff should be knowledgeable about programs and services, able to answer simple questions, and know where to get answers.
- **Encourage customers to provide both positive and negative feedback.** Feedback is a valuable way of hearing customers’ opinions and comments about FFSC and victim-advocacy services.
- **Handle complaints diplomatically.** Listen, probe, agree on a solution, implement and follow-up.

Handling customer complaints so that the customer is satisfied may be the crux of customer service. How can this be accomplished?

- **Listen and probe.** When the customer is talking, be open and accepting. Listen and try to understand what is being said. Ask questions and get specifics. Write down the complaints, and let the customer know you are happy to have been told this.
- **Validate and ask.** Validate customer concerns and indicate you are taking it seriously. ASK the customer what he or she would like to see happen to resolve the problem. Most of the time, customers are reasonable.
- **Solve the problem.** If a customer has a reasonable solution, implement it immediately.
- **Follow-up.** If appropriate, contact the customer to follow up. Determine if the complaint was addressed adequately, if the customer is satisfied, and if there is anything else the FFSC can do to assist.

Customer feedback, even if negative, actually can be positive for the FFSC. It gives the site and staff the opportunity to correct the problem. For example, staff may not be aware that there are situations that need improvement until a customer brings it to their attention. Use customer feedback as part of the quality-assurance process to determine how the FFSC can serve clients better.

## 10.3 Program and Services Evaluation

Evaluation is a systematic, objective process for determining the success of a policy or program. It addresses questions about whether and to what extent the program is achieving its goals and objectives. Evaluation can be a valuable source of information regarding both how programs and services function and their outcomes. Knowing that a program or service achieved its objectives is important; but, how or why the program achieved these objectives is just as important.

FFSCs should evaluate their programs and services regularly to determine whether they continue to meet defined client needs or require adaptation. Evaluations of DAVA services help determine whether:

- The program or service effectively helped clients meet their needs.
- The programs or services were cost-effective.
- The services provided were in accordance with applicable Navy directives.
- Factors existed that either impeded or facilitated the program or service.
- For a program or briefing, the material was presented clearly and in an interesting way.

Information provided by program evaluations can be used to:

- Determine if changes to service delivery, or program content, presentation format or style should be made.
- Determine if services meet client needs.
- Provide objective feedback to managers, commands and stakeholders.
- Update SOPs, materials and handouts.

DAVA services should be evaluated on a regular basis. It is not necessary to evaluate every program, session or client interaction. However, evaluating a cross-section of programs and services is necessary to get a complete picture.

### NOTE

Be sure to follow site-specific FFSC policies and procedures regarding evaluation of programs and services.

**NOTE**

The following information was adapted primarily from *FRIENDS National Resource Center for Community-Based Child Abuse Prevention*. Although this information focuses on child abuse, most is easily adaptable to domestic abuse. Further information can be found at: <http://www.friendsnrc.org/evaluation-toolkit/logic-model-builder>. To build a logic model, click on “outcome accountability.”

## 10.3.1 Program Logic Model

One way to think about and implement program and services evaluation for DAVA services is the program logic model. A logic model is an illustration of what you do, why you do it, what you hope to achieve, and how you will measure achievement. It includes the outcomes of services, indicators of those outcomes, and measurement tools to evaluate the outcomes.

A program logic model provides an effective method for charting progress from initial and short-term outcomes to intermediate and long-term outcomes. It focuses on identifying the logical links between the desired outcomes; program assumptions or theories; and program strategies, activities and services. It describes the step-by-step sequence of activities and how these activities are linked to the expected results.

Developing a logic model for DAVA services helps clarify thinking about services in terms of how they are intended to work and what changes may be needed to make them more effective in producing positive results for victims and families.

There are many types of logic models, but most share key components. The key components to consider for the DAVA program are:

- **Program vision.** What the DAVA program is trying to achieve.
- **Target population and needs.** Navy victims being served and their specific and unique needs.
- **Services/activities.** DAVA programs and services provided.
- **Resources.** What the FFSC needs to provide services.
- **Outcomes.** Goals and objectives.
- **Indicators.** Concrete measurement of an outcome.
- **Measurement tools.** Tools that can be used to determine success.

### 10.3.1.1 Outcomes

Outcomes sometimes are called goals, objectives or performance indicators. An outcome for the client is a change that is likely to take place as a result of utilizing DAVA services. These are changes in attitudes, beliefs or behavior that are expected to take place as a result of DAVA services. It is important to consider short-term, intermediate and long-term outcomes:

- **Short-term or initial outcomes.** These reflect the initial achievements that can be accomplished within a relatively short period of time. They primarily are changes in knowledge, skills and attitude. For example, short-term outcomes may include that victims will increase their knowledge of domestic abuse, including power and control, cycle of violence, etc., or victims will develop a safety plan and obtain protective orders.
- **Intermediate outcomes.** These are the links between where the client starts and the desired outcome or behavior. They primarily are changes in applied skills and behavior. For example, a victim will take steps to find a job, apply for transitional compensation, etc.
- **Long-term outcomes.** Sometimes called goals or impacts, these are broad statements of what hopefully will be achieved in the long run. They primarily are changes in status and conditions. For example, abuse has been eliminated or an abusive relationship is over.

### 10.3.1.2 Indicators

An indicator is a concrete measure of an outcome. They are the specific signs that can be tracked to determine if progress is occurring. Indicators spell out exactly what will be measured and answer the question, “What would I see or hear that would tell me that an outcome was achieved?”

It generally is best to specify more than one indicator for an outcome. Multiple methods provide more solid evidence of progress toward, or achievement of, the desired outcome. Indicators may be either promotional or performance indicators:

- Promotional indicators reflect an increased capacity to meet challenges, an attainment of a higher level of functioning. They are strength-based — that is, they build on client strengths. For example, a promotional indicator for a victim could be improved knowledge, or where to obtain services, or what to do to get access to services.
- Performance indicators specify the amount of change expected in a specific timeframe. Performance targets can make it easy to determine whether expected outcomes have been achieved but require good baseline data from which to work. For example, a performance indicator could be the increased percentage of victims who complete a safety plan or that have developed a support system within a certain timeframe.

Consider the following when developing indicators:

- Does the indicator connect in a reasonable, meaningful way to the intended outcome?
- Is it strength-based?
- Is it observable?
- Can it be tracked over time?

### 10.3.1.3 Measurement Tools

Measurement tools “test” or capture information that indicates that outcomes have been achieved. These mechanisms for gathering data include surveys, questionnaires or checklists. Any measurement tool should be valid and reliable.

- **Valid.** Validity refers to the degree of accuracy that can be expected from a specific measurement tool. It determines whether the instrument truly measures the indicator it is intended to measure. Validity can be addressed by using standard measurement tools that already have been validated or by pilot-testing your own tools to make sure they measure what you want them to measure.
- **Reliable.** Reliability refers to the degree of consistency a particular instrument measures. It determines if the same results would occur if different people used this instrument or method at different times. Reliability can be addressed by using tools already tested for reliability or cross-checking tools you create with those which have been tested to see if you get the same results.

#### NOTE

Further information can be found at the Agency for Healthcare Research and Quality at <http://www.ahrq.gov/research/domviolria/domviolria.htm>.

### 10.3.2 Client Feedback

Obtaining direct feedback from clients is an excellent way to determine client satisfaction and decide how programs and services can be improved. CNIC has developed the FFSP Customer Satisfaction Survey that sites are instructed to conduct semi-annually for two-week periods. The survey normally is available at the front desk or reception area and is distributed to all customers. See [Appendix B, form 19](#) for the Customer Satisfaction Survey.

It can be helpful to have a unique evaluation form for DAVA services. A Victim Satisfaction sample form can be found in [Appendix B, form 20](#).



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A program-evaluation form is a standardized survey given to clients who attend workshops, briefs and other FFSC programs. For purposes of quality assurance, CNIC has developed standardized customer surveys used by all FFSC programs and services. These surveys are designed to evaluate client perceptions. Input on the usefulness of the content and the effectiveness of the presenter, as well as suggestions for improvement, are solicited. Since clients will not spend a lot of time completing a survey, to obtain meaningful input the surveys are user-friendly and relatively short. Comments can be summarized and shared with interested stakeholders. Essential questions have been designed to gather information that will need to be tabulated for CNIC data calls. The questions on these CNIC surveys should be used as written. To meet the needs of an individual site, region, and/or program, additional questions may be added to any of the surveys.

- For an example of a customer survey for single-presenter briefs and workshops, see [Appendix B, form 21](#).
- For a customer survey featuring multiple presenters, see [Appendix B, form 22](#).

Although not required, it can be very helpful for the presenter to complete a program-assessment form and submit it along with the participant evaluations. This enables presenters to evaluate the program from their perspective, comment on any interesting or unique occurrences, and make suggestions for improvement. It also should give presenters insight into their own “performance.” For a sample Presenter Program Assessment form, go to [Appendix B, form 23](#).

## 10.4 Professional Development

DAVAs must be suitably trained to provide competent services to Sailors and their families. Adequate training time and resources should be budgeted so that each staff member is prepared to perform all duties fully and competently. As part of quality assurance, records should be kept to document the professional training received by DAVAs.

To ensure that DAVAs are well-trained, each should have a professional development plan. The plan should:

- Be committed to the needs of the DAVA Program as well as to the individual DAVA’s needs.
- Build on the DAVA’s previous experience and knowledge.
- Identify ways to enhance knowledge and performance.

### NOTE

A region or site may have its own required evaluation forms. Check with supervisory staff as to which forms should be used.



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### NOTE

Every client using victim-advocacy services or attending training does not have to be surveyed. Surveys can be given to a random cross-section of clients.



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Components of an effective plan include:

1. **Orientation.** New staff should be oriented to all of the programs and services provided. Orientation is accomplished by:
  - Reading of the *Resource Guide* and other relevant directives, instructions and training materials. A reading file on each area of service (domestic-abuse dynamics, crisis intervention, etc.) should be available to all DAVAs.
  - Meeting with staff from all areas of the FFSC.
  - Observation of treatment and education groups, presentations, etc.

Although there is not a specific orientation plan for new DAVAs, it is suggested that new DAVAs become familiar with all of the following:

- Base and site-specific information, including local area guidance and site-specific policies, SOPs, etc.
  - Orientation to Navy, including culture, language, rank and rates, etc.
  - Overview of FFSC.
  - Accreditation standards.
  - Crisis-intervention procedures.
  - FAP policies and procedures.
  - Coordinated Community Response.
  - Information and referral — local area resources.
  - Victim-safety planning.
  - Short-term, solution-oriented techniques.
  - Cultural competency.
  - Confidentiality and Privacy Act.
2. **Supervision/mentoring.** Every DAVA should have the opportunity to learn from an experienced colleague. The supervisor/mentor should:
    - Have identified knowledge and skills that can be shared.
    - Meet regularly with the DAVA to share ideas and experiences.
    - Not only facilitate learning but also track accountability.

3. **Ongoing education.** Ongoing education for DAVAs can be both formal and informal and include the following:
- **In-service training.** Provided on relevant topics such as evaluation, confidentiality, and Navy lifestyle. All FFSC staff have access to the on-line training sessions provided or sponsored by the Zeiders Professional Development and Training Team. The link for contract employees is <http://staff.zeiders.com>, and for government staff, the link is <http://government.zeiders.com>. The Zeiders Professional Development and Training Team also offers an online DAVA Community of Practice as a way to obtain training and communicate with colleagues located at other installations.
  - **Formal education.** College courses, workshops and seminars are available to enhance one's skills and abilities. Conferences sponsored by the Navy and the DoD provide the opportunity to share information specific to military DAVA issues.
  - **Professional groups and affiliations.** There are several professional entities and national associations that provide education, mentoring and networking opportunities.

**NOTE**

The National Organization for Victim Assistance (NOVA) offers the National Advocate Credentialing Program (NACP). The program is voluntary and open to any individual who provides services to those victimized by crime. Further information is available at: <http://www.trynova.org/nacp/>.

### 10.4.1 Using Supervision

Although at a few sites there may be a DAVA who provides supervision to other DAVAs, at most sites supervision is provided by a FAP supervisor. FAP supervisors are experienced clinical providers and are familiar with domestic abuse and victim issues. DAVA supervisors should:

- Oversee administrative requirements, including required reports.
- Meet on a regular basis to discuss cases or concerns.
- Evaluate performance.
- Provide emotional support to DAVAs.

In addition to regular supervisory meetings, DAVAs should consult with their supervisor:

- If child abuse is suspected.
- If there is imminent danger or it is a high-risk situation.
- If there is an exception to restricted reporting, especially imminent danger, but the victim desires that the report remain restricted.
- If the client is suicidal or homicidal.

- Regarding any issues or difficult cases.
- Before making a home visit (for safety reasons).
- Prior to contacting command leadership.
- Before committing to outside events.
- When a case has high visibility. DAVAs should not be responding to public inquiries for information on cases.

## 10.4.2 Compassion Fatigue

A component of professional development in the helping professions is recognition of stress or burnout. Individuals who provide assistance or aid to others is susceptible to developing compassion fatigue or secondary stress. Any caregiver, who works repeatedly with those who are traumatized, is at risk for developing compassion fatigue.

Compassion fatigue is most prevalent among helping professionals who work with trauma survivors. It also can occur with friends and family members of trauma survivors. Often, these helpers care for the needs of others before caring for their own needs. Professionals, such as DAVAs, appear to be at significant risk for developing compassion fatigue. When listening to victims describe a traumatic event or the abuse, DAVAs may experience reactions to the trauma through their contact with the victim.

Compassion-fatigue symptoms are normal displays of chronic stress resulting from care-giving work. Common symptoms of compassion fatigue include the following:

- |                                  |                                       |
|----------------------------------|---------------------------------------|
| ■ Physical exhaustion.           | ■ Cynical thoughts.                   |
| ■ Sleep problems.                | ■ Negative or pessimistic thoughts.   |
| ■ Headaches.                     | ■ Workplace problems.                 |
| ■ Increase in colds.             | ■ Absenteeism.                        |
| ■ Stomach or digestive problems. | ■ Poor communication patterns.        |
| ■ Irritability or anxiety.       | ■ Withdrawal from friends and family. |
| ■ Depressed feelings.            | ■ Re-experiencing traumatic events.   |
| ■ Guilty feelings.               |                                       |
| ■ Aggressiveness.                |                                       |

Research has suggested that emotional resilience is the most effective tool to help people overcome and adapt to adversity in their lives. Emotional resilience once was thought to be an inherited trait. More recent research suggests it is a skill that can be learned and the knowledge transferred to a variety of situations.

Being emotionally resilient will assist DAVAs in avoiding burnout or compassion fatigue. Emotional resilience can be enhanced by maintaining good emotional and physical health. Skill-building in the area of self-care skills can help both DAVAs and clients reduce stress. Maintaining a healthy diet and regular exercise program relieves stress and builds physical strength. Good use of effective stress-management techniques also helps to prevent compassion fatigue. Self-care strategies to build emotional resilience include the following:

- Rest.
- Good nutrition.
- Regular exercise.
- Support system.
- Time to relax alone or with friends.
- Fun leisure activities.
- Hobbies.
- Spiritual activities.
- Regular time off.
- Supportive work environment.
- Effective boundaries.

## 10.5 Documentation and Record Keeping

Accurate and complete record-keeping is necessary to manage and ensure quality DAVA services as well as to meet accreditation standards. Clear documentation is needed regarding both qualitative and quantitative data (statistics).

FFSMIS (Fleet and Family Support Management Information System) documentation is required for all victim services. DAVAs should refer to the *FFSMIS User Guide* available through one's supervisor for further information.

The following documentation/statistics must be kept for DAVA services:

- **I&R contacts.** I&R contacts generally are less than 15 minutes in length. A tally of these contacts should be entered daily (or no later than the end of the working week) using FFSMIS I&R forms. The FAP I&R category should be checked when basic information, referral, and/or materials are provided that relate to domestic abuse. General I&R information may be entered as an I&R contact. In addition, statistics are kept on where clients are referred both within the FFSC and to other community or military organizations.

- **One-on-one contacts.** One-on-one contacts have more substantial interaction than I&R contacts and usually are more than 15 minutes in length. This individualized consultation includes assistance that is more complex than simple I&R but not recurring in nature. One-on-one contacts may include, for example, prevention and education information or working with a victim who is not eligible for ongoing services.
- **Group programs.** Group programs include educational programs, briefings, INDOC, etc. Attending a community domestic-abuse coalition meeting or manning a booth at a health fair are examples of outreach that would be tallied here. All programs are documented on the group programs form under the program category “FAP” and then the group type and program type. The number of participants and active-duty participant details (rank) also must be entered. In addition, the amount of time the training took must be documented.
- **Direct services to clients.** All direct services to clients with open FAP case records are documented as appropriate in the FFSMIS client case record/folder. DAVA documentation is entered on the victim-advocate contact note in the client’s case record.

### 10.5.1 Case Documentation

Although there may be exceptions, DAVAs do not open a client case record; this is done by the FAP case manager, or for a restricted report, by a clinical provider. DAVAs should coordinate with the FAP case manager or clinical provider and notify them when they have entered a case note.

To ensure that all victim services are recorded accurately, DAVAs should:

- Document all contacts, referrals and outcomes in the appropriate client record.
- Document all contacts within two working days.
- Limit each case note to one contact date. Multiple contacts that occur on one day may be combined into one note.
- Documentation should include:
  - Type of contact (i.e., office visit, court accompaniment, phone call).
  - Date of contact.
  - Person contacted.
  - Physical location where contact was made.
  - Why contact was made.

- Current safety concerns and safety plan (including screening for access to weapons).
- Documentation of visible injuries.
- New or additional information regarding incident.
- Information and resources provided.
- Notifications to case manager or others.
- Plan for future contact.

Case notes must contain all pertinent information but should be brief and concise. DAVAs should not keep separate notes. If the information is important enough to be written down, it should be in the case record.

Case notes for the initial contact also should include documentation that the Privacy Act, limits of confidentiality and restricted reporting options were discussed. Although not required, the safety plan may be included in the case record. In addition, if the DAVA completed the original Victim Reporting Preference Statement (VRPS) with the victim, this should be put in the case record.

Case notes for the final contact should contain a case summary. In addition, the notes should indicate why services are being terminated. For example, services no longer needed, the victim has declined further services, or the victim has relocated.

A case note checklist can be found in [Appendix B, form 24](#). DAVAs may use this checklist to ensure that case notes are complete or a supervisor may use it to audit DAVA case notes.

#### NOTE

If unable to complete case notes within the two-day requirement, a notation should be made such as, "Delayed entry due to DAVA's out-of-office schedule."



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## 10.5.2 Education and Training Records

To ensure that education and training records are accurate, DAVAs should:

- Establish a standard operating procedure (SOP) delineating how each program or service will be implemented and delivered. For further information on standard operating procedures, see the following section.
- Develop a standardized method for keeping DAVA education and training records. Keep a copy of all forms related to a specific program. These would include registration forms, sign-in sheets, speaker-acknowledgment forms, etc.
- Keep original data sources such as program-evaluation forms.
- Date all reports.

### 10.5.3 Monthly/Annual Reports

Each branch of the military submits an annual report to the Office of the Secretary of Defense Family Advocacy Program as part of the Quality of Life Strategic Plan for the DoD Social Compact. CNIC compiles statistics from all installation DAVAs for this report. The data elements that must be tracked by DAVAs include:

- Total domestic abuse victims served including I&R, accepting restricted and unrestricted reports, conducting safety planning, accompaniment to agencies or court, etc.
- Total victims initially making restricted reports to DAVAs.
  - Of these victims, number that also were sexually assaulted.
  - Of these victims, number that changed to unrestricted reports.
- Total domestic abuse victims initially making unrestricted reports to DAVAs.
  - Of these victims, number that also were sexually assaulted.

DAVAs should check with their direct supervisor for information on how to track and compile this information.

A sample QOL Strategic Plan for the DoD Social Compact DAVA Program Metric report can be found in [Appendix B, form 25](#).



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### 10.6 SOPs

Standard operating procedures (SOPs) are internal working documents that describe how a program or service will be implemented and delivered. The SOP defines how tasks will be completed, including the purpose, background, objectives, format, and quality-assurance measures. An SOP enables each site to document how a program or service is implemented at that particular site. Since procedures are described, and the format and content is available to all staff, SOPs ensure at least a minimum quality standard.

The development and maintenance of SOPs are guided by Navy, CNIC Accreditation and site-specific directives. The FFSC Accreditation Team will review the local/regional SOP to ensure that it addresses the provision of all services required in the standard.

To ensure currency and accuracy, a local SOP should be developed and maintained specifically for domestic-abuse victim-advocacy services. It also is advisable to have specific SOPs for individual victim-advocacy functions, such as support groups. The SOP should include enough detailed information so that any staff member would understand how victim-advocacy services are carried out on the local level.

The SOP should include the following content:

- **Program or service title.** The title should convey the content of the SOP; i.e., Navy Domestic Abuse Victim Advocacy Program.
- **Date.** Month and year the SOP is written or updated.
- **Background and purpose of program or service.** This should answer the question, “Why is the FFSC offering this program or service?” For example, to provide victim education and support, and to ensure the safety of victims and families, etc. Include the date the program was implemented locally and why this program or service does not duplicate programs and services offered elsewhere. Relevant standards and instructions should be referenced.
- **References.** Instructions and guidance pertaining to the particular program or service as well as resources used in program development.
- **Target population.** For who is this program or service designed? Why is the program applicable to this particular audience?
- **Program or service objectives.** These should be measurable, if possible. How will one’s attitude, knowledge, or skills increase or change? These are outcomes — what will the participant be able to do? For services, the outcomes should focus on the purpose — i.e., the objectives include encouraging clients to develop a safety plan.
- **Procedures.** For victim-advocacy services, describe the exact procedures used such as how referrals are accepted, the type of client services provided, case coordination, community collaboration, etc. The procedures should delineate everything that staff would need to organize and carry out the program or service.
- **Data-collection system.** What are the types of records that need to be kept? What is required by FFSMIS? What additional records are required by the installation or site? Are there monthly or quarterly reports that must be completed?
- **Quality assurance.** Which accreditation standards apply? What types of evaluations will be used, and how often will they be administered? What type of training is required for staff?
- **Attachments.** Include any forms, handouts, etc., relevant to the program or service. Ensure that they are up-to-date. For victim-advocacy services, this may include safety plan, monthly report form, victim reporting preference form, resource list, etc.
- **Review dates.** All SOPs should be reviewed and updated annually or if there are substantial changes to the program or service. As part of the update, input should be sought from staff, and program evaluations should be reviewed. It is important that it is signed and verified that the program was reviewed even if no changes were made.

## 10.7 Best Practices and Innovations

As defined by the Government Accounting Office (GAO), best practices are the processes, practices and systems identified in public and private organizations that performed exceptionally well and are recognized widely as improving an organization's performance and efficiency in specific areas. Successfully identifying and applying best practices can improve organizational efficiency and cost-effectiveness.

A system that is driven constantly toward higher quality, better performance, improved outcomes and cost-effectiveness is one that is committed to best practices. Exceptional "best practice" organizations strive for even higher levels of quality service by making both financial and professional commitments. Best practices are starting points, not ending points. A best practice in and of itself is that the organization is driven constantly toward higher quality.

FFSCs are committed to best practices. Each site should have a strategy indicating what it intends to do and how it is going to do it. Using needs-assessments and strategic planning, the FFSC should base decisions on data and research and then use that information to identify activities that should impact desired results. For FAP and DAVA services, best practices requires setting goals, both short-term and long-term; utilizing benchmarking tools; and establishing a means to provide regular feedback regarding program and services effectiveness.

Best practices and innovations consistently show results superior to those achieved by other means. DAVA best practices should reflect more effective and efficient ways of meeting victim needs, educating the military and community, and advocating on an individual and systems basis.

When identifying best practices for the DAVA Program, it is not enough to state only that the service is provided, but the particular methods and manner of service delivery that makes it a best practice must be included. Consider the following best-practice examples from a February 2010 survey of all FFSCs:

- **24/7 availability.** Availability of services on a 24-hour, seven-days-a-week basis was the most commonly cited best practice. This, alone, is not a best practice, as it is required that Navy victims have some type of 24/7 access. However, best-practice examples include a dayshift/nightshift team; collaborating with a community shelter to provide services at night; routine after-hours availability; and transition protocols from community to Navy that support victims and don't require victim to "tell their story" over and over.

- **Training.** Training sessions offered to all of the commands on-base would be considered a best practice but only if the means by which this is accomplished is included. For example, this may require working with the installation commanding officer to require training for command leadership, offering training at a variety of times and locations, or perhaps even developing online training.
- **Victim resources.** Victims require information to navigate services in the civilian and military communities. A best practice would be the development of an educational and resource packet to give to victims.
- **Networking.** Building relationships and networking is the basis of many best practices. For example, developing a relationship with the office that provides protective orders benefits victims. If they go first to that office, they find out about DAVA Program, and for those who come first to the DAVA, the DAVA's relationship with that office should ease the referral process.

To summarize, a best practice is an approach or practice that is specific, replicable and can be used as a guideline for excellent program implementation and service delivery. There is, however, no practice that is best for everyone or in every situation, and no best practice remains best or innovative for long as better ways of doing things are discovered.



## CHAPTER 11

# Resources

DAVAs should stay current on domestic abuse issues, the military's response to abuse, resources to help victims, and professional-development sources. Information is available through the government, the military, commercial and nonprofit organizations, and publications. These resources can be used to obtain information, to update programs and services, to enhance one's learning and knowledge, and to share with clients.

There are innumerable resources related to domestic abuse, and it can be difficult to determine those that provide accurate and beneficial information. The starting point for researching almost all resources is the Internet. Internet addresses are listed for all resources in this chapter except for books. Websites that are commercial (.com) require a "buyer beware" approach. Websites with the address of government (.gov), education (.edu) and organization (.org) generally are more reliable but also may have outdated or incorrect information.

Domestic abuse resources on the Internet run the gamut from proven and professional to those that reflect the views of an individual (much like a blog). Therefore, it is prudent to verify the information, if possible, to determine which resources are credible and up-to-date. Do they reflect current military guidance for domestic abuse services? Is the information factual and accurate? Would a client benefit from these resources?

Selected resources are listed alphabetically within each section. Some of the resources may be listed in more than one section. Except for the section on books, all resources are listed by Internet name and address. The resources are grouped into the following subject areas:

- 11.1 DoD/Military/Navy Resources
- 11.2 Domestic Abuse Resources
- 11.3 Domestic Abuse Books
- 11.4 OCONUS Resources
- 11.5 Professional Development Resources

### NOTE

The resources and links throughout this *Resource Guide* do not reflect an endorsement by the DoD or DoN of the organizations, their products, or their services.

## 11.1 DoD/Military/Navy Resources

<b>Commander, Navy Installations Command (CNIC)</b>	<a href="http://www.cnic.navy.mil">www.cnic.navy.mil</a>	Supporting command to the war fighters and their families.
<b>Defense Finance Accounting Service (DFAS)</b>	<a href="http://www.dod.mil/dfas">www.dod.mil/dfas</a>	Information on pay and benefits.
<b>DoD Issuances and Directives</b>	<a href="http://www.dtic.mil/whs/directives/index.html">www.dtic.mil/whs/directives/index.html</a>	Links to all DoD directives and instructions.
<b>DoD Per Diem, Travel, Transportation Allowances</b>	<a href="http://www.defensetravel.dod.mil/perdiem/pdrates.html">http://www.defensetravel.dod.mil/perdiem/pdrates.html</a>	Information on allowances and entitlements, travel regulations and lodging and dining programs.
<b>DoD Personal Property System</b>	<a href="http://www.move.mil">www.move.mil</a>	DoD household goods portal.
<b>Fleet and Family Support Program</b>	<a href="http://www.ffsp.navy.mil">www.ffsp.navy.mil</a>	Information and resources including an FFSC staff-specific section.
<b>Military Advocacy Resource Network</b>	<a href="http://www.bwjp.org/military.aspx">http://www.bwjp.org/military.aspx</a>	Provides technical assistance, resources, and support for all advocates who serve military and veteran families.
<b>Military.com</b>	<a href="http://www.military.com">http://www.military.com</a>	Information on government benefits, scholarships, etc.
<b>Military Family Research Institute</b>	<a href="http://www.mfri.purdue.edu/">http://www.mfri.purdue.edu/</a>	Conducts studies that provide insight into the experiences of military members and their families. Provides ideas on how to design and implement outreach activities that assist military families.

<b>Military HOMEFRONT</b>	<a href="http://www.militaryhomefront.dod.mil">www.militaryhomefront.dod.mil</a>	Information about DoD quality of life programs and services.
<b>Military Installations</b>	<a href="http://www.militaryinstallations.dod.mil">http://www.militaryinstallations.dod.mil</a>	Excellent resource for information on different installations and locations.
<b>Military OneSource</b>	<a href="http://www.militaryonesource.com">www.militaryonesource.com</a>	Information and resources to help balance work and family life.
<b>National Military Family Association (NMFA)</b>	<a href="http://www.nmfa.org">www.nmfa.org</a>	Identifies and resolves issues of concern to military families.
<b>Naval Services FamilyLine</b>	<a href="http://www.lifelines.navy.mil/Familyline/">www.lifelines.navy.mil/Familyline/</a>	Provides information and resources for Navy families.
<b>Navy Leaders Guide for Managing Personnel in Distress</b>	<a href="http://www-nmcphc.med.navy.mil/lguide/">http://www-nmcphc.med.navy.mil/lguide/</a>	Guide to help leaders at all levels recognize distress related behaviors, provide support to Sailors and collaborate with helping agencies to meet the needs of individuals in distress.
<b>Personnel Support Detachment</b>	<a href="http://www.cnic.navy.mil/CNIC_HQ_Site/WhatWeDo/BaseSupport/CommandAndStaff/MilitaryPersonnelServices/NPPSC/PSD/CNICD_A064448">http://www.cnic.navy.mil/CNIC_HQ_Site/WhatWeDo/BaseSupport/CommandAndStaff/MilitaryPersonnelServices/NPPSC/PSD/CNICD_A064448</a>	Provides administrative, personnel, pay, and transportation support.

## 11.2 Domestic Abuse Resources

<b>Asian &amp; Pacific Islander Institute on Domestic Violence</b>	<a href="http://www.apiahf.org">http://www.apiahf.org</a>	Strives to eliminate domestic violence in Asian and Pacific Islander communities by increasing awareness about the extent and depth of the problem.
<b>Battered Women's Justice Project</b>	<a href="http://www.bwjp.org/">http://www.bwjp.org/</a>	Offers training, technical assistance, and consultation on the most promising practices of the criminal and civil justice systems in addressing domestic violence.
<b>Domestic Abuse Intervention Programs</b>	<a href="http://www.theduluthmodel.org/">http://www.theduluthmodel.org/</a>	Offers domestic violence training and resources based on The Duluth Model.
<b>Danger Assessment</b>	<a href="http://www.dangerassessment.org/WebApplication1/pages/product.aspx">http://www.dangerassessment.org/WebApplication1/pages/product.aspx</a>	Danger assessment and online training by Jackie Campbell.
<b>Emerge</b>	<a href="http://www.emergedv.com/">http://www.emergedv.com/</a>	Emerge was the first abuser education program in the United States. Since its creation, Emerge has been a national leader in working to end violence in intimate relationships.

<b>Family Violence Prevention Fund (FVPPF)</b>	<a href="http://www.endabuse.org">www.endabuse.org</a>	National non-profit organization that focuses on domestic violence education, prevention and public policy reform.
<b>For Men Only</b>	<a href="http://cmhc.utexas.edu/booklets/maleassault/menassault.html">http://cmhc.utexas.edu/booklets/maleassault/menassault.html</a>	Information for male survivors of sexual assault.
<b>Gavin de Becker and Associates</b>	<a href="https://www.gavindebecker.com/main/">https://www.gavindebecker.com/main/</a>	Advises on assessment and management of situations that might escalate to violence.
<b>Institute on Domestic Violence in the African American Community</b>	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>	Focuses on the unique circumstances of African Americans as they face issues related to domestic violence including intimate partner violence, child abuse, elder maltreatment, and community violence.
<b>Institute on Violence, Abuse and Trauma (IVAT)</b>	<a href="http://www.ivatcenters.org/">http://www.ivatcenters.org/</a>	Provides professional training and information dissemination to improve the quality of life for those affected by violence, abuse, and trauma on local, national, and international levels.
<b>Legal Resource Center on Violence Against Women</b>	<a href="http://www.lrcvaw.org/">http://www.lrcvaw.org/</a>	Works to obtain legal representation for domestic violence survivors in interstate custody cases and to provide technical assistance to domestic violence victim advocates and attorneys in such cases.

**Maternal and Child Health Library**

[http://www.mchlibrary.info/knowledgePaths/kp\\_domviolence.html](http://www.mchlibrary.info/knowledgePaths/kp_domviolence.html)

Selection of current, high-quality resources about identifying and responding to domestic violence within the home and the community.

**Maryland Network Against Domestic Violence**

<http://www.mnadv.org/>

Domestic Violence Lethality Assessment Program - Maryland Model (LAP). Multi-pronged intervention program that identifies victims of domestic violence who are at risk of being seriously injured or killed by their intimate partners.

**Menweb**

<http://www.batteredmen.com>

Information for battered men on how to cope and the steps they should take, as well as other resources.

**Minnesota Center Against Violence and Abuse (MINCAVA)**

<http://www.mincava.umn.edu/>

Electronic clearinghouse with research on domestic violence.

**National Association of Crime Victim Compensation Boards**

[www.nacvcb.org](http://www.nacvcb.org)

Network of professionals in state and local government crime victim compensation programs, working together to provide financial assistance for victims on the road to recovery from violent crime.

<b>National Bulletin on Domestic Violence Prevention</b>	<a href="http://west.thomson.com">http://west.thomson.com</a>	Monthly publication with information on what is new in domestic violence prevention nationwide.
<b>National Center for Children Exposed to Violence (NCCEV)</b>	<a href="http://www.nccev.org/index.html">http://www.nccev.org/index.html</a>	Trains and supports the professionals who provide intervention and treatment to children and families affected by violence.
<b>National Center for Victims of Crime, Stalking Resource Center</b>	<a href="http://www.ncvc.org/src/Main.aspx">http://www.ncvc.org/src/Main.aspx</a>	Information and resources on stalking.  1-800-394-2255
<b>National Center on Domestic and Sexual Violence</b>	<a href="http://www.ncdsv.org">http://www.ncdsv.org</a>	Training and resources on domestic abuse including information on the military response.
<b>National Coalition Against Domestic Violence (NCADV)</b>	<a href="http://www.ncadv.org">www.ncadv.org</a>	Dedicated to the empowerment of battered women and their children and is committed to the elimination of personal and societal violence.
<b>National Criminal Justice Reference Service</b>	<a href="http://www.ncjrs.gov/index.html">http://www.ncjrs.gov/index.html</a>	A federally-funded resource offering justice and substance abuse information to support research, policy, and program development worldwide.

**National Domestic Violence Hotline**

<http://www.ndvh.org/>

Only domestic violence hotline in the nation with access to more than 5,000 shelters and domestic violence programs across the United States.

1-800-799-SAFE (7233)  
or 1-800-787-3224 (TTY)

**National Institute of Crime Prevention**

<http://www.nicp.net/>

Provides training on domestic abuse and sexual assault.

**National Latino Alliance for the Elimination of Domestic Violence**

[www.dvalianza.org](http://www.dvalianza.org)

Network of Latina and Latino advocates, community activists, practitioners, researchers, and survivors of domestic violence working together to promote the elimination of domestic violence in Latino communities.

**National Network to End Domestic Violence (NNEDV)**

[www.nnedv.org](http://www.nnedv.org)

Membership and advocacy organization of state domestic violence coalitions, allied organizations and supportive individuals.

**National Online Resource Center on Violence Against Women**

<http://www.vawnet.org/>

Online resource for advocates working to end domestic violence, sexual assault, and other violence in the lives of women and their children. Includes research articles.

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<b>National Organization on Male Sexual Victimization</b>	<a href="http://www.malesurvivor.org/">http://www.malesurvivor.org/</a>	Committed to prevention, treatment and elimination of all forms of sexual victimization of boys and men.
<b>National Sexual Violence Resource Center (NSVRC)</b>	<a href="http://www.nsvrc.org/">http://www.nsvrc.org/</a>	Information and resource center regarding all aspects of sexual violence. It provides national leadership, consultation and technical assistance.  1-877-739-3895
<b>National Teen Dating Abuse Helpline</b>	<a href="http://www.loveisrespect.org/">http://www.loveisrespect.org/</a>	Provides helpline and resources for teens, parents, friends and family, peer advocates, government officials, law enforcement officials and the general public.  1-866-331-9474 1-866-331-8453 TTY
<b>NOVA (National Organization for Victim Assistance)</b>	<a href="http://www.trynova.org">www.trynova.org</a>	Promotes rights and services for victims of crime and crisis. Information on victim assistance, training, etc.

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**Office on Violence Against Women**

<http://www.ovw.usdoj.gov/>

Component of the U.S. Department of Justice provides national leadership in developing the nation's capacity to reduce violence against women through the implementation of the Violence Against Women Act (VAWA).

**Rape, Abuse, and Incest National Network (RAINN)**

<http://www.rainn.org/>

Nation's largest anti-sexual assault organization. RAINN operates the National Sexual Assault Hotline at 1.800.656.HOPE (4673) and the National Sexual Assault Online Hotline.

1-800-211-7996 (TTY)

**Relationship Training Institute**

<http://www.rtiprojects.org/>

David Wexler's organization provides training, consultation, treatment, and research in the field of relationship development and relationship enhancement including relationship violence.

**United Way 2-1-1**

<http://www.211.org/>

2-1-1 provides free and confidential information and referral. Information about local 2-1-1 organizations.

**Victim Law**

<http://www.victimlaw.info/victimlaw/>

Database of victim rights laws.

<b>Violence Against Women Online Resources</b>	<a href="http://www.vaw.umn.edu">http://www.vaw.umn.edu</a>	Resources on various aspects of violence and abuse against women.
<b>Victims' Assistance Legal Organization, Inc. (VALOR)</b>	<a href="http://www.valor-national.org/index.html">http://www.valor-national.org/index.html</a>	Works to advance victims' rights through public policy efforts on the federal, state, and local levels. Through the promotion of education and awareness about the rights and needs of crime victims.
<b>WomensLaw.org</b>	<a href="http://www.womenslaw.org/">http://www.womenslaw.org/</a>	Easy-to-understand legal information and resources to women living with or escaping domestic violence or sexual assault.
<b>Wynn Consulting</b>	<a href="http://www.markwynn.com/index.html">http://www.markwynn.com/index.html</a>	Domestic abuse prevention training and resources by Lt. Mark Wynn.

### 11.3 Domestic Abuse Books

There are numerous books devoted to domestic abuse issues. Many are for professionals working with victims, but many more are for victims themselves. The book suggestions that follow were recommended by DAVA and FAP staff. The title, author and date are included.

*Before It's Too Late: Helping Women in Controlling or Abusive Relationships* by Robert J. Ackerman & Susan E. Pickering, 1994

*Ethics in Victim Services* by Melissa Hook, 2005

*Family Violence in the Military: A Review of the Literature.*

Journal article published April 2006

Available from Sage Publications at <http://www.sagepub.com>

*It Could Happen to Anyone: Why Battered Women Stay* by O.W. Barnett and A.D.LaViolette, 2000

#### NOTE

Many books on domestic abuse may be found at Mentor Books at <http://www.mentorbooks.com/>.

*It's My Life Now: Starting Over After an Abusive Relationship or Domestic Violence*, 2nd Edition by Meg Kennedy Dugan and Roger R. Hock, 2006

*Men Who Batter: An Integrated Approach for Stopping Wife Abuse* by Edward Gondolf, 1985

*No Visible Wounds: Identifying Non-Physical Abuse of Women by Their Men* by Mary Susan Miller, 1996

*Risk for Intimate Partner Violence and Child Physical Abuse: Psychosocial Characteristics of Multi-risk Male and Female Navy Recruits.*

Journal article published February 2004

Available from Sage Publications at <http://www.sagepub.com>

*The Macho Paradox: Why Some Men Hurt Women and How All Men Can Help* by Jackson Katz, 2006

*The Verbally Abusive Relationship: How to Recognize It and How to Respond* by Patricia Evans, 2010

*When Violence Begins at Home: A Comprehensive Guide to Understanding and Ending Domestic Abuse* by K. J. Wilson Ed.D, 2005

*Why Does He Do That? Inside the Minds of Angry and Controlling Men* by Lundy Bancroft, 2003

*Why Doesn't She Just Leave? A New Perspective on Domestic Violence* by Heather Stark, Emilee Watturs and Louise Holder, 2008

## 11.4 OCONUS Resources

<b>Americans Overseas Domestic Violence Crisis Center</b>	<a href="http://www.866uswomen.org">http://www.866uswomen.org</a>	An international domestic violence crisis line that can be reached internationally toll-free from 175 countries. Operates 24 hours a day, 7 days a week, except for U.S. holidays. Callers in the United States and Canada dial the toll-free number directly. Live Chat available.  1-866-USWOMEN (1-866-879-6636)
<b>Center for Global Education</b>	<a href="http://www.globaled.us/">http://www.globaled.us/</a>	Promotes international education to foster cross-cultural awareness, cooperation and understanding.
<b>Culturegrams (Brigham Young University)</b>	<a href="http://www.culturegrams.com">http://www.culturegrams.com</a>	Country reports on 181 cultures of the world. Booklets or online database (fee).
<b>U.S. Citizenship and Immigration Services</b>	<a href="http://www.uscis.gov/portal/site/uscis">http://www.uscis.gov/portal/site/uscis</a>	Information on citizenship and immigration.
<b>U.S. Customs and Border Protection</b>	<a href="http://www.cbp.gov/">http://www.cbp.gov/</a>	Information on international travel.
<b>U.S. Department of State</b>	<a href="http://www.state.gov/">http://www.state.gov/</a>	Information on traveling and living abroad, passports, bibliography of resources, etc.
<b>U.S. Department of State — Status of Forces Agreements</b>	<a href="http://www.state.gov/s/l/treaty/treaties/2009/index.htm">http://www.state.gov/s/l/treaty/treaties/2009/index.htm</a>	Information on status of forces agreements.

## 11.5 Professional Development Resources

There are a variety of professional organizations, websites, books and articles related to curriculum development, presentation and facilitation, marketing and other professional skills necessary to provide quality deployment programming. Many of the sites have book suggestions as well. The following Internet resources have been recommended by FFSC staff.

<b>American Marketing Association</b>	<a href="http://www.marketingpower.com/">http://www.marketingpower.com/</a>	Professional marketing organization providing resources, training, etc.
<b>American Society for Training &amp; Development (ASTD)</b>	<a href="http://www.astd.org/">http://www.astd.org/</a>	World's largest association dedicated to workplace learning and performance professionals.
<b>Bob Pike Group</b>	<a href="http://www.bobpikegroup.com/articles.asp">www.bobpikegroup.com/articles.asp</a>	Articles on training and presentation.
<b>Center for Generational Studies</b>	<a href="http://www.gentrends.com">www.gentrends.com</a>	Articles, resources, and training on generational issues.
<b>Compassion Fatigue Awareness Project</b>	<a href="http://www.compassionfatigue.org">www.compassionfatigue.org</a>	Gathering, documenting, and disseminating useful information that can be readily introduced into care giving environment.
<b>Effective Meetings.com</b>	<a href="http://www.effectivemeetings.com">www.effectivemeetings.com</a>	Online resource center designed to provide useful information about meetings in the form of articles, tips and quizzes.

<b>Free Management Library</b>	<a href="http://www.managementhelp.org">www.managementhelp.org</a>	Resources regarding the leadership and management of yourself, other individuals, groups and organizations.
<b>Green Cross Academy of Traumatology</b>	<a href="http://www.greencross.org">www.greencross.org</a>	Non-profit corporation comprised of trained traumatologists and compassion fatigue service providers.
<b>Human Resources at MIT</b>	<a href="http://web.mit.edu/hr/oed/learn/meetings/art_basics.html">http://web.mit.edu/hr/oed/learn/meetings/art_basics.html</a>	Information on designing and facilitating meetings.
<b>International Association of Facilitators (IAF)</b>	<a href="http://www.iaf-world.org">www.iaf-world.org</a>	Resources for facilitators.
<b>McCrinkle Research</b>	<a href="http://www.mccrinkle.com.au/">http://www.mccrinkle.com.au/</a>	Leading Australian research agency in the fields of social trends, generational studies and demographic shifts. Excellent reports on generational issues.
<b>National Alliance of Information and Referral Services (AIRS)</b>	<a href="http://www.airs.org/i4a/pages/index.cfm?pageid=1">http://www.airs.org/i4a/pages/index.cfm?pageid=1</a>	A professional organization for I&R providers.
<b>National Center for Cultural Competence</b>	<a href="http://www11.georgetown.edu/research/gucchd/nccc/index.html">http://www11.georgetown.edu/research/gucchd/nccc/index.html</a>	Resources and tools to increase culturally competent service delivery systems.
<b>National Speakers Association</b>	<a href="http://www.nsaspeaker.org">www.nsaspeaker.org</a>	Research and education for professional speakers.

<b>Presentation Zen</b>	<a href="http://www.presentationzen.com">www.presentationzen.com</a>	Information and resources on effective PowerPoint presentations.
<b>Presenters University</b>	<a href="http://presentersuniversity.org/">http://presentersuniversity.org/</a>	Free downloads, articles, and other resources related to presentations.
<b>Social Marketing Institute</b>	<a href="http://www.social-marketing.org/">http://www.social-marketing.org/</a>	Research and guidance on social marketing.
<b>Social Marketing Place</b>	<a href="http://social-marketing.com/">http://social-marketing.com/</a>	Weinreich Communications' social marketing website including resources and articles.
<b>Tips for Facilitators</b>	<a href="http://www.thiagi.com/tips.html">www.thiagi.com/tips.html</a>	Tips, tricks, and techniques for facilitators.

## APPENDIX A

# FAP Definitions

These definitions are global and differ from criteria used for incident status determinations.

**Abusive Sexual Contact of a Spouse or Intimate Partner.** A type of domestic violence by causing the spouse or intimate partner to engage in sexual contact (1) by threatening or placing the spouse or intimate partner in fear (other than by threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping) or (2) causing bodily harm; or by engaging in sexual contact with an intimate partner who is substantially incapacitated or substantially incapable of appraising the nature of the sexual contact, declining participation in the sexual contact, or communicating unwillingness to engage in the sexual contact; or by engaging in sexual contact with a spouse who is substantially incapacitated or substantially incapable of appraising the nature of the sexual contact, declining participation in the sexual contact and the purpose is to abuse, humiliate, or degrade the spouse.

**Advocacy Services.** Services offered to victims of domestic abuse with the goal of increasing victim safety and autonomy. Services will include responding to victim's emergency and ongoing safety concerns and needs, providing information on programs and services available to victims and their children in both civilian and military communities, and providing victims with ongoing support and referrals.

**Aggravated Sexual Assault of a Spouse or Intimate Partner.** A type of domestic violence by causing a spouse or intimate partner to engage in a sexual act by: (a) threatening or placing the spouse or intimate partner in fear (other than by threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping); (b) causing bodily harm; or by engaging in a sexual act with an intimate partner who is substantially incapacitated or substantially incapable of appraising the nature of the sexual act, declining participation in the sexual act, or communicating unwillingness to engage in the sexual act; or by engaging in a sexual act with spouse who is substantially incapacitated or substantially incapable of appraising the nature of the sexual act, declining participation in the sexual act and the purpose is to abuse, humiliate, or degrade the spouse.

**Aggravated Sexual Contact of a Spouse or Intimate Partner.** A type of domestic violence by causing a spouse or intimate partner to engage in sexual contact by: (a) using force; (b) causing grievous bodily harm to any person; (c) threatening or placing the spouse or intimate partner in fear that any person

will be subjected to death, grievous bodily harm, or kidnapping; (d) rendering the spouse or intimate partner unconscious; or (e) administering by force or threat of force or without the knowledge or permission of the spouse or intimate partner a drug, intoxicant, or other similar substance that substantially impairs the ability of the spouse or intimate partner to appraise or control conduct.

**Alleged Abuser.** An individual reported to the FAP for allegedly having committed child abuse or domestic abuse.

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

**Child.** An unmarried person under 18 years of age for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term “child” means a biological child, adopted child, stepchild, foster child, or ward. The term also includes a sponsor’s family member (except the sponsor’s spouse) of any age who is incapable of self support because of a mental or physical incapacity, and for whom treatment in a DoD medical treatment program is authorized.

**Child Abuse.** The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating the child’s welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

**Child Pornography.** A visual, audio, or written prurient depiction of a child engaged in explicit sexual conduct, real or simulated, or the lewd exhibition of the child’s genitals intended for the sexual gratification of a user of the depiction.

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

**Child Sexual Abuse.** Sexual activity with a child for the purpose of sexual gratification of the child, alleged abuser or any other person. Includes exploitation, molestation, rape of or intercourse with a child, and sodomy of a child.

**Clergy-penitent Relationship.** A person has the privilege to refuse to disclose and to prevent another from disclosing a confidential communication by the person to a clergyperson or to a clergyperson’s assistant, if such communication was made either as a formal action of religion or as a matter of conscience.

**Clinical Case Management.** The FAP process of providing and/or coordinating the provision of clinical services as appropriate to the victim, alleged abuser, and family member in each FAP child abuse and domestic abuse incident from entry into until exit from the FAP system. It includes identifying risk factors; safety planning; conducting and monitoring clinical case assessments; presentation to the Incident Determination Committee (IDC); developing and implementing 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; and case transfer and/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, clinical treatment grounded in the concepts of assessing readiness for and motivating behavioral change and life skills development, periodic assessment of behavior in the treatment setting, and monitoring of behavior and periodic assessment outside of treatment settings.

**Deprivation of Necessities.** A type of neglect including the failure to provide appropriate nourishment, shelter, and clothing.

**Domestic Abuse.** Domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control and/or interference with personal liberty that is directed toward a person of the opposite sex who is:

- A current or former spouse.
- A person with whom the abuser shares a child in common; or
- 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, of Military Justice or state law involving the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex who is:

- A current or former spouse.
- A person with whom the abuser shares a child in common; or
- A current or former intimate partner with whom the abuser shares or has shared a common domicile.

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

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

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

**Exploitation.** A type of child sexual abuse in which the child is made to participate in a sexual activity for the sexual gratification of the child, alleged abuser, or any other person, without direct physical contact between the child and alleged abuser. It includes coercing or encouraging a child to do any of the following: expose his or her genitals or (if female) breasts; look at another individual's genitals or (if female) breasts; observe another's masturbatory activities; view pornographic photographs or read pornographic literature; or to participate in sexual activity with another person, such as in pornography or prostitution, in which the alleged abuser does not have direct physical contact with the child.

**Extra-familial Child Abuse.** Includes any type of child abuse by strangers or persons in loco parentis.

**Family Advocacy Committee (FAC).** A multi-disciplinary body which ensures effective community coordination and response to domestic and child abuse incidents. The FAC generally includes representatives from victim/witness services, family support programs, medical, law enforcement, legal, chaplains, child and youth programs, shelters, installation, operational and tenant commands.

**Family Advocacy Officer (FAO).** A designated official who is responsible for administrative management and effective implementation of the local FAP. An FAO does not decide clinical issues or become involved in intervention plans, but might ensure CRCs meet regularly.

**Family Advocacy Program (FAP).** A program of coordinated efforts designed to prevent and intervene in cases of family violence, and to promote healthy family life through prevention, direct services (including identification and reporting, assessment, treatment, rehabilitation, and follow-up), administration, evaluation, and training.

**Family Advocacy Program Manager (FAPM).** An individual designated by the installation commander or garrison commander, in accordance with DoD Component implementing guidance to manage, monitor, and coordinate the FAP clinical supervision and case management at the installation level.

**Family Advocacy Representative (FAR).** A credentialed and privileged provider, who is responsible for implementing and managing the clinical rehabilitative and intervention aspects of the local FAP.

**Family Member.** An individual who is entitled to care in a military medical treatment program because of his or her relationship to a sponsor and for whom the sponsor provides medical, financial, and logistical (for example, housing, food, clothing) support. A family member may be the sponsor's spouse, a child under the age of 18, a family member who is a senior citizen or parent being cared for, or relative of any age who has a disability.

**FAP Victim Advocate (VA).** A DoD/DoN or military employee, a civilian working under a DoD/DoN contract, or civilian providing services by way of a memorandum of understanding between the installation and a local victim advocacy agency. The VA 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" families. (Current term is domestic abuse victim advocate or DAVA.)

**Flag.** This term refers to the indicator placed on a member's file in the assignment control system to let detailing personnel know they will require clearance prior to writing PCS orders on an individual. The flagging process is intended to prevent further stress on the Sailor and family members, prevent recurring abuse, and to ensure assignment to a geographic location has adequate services available.

- **Assignment Control Flag.** Placed by recommendation of the CRC on domestic and child abuse incidents. This temporary flag is normally removed within 1 year from the date the flag is set.
- **NAVPERSCOM (PERS-8) Control Flag.** A flag placed in the personnel data system by NAVPERSCOM (PERS-8) for all suspected child sexual abuse cases. This flag may restrict transfers, reenlistments, advancements and/or promotions until case resolution. A member is notified of these restrictions by NAVPERSCOM via their CO after the case has been reported. The flag is lifted by NAVPERSCOM (PERS-8) at case resolution and if there are no further restrictions.

**Force.** With respect to “rape of or intercourse with a child,” “rape of a spouse or intimate partner,” and “sodomy of a spouse or intimate partner,” the term “force” means action to compel submission of the child, spouse, or intimate partner or to overcome or prevent the resistance of the child, spouse, or intimate partner by: (1) the use or display of a dangerous weapon or object; (2) the suggestion of possession of a dangerous weapon or object that is used in a manner to cause the child, spouse, or intimate partner to believe it is a dangerous weapon or object; or (3) physical violence, strength, power, or restraint applied to the child, spouse, or intimate partner sufficient that the child, spouse, or intimate partner could not avoid or escape the sexual conduct.

**Incident.** A single allegation of one or more acts of child abuse or domestic abuse that occurred in a short period or time, including any death in connection with one or more acts of child abuse or domestic abuse. An incident shall refer only to one victim, but may include more than one alleged abuser.

**IS. (Incident Status)** The IDC determination of whether or not the reported incident meets the relevant criteria for alleged child abuse or domestic abuse for entry into the Service FAP central registry of child abuse and domestic abuse reports.

**Juvenile Sex Offender.** A person under 18 years of age who has sexually abused or molested another juvenile. Sexual abuse differs from what would be considered age appropriate peer play between children, in that there is an inequality between participants including: presence of exploitation, coercion and control, manipulation, abuse of power or position of authority, age differences, and the sexual behavior itself.

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

**Lawyer-Client Privilege.** A client has the privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of facilitating the provision of professional legal services to the client. For example, communications may include those between the client or the client’s representative and the lawyer or the lawyer’s representative; between the lawyer and the lawyer’s representative; by the client or the client’s lawyer to a lawyer representing another in a matter of common interest; between representatives of the client or between the client and a representative of the client; or between lawyers representing the client.

**Major Criminal Offense.** An offense punishable under the UCMJ by confinement of a term of more than one year, or similarly framed federal statutes, State, local or foreign laws or regulations.

**Major Physical Injury.** This includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, shaken baby syndrome, dislocations, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise, welt, or any combination thereof, which constitutes a substantial risk to the life or well-being of the victim.

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

- (1) The child is chronically and irreversibly comatose;
- (2) The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of the survival of the child, or
- (3) The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

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

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

- **Child Neglect.** The negligent treatment of a child through acts or omissions by an individual responsible for the child's welfare under circumstances indicating the child's welfare is harmed or threatened. Includes abandonment, deprivation of necessities, educational neglect, lack of supervision, medical neglect, and/or non-organic failure to thrive.
- **Spousal Neglect.** A type of domestic abuse in which an adult fails to provide necessary care or assistance for his or her spouse who is incapable of self-care physically, emotionally, or culturally.

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

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

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

**Rape of or Intercourse with a Child.** A type of child sexual abuse involving the penetration of the vagina, however slight, (1) by the penis; or (2) by a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person, when such penetration is accomplished by means of physical force, by emotionally manipulating the child, or by taking advantage of a child’s naivete.

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

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

**Rehabilitation/Counseling Failure.** An offender who has been determined to have caused domestic or child abuse and thereafter:

- a. does not cease their abusive behavior before, during, or after participation in counseling services; or
- b. refuses to cooperate or complete counseling programs; or

- c. fails to meet the conditions of court orders or probation; or
- d. fails to make adequate progress in rehabilitation, education, and counseling as determined by an expert in the rehabilitation, education, and counseling of domestic or child abuse offenders.

**Sexual Abuse of a Spouse or Intimate Partner.** Includes “abusive sexual contact with a spouse or intimate partner,” “aggravated sexual assault of a spouse or intimate partner,” “aggravated sexual contact of a spouse or intimate partner,” “rape of a spouse or intimate partner,” “sodomy of a spouse or intimate partner,” and “wrongful sexual contact of an intimate partner.”

**Sexual Act.** Either contact between the penis and the vulva upon penetration, however slight, or the penetration, however slight, of the genital opening of another by a hand or finger or by any object, with an intent to abuse, humiliate, harass, or degrade any person or to arouse or gratify the sexual desire of any person.

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

**Sodomy of a Child.** A type of child sexual abuse involving the taking into the alleged abuser’s mouth or anus the sexual organ of a child; or placing the alleged abuser’s sexual organ in the mouth or anus of a child. Penetration, however slight, is sufficient to complete the act.

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

**Victim.** A person who alleges abuse or whose welfare is harmed or threatened by acts of omission or commission by another individual or individuals.

**Wrongful Sexual Contact of an Intimate Partner.** A type of domestic violence by engaging in sexual contact with an intimate partner without legal justification or lawful authorization.



## APPENDIX B

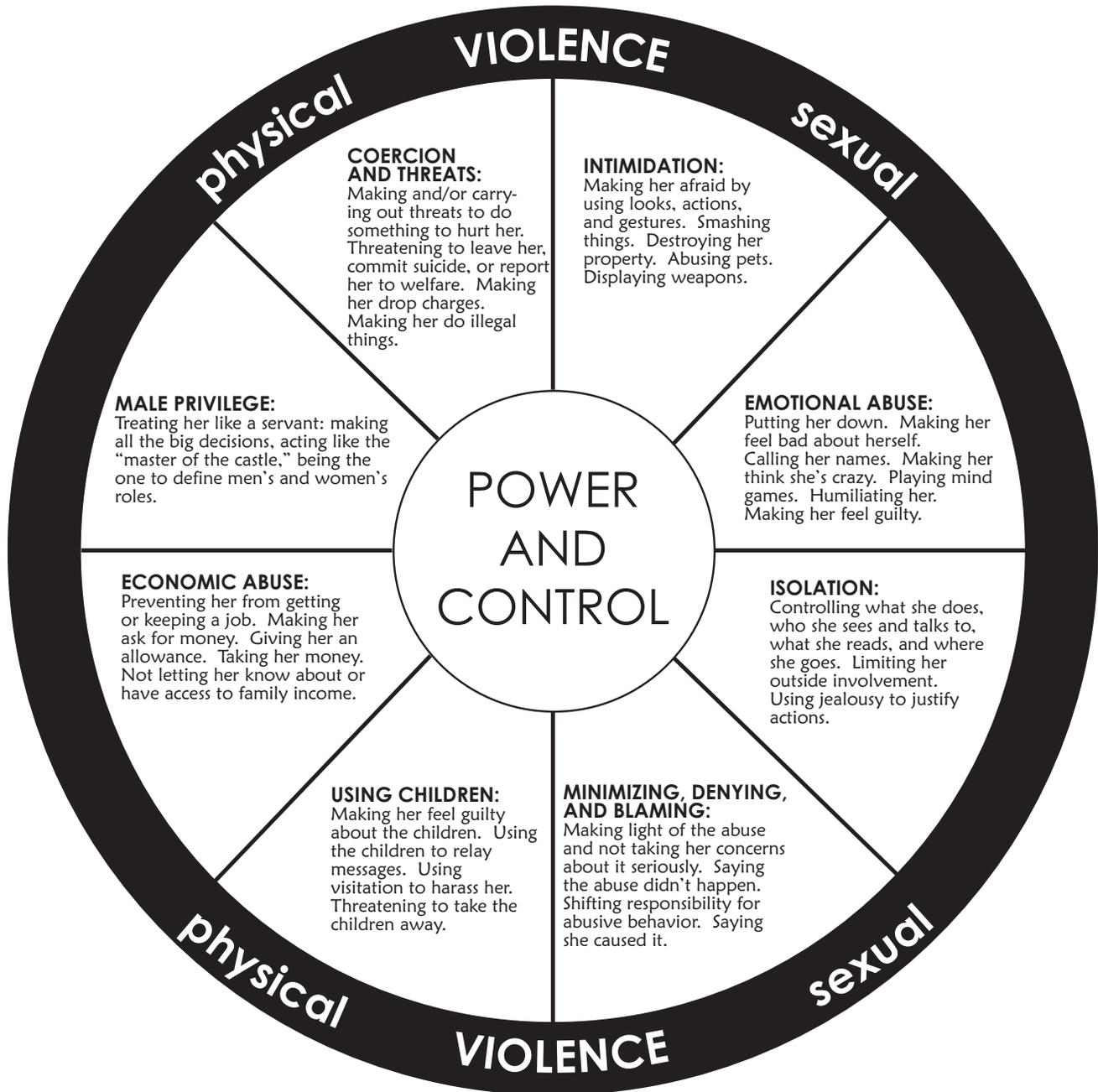
# DAVA Forms

Power and Control Wheel . . . . .	B-1
Military Power and Control Wheel . . . . .	B-2
Equality Wheel . . . . .	B-3
DoD Form 2701- DoD Initial Information for Victims and Witnesses of Crime . . . . .	B-4
Privacy Act . . . . .	B-5
Personnel Reliability Program (PRP) Privacy Act. . . . .	B-6
Disclosure Form . . . . .	B-7
Consent to Obtain or Release Information. . . . .	B-8
Navy Victim Reporting Preference Statement . . . . .	B-9
I&R Referral Form . . . . .	B-10
Client Contact Form. . . . .	B-11
DD Form 2893 - Victim Advocate Safety Plan . . . . .	B-12
Victim Advocate Lethality Assessment Checklist. . . . .	B-13
Military Protective Order DD Form 2873 . . . . .	B-14
Itinerary Log . . . . .	B-15
Transitional Compensation - DD Form 2698 . . . . .	B-16
Marketing Campaign Worksheet . . . . .	B-17
DAVA Compliance Checklist . . . . .	B-18
FFSP Customer Satisfaction Survey . . . . .	B-19
DAVA Client Satisfaction Form. . . . .	B-20
FFSC Workshop and Brief Satisfaction Survey . . . . .	B-21
FFSC Workshop and Brief Multiple-Presenter Satisfaction Survey . . . . .	B-22
Presenter Program Assessment . . . . .	B-23
Case Note Checklist. . . . .	B-24
QOL Strategic Plan for the DoD Social Compact DAVA Program Metric Report . . . . .	B-25

# Power and Control Wheel

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



Developed by:  
Domestic Abuse Intervention Project  
202 East Superior Street  
Duluth, MN 55802  
218.722.4134

Produced and distributed by:



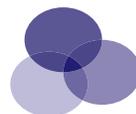
**NATIONAL CENTER**  
on Domestic and Sexual Violence  
*training • consulting • advocacy*

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512.407.9020 (phone and fax) • [www.ncdsv.org](http://www.ncdsv.org)

# Military Power and Control Wheel



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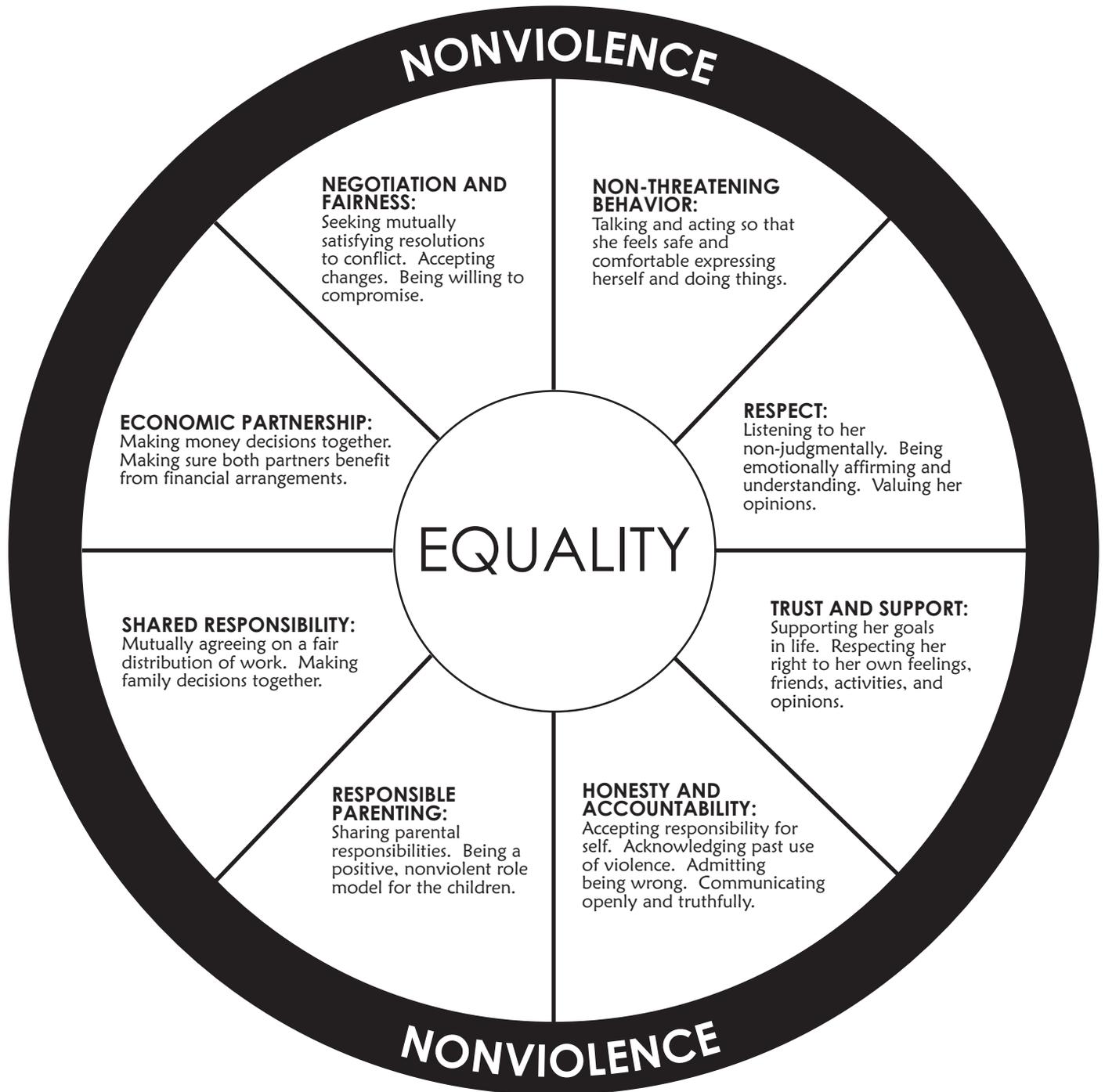


**NATIONAL CENTER**  
on Domestic and Sexual Violence  
*training • consulting • advocacy*

4612 Shoal Creek Blvd. • Austin, Texas 78756  
512.407.9020 (phone and fax) • [www.ncdsv.org](http://www.ncdsv.org)

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# Equality Wheel



Developed by:  
Domestic Abuse Intervention Project  
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# DoD Form 2701 - DoD Initial Contact Information for Victims and Witnesses of Crime

increased concern for their personal safety and that of their family, trouble concentrating on the job, difficulty handling everyday problems, feeling overwhelmed and thinking of the crime repeatedly.

Some or all of these behaviors may occur and will ease with time. They are normal reactions but you may wish to see a counselor. State compensation funds may be available to reimburse you for such counseling. The Victim/Witness Assistance Responsible Official will have further information.

## Your Rights As A Victim.

As a Federal crime victim, you have the following rights:

- The right to be treated with fairness and with respect for your dignity and privacy;
- The right to be reasonably protected from the accused offender;
- The right to be notified of court proceedings;
- The right to be present at all public court proceedings related to the offense, unless the court determines that your testimony would be materially affected if you as the victim heard other testimony at trial;
- The right to confer with the attorney for the government in the case;
- The right to available restitution;
- The right to information about the conviction, sentencing, imprisonment, and release of the offender.

## If You Need Additional Assistance:

In regard to the status of the investigation, contact the investigator below:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone Number)

In regard to other assistance available, contact the command Victim/Witness Responsible Official, or the person identified below:

In regard to the prosecution, contact the legal office below:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone Number)

In regard to compensation for medical or other expenses, contact the state office for Crime Victim Compensation:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone Number)

Please notify these offices of any changes of address or telephone number.

For further information on crime issues, see the DoD Victim and Witness Assistance Council web page at:

<http://dod.mil/vwac>

DEPARTMENT OF  
DEFENSE



INITIAL  
INFORMATION FOR  
VICTIMS AND WITNESSES  
OF CRIME

## Initial Information

### For Victims and Witnesses of Crime

**Introduction.** We are concerned about the problems often experienced by victims and witnesses of crime. We know that as a victim or witness, you may experience anger, frustration, or fear as a result of your experience. The officer responsible for Victim/Witness Assistance at your installation can help.

We have prepared this brochure to help you deal with the problems and questions which often surface during an investigation and to provide you with a better understanding of how the military criminal justice system works. Your continued assistance is greatly needed and appreciated.

A criminal investigation can be both complex and lengthy and may involve several agencies, some Federal and some local. If you request, you will be kept informed of the status of your case by the investigator handling your case. His or her name is on the back of this brochure.

### If You Are Threatened Or Harassed.

If anyone threatens you or you feel that you are being harassed because of your cooperation with this investigation, contact the investigator or the Victim/Witness Responsible Official right away. It is a crime to threaten or harass a victim or witness.

If You Were Injured. If you do not have insurance to pay the cost of your medical or counseling bills, or related expenses, the state Crime Victim Compensation office may be able to assist.

If You Were a Victim of Spouse or Child Abuse. For your safety, you may want a restraining order, or temporary shelter. For information about these steps or about counseling services, call the Victim/Witness Responsible Official. If the offender is convicted or discharged for abusing you or your children, you may be eligible for "transitional compensation" benefits. Contact the prosecutor identified on the back of this brochure for further information.

**Restitution.** If an individual is arrested and prosecuted in federal court, you may be eligible for restitution. Restitution is court-ordered payment to you as a victim of crime. It is made by the offender for any out of pocket expenses caused by the crime. Restitution cannot be ordered as a sentence in a military court-martial, but it can be used as a condition of a pre-trial agreement to plead guilty to an offense, or as a condition of clemency or parole.

If Property Was Stolen. If your property was stolen, we hope to recover it as part of our investigation. If we do, we will notify you and return it to you as quickly as possible. Sometimes property needs to be held as evidence for trial. We will return your property once it is no longer needed as evidence.

If You Need Assistance With Your Employer or Command. If you have problems at work because of the crime or the investigation, we can contact your employer or Commanding Officer to discuss the importance of your role in the case.

If An Arrest Is Made. If you ask, you will be notified if a suspect is arrested. Since criminal defendants may be released before trial, you can ask for a restraining order to help protect you from the suspect.

Trial. Once an offense has been referred to trial, you will be contacted by the military trial counsel (prosecutor) or the Assistant U.S. Attorney assigned to handle your case, as appropriate. Each command and U.S. Attorney has a Victim/Witness Responsible Official to help answer your questions and deal with your concerns during the prosecution. You have the right to be consulted at key stages in the trial and will be informed of these rights by trial counsel.

**Confinement.** If the accused is sentenced to confinement (prison), you have a right to notification of changes in the confinee's status. Use a DD Form 2704, "Victim/Witness Certification and Election Concerning Inmate Status", to request that the confinement facility notify you of parole hearings, escape, release, or death of the confinee.

**The Emotional Impact of Crime.** Many victims and witnesses are emotionally affected by the crime. Although everyone reacts differently, victims and witnesses report some common behaviors, such as

# Privacy Act

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a. The information provided by the client to FFSC is not privileged. Although the information solicited is intended to aid the FFSC in assisting you, certain kinds of information may be provided by the FFSC to others as required by law or regulation. Routine uses for the Navy Family Support Program record system are listed in the Privacy Act Statement below.

1. LEGAL AUTHORITY FOR REQUESTING INFORMATION FROM YOU: 10 U.S.C. § 501.3 allows the secretary of the Navy to make regulations for the Department of the Navy (DON). One of those regulations, SEC-NAVINST 1754.1B, Department of the Navy Family Support Programs, established the Navy Fleet and Family Support Center Program.

2. PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION WILL BE USED: The information you provide will help the Fleet and Family Support Center Program staff to assist you.

3. ROUTINE USES THAT MAY BE MADE OF YOUR INFORMATION: In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the Federal Register notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This Federal Register notice is available at <http://privacy.navy.mil/>. Note that routine use does not apply in situations in which restricted reporting is allowed and elected. Four of the more important routine uses are:

- a. Disclosure to state and local government authorities per state or local laws requiring the reporting of suspected child abuse or neglect;
- b. Disclosure to the appropriate federal, state, local, or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of the law may have occurred;
- c. Disclosure to certain foreign authorities in connection with international agreements, including SOFAS; and
- d. Disclosure to the Department of Justice for litigation purposes.

4. OTHER DISCLOSURE OF YOUR INFORMATION: In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain other specific circumstances, as permitted by exemptions to the Privacy Act. These could include disclosures to a CO and other DoD officials in connection with certain security clearances, the Personnel Reliability Program, law-enforcement programs, life-threatening situations, substance-abuse programs, and family-abuse situations.

5. DISCLOSURE IS VOLUNTARY: You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above IMPORTANT NOTICE and Privacy Act Statement and the routine uses of the information that may be provided by me. My FFSC counselor has explained the contents of the Privacy Act statement to me.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

Note: Additional reporting requirements may apply for members of the Personnel Reliability Program (PRP). Are you or the sponsor a member of PRP? Yes \_\_\_ No \_\_\_

# Personnel Reliability Program (PRP) Privacy Act

**DIRECTIONS:** Form is used to document that the client was advised of reporting requirements for members covered by the PRP program. Retain this form in the client's case record.

The Personnel Reliability Program (PRP) is intended to ensure consistently safe performance of very sensitive duties by selected personnel. Consequently, the Fleet and Family Support Center (FFSC) is required to report potential threats to PRP clients' abilities.

If the FFSC staff member helping you believes your reliability is diminished or seriously threatened by your present behavior or conditions, he or she must inform your certifying officer, who usually is the commanding officer. Our report does not change your status; that decision is made by the certifying officer.

Commands most often are supportive of their personnel and families seeking appropriate help for their troubles. You may want to discuss your circumstances within your chain of command to secure official support for the steps you need to take.

I have read and understand the above statement regarding my privacy and Personnel Reliability Program.

CLIENT NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# Consent to Obtain or Release Information

**DIRECTIONS:** Form is used to document client's consent to release Privacy Act-controlled information to individuals or agencies specified by the client. Be specific about the nature of the material released and the person or agency to receive the information. Disclosure accounting may or may not be necessary. Retain this form in the client's case record.

I \_\_\_\_\_ (client's name) hereby authorize

\_\_\_\_\_ (name of person or program making disclosure):

To release and request information regarding:

\_\_\_\_\_  
To and from:

\_\_\_\_\_  
For the purpose of:

\_\_\_\_\_  
Extent or type of information to be disclosed:

\_\_\_\_\_  
This consent is subject to revocation at any time. It will expire without express revocation at case closing or one year from date of signature, whichever occurs first.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS NAME AND POSITION \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Navy Victim Reporting Preference Statement

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.

**PRINCIPAL PURPOSE(S):** Information on this form will be used to document elements of the abuse response and/or reporting process and comply with the procedures set up to effectively manage abuse incidents.

**ROUTINE USE(S):** None

**DISCLOSURE:** Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care, safety planning, and support required by the procedures of domestic abuse prevention and response programs.

1. Reporting process and options discussed with the Domestic Abuse Victim Advocate (DAVA), Healthcare Provider (HCP) or DAVA supervisor:

I, \_\_\_\_\_, had the opportunity to talk with a DAVA, HCP, or the DAVA supervisor before selecting a reporting option.

2. The following applies to Unrestricted Reporting:

Initials	I understand that law enforcement, the offender’s unit commander, and my unit commander (if applicable) will be notified of my report that I am a victim of domestic abuse. A law enforcement investigation will occur. I understand that I can receive medical treatment, advocacy services, support, and counseling. I also understand that I can request to be separated from the offender, that a military protective order can be issued to enforce that separation, and that I can also pursue a civilian order of protection through the local courts. I understand that if I do not choose a reporting option at this time, the offender’s unit commander, my unit commander (if applicable), and investigators will be notified.
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3. The following applies to Restricted Reporting:

	<p>a. I understand that I can confidentially receive medical treatment, advocacy services, support, and counseling. Law enforcement and command will NOT be notified. My report will NOT initiate an investigation; therefore, no action will be taken against the offender as the result of my report.</p> <p>b. I understand that there are exceptions to “Restricted Reporting” (see exceptions in paragraph 4). If an exception applies, limited details of my allegation may be revealed to satisfy the exception. Further disclosure will not be made unless I authorize the disclosure in writing.</p> <p>c. I understand that if I do not choose a reporting option at this time, the commander (or designated persons within the chain of command) and law enforcement will be notified.</p> <p>d. I understand that state laws, local laws or international agreements may limit some or all of the restricted reporting protections explained to me. In (state/country) _____, medical authorities must report the abuse to _____ (if applicable).</p> <p>e. I understand that the VA or his/her supervisor will provide aggregate and non-identifying information to command officials. This information 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.</p> <p>f. I understand that if I talk about my abuse to anyone other than the HCP, VA, or VA supervisor, it may be reported to command and law enforcement which could lead to an investigation.</p> <p>g. I understand that Restricted Reporting does not extend to offenders who seek services.</p> <p>h. I understand that the VA or HCP, and their supervisors, may discuss the details of my case to ensure effective delivery of services when receiving supervision.</p> <p>i. I understand that I may change my mind and report the abuse at a later time as an “Unrestricted Report”, law enforcement and command will be notified. I also understand delayed reporting may limit the ability to prosecute the alleged offender. If the case goes to a judicial proceeding, my VA and others providing care may be called to testify about any information I disclosed.</p>
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4. EXCEPTIONS to Restricted Reporting

- a. Named individuals when disclosure is authorized by the victim in writing.
- b. Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person, including dependent children.
- c. 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 DAVA or HCP has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.
- d. Disability retirement Boards and officials when disclosure by a HCP is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.
- e. Supervisors of the DAVA or HCP when disclosure is required for the supervision of direct victim treatment or services.
- f. 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

5. Choose a reporting option:

Initials	Unrestricted Report: I elect unrestricted reporting and have decided to report that I am a victim of domestic abuse to law enforcement, command, or other military authorities for investigation of the incident.
	Restricted Report: I elect restricted reporting and have decided to confidentially report that I am a victim of domestic abuse. Command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions above applies. I understand the information I provide will not start an investigation or be used to punish the alleged offender with respect to this report.  Restricted Reporting Case Number:_____

Signature of Victim:	Date (YYYYMMDD):
Signature of DAVA, PCP, or DAVA Supervisor:	Date (YYYYMMDD):

6. I have reconsidered my previous selection of "Restricted Reporting", and I would like to make an "Unrestricted Report" of my abuse to authorities for possible investigation.

Signature of Victim:	Date (YYYYMMDD):
Signature of DAVA, PCP, or DAVA Supervisor:	Date (YYYYMMDD):

# I&R Referral Form

Client Name \_\_\_\_\_

FFSC Staff Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Purpose of Referral \_\_\_\_\_

\_\_\_\_\_

Referral Name	Contact Information	Notes
1.		
2.		
3.		
4.		

Follow-up Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Client Contact Form

*This form may be used to gather information and to use as a guide for what should be discussed at an initial interview.*

Case name/number \_\_\_\_\_ Date \_\_\_\_\_

DAVA \_\_\_\_\_ Case Manager \_\_\_\_\_

Initiated contact:  Client  DAVA  Case manager  Intake

Restricted report  Unrestricted report

FAP information – role of case manager, role of DAVA, CRC

Privacy Act

Discussed  Discussed w/intake  Refused services  N/A

Limits of confidentiality – child abuse, harm to self or others

Incident information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police involvement

Yes  No \_\_\_\_\_

Charges

Yes  No \_\_\_\_\_

Safety concerns

Weapons:  Yes or  Number/type \_\_\_\_\_

Stalking behavior \_\_\_\_\_

Threats to kill \_\_\_\_\_

Client expressed fear \_\_\_\_\_

Visible injuries \_\_\_\_\_

Client pregnant \_\_\_\_\_

Alcohol/drugs \_\_\_\_\_

Other \_\_\_\_\_

Safety planning

Individualized  Reviewed  Updated

Call 911  911 cell phone

Change locks \_\_\_\_\_

Avoid rooms w/ potential weapons \_\_\_\_\_

Carry protective order at all times: Expires \_\_\_\_\_

Shelter number \_\_\_\_\_

Home  Work  Children \_\_\_\_\_

Other \_\_\_\_\_

Area resources

- FFSC
- Adult counselors
- Social services
- Divorce seminar
- Support groups
- Court advocates
- Area shelter \_\_\_\_\_
- Other \_\_\_\_\_
- Navy Relief
- Food resources
- Child counselors
- Local attorneys
- NLSO
- After-hours military advocate

Education

- Power and Control Wheel \_\_\_\_\_
- Cycle of violence \_\_\_\_\_
- DAVA information packet \_\_\_\_\_
- Court system \_\_\_\_\_
- Criminal charges \_\_\_\_\_
- Protective orders \_\_\_\_\_
- Violation of a protective order \_\_\_\_\_
- Custody/support \_\_\_\_\_

Important information

- Marriage date/length of relationship: \_\_\_\_\_
- Upcoming court dates \_\_\_\_\_
- Children in the home \_\_\_\_\_
- Relevant history \_\_\_\_\_

## VICTIM ADVOCATE SAFETY PLAN

### PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of this 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(S):** 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.

**NAME**

**DATE (YYYYMMDD)**

**REVIEW DATES (YYYYMMDD)**

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 myself to safety.

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, 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 \_\_\_\_\_

and \_\_\_\_\_

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.

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:

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 on the following list are the most important to take. If there is time, I might take 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	Work permits
Military identification Card	Green card
Children's birth certificates	Divorce papers/custody papers
My birth certificate	Medical records
Passports	Lease/rental agreements, mortgage payment book
Social Security number for myself, the DoD sponsor, and my children	Bank books
Money	School and vaccination records
Checkbook, ATM (Automatic Teller Machine) card	Insurance papers
Credit cards	Address book
Keys - house/car/office	Pictures
Driver's license and registration	Jewelry
Medications	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 telephone 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. The people I will inform about pick-up permission include:

School: \_\_\_\_\_

Day care staff: \_\_\_\_\_

Babysitter: \_\_\_\_\_

Sunday School/religious school teacher: \_\_\_\_\_

Teacher: \_\_\_\_\_

Others: \_\_\_\_\_

- i. I can inform the following people 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:

Neighbor \_\_\_\_\_

Pastor/religious leader: \_\_\_\_\_

Friend: \_\_\_\_\_

<p><b>6. SAFETY WITH A PROTECTION ORDER.</b> 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:</p>
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:
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: _____
i. 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.
j. 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.
k. 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.
<p><b>7. SAFETY ON THE JOB AND IN PUBLIC.</b> 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:</p>
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:

**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 affect 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:

**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:

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:

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 ON THE LAST PAGE AND KEEP IT WITH ME.**

**PHONE LIST**

**DETACH 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: \_\_\_\_\_

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.: **1-800-342-9647**; overseas: **484-530-5747**

Other: \_\_\_\_\_

# Victim Advocate Lethality Assessment Checklist

The following checklist has been adapted from the U. S. Army.

The Victim Advocate Lethality Assessment Checklist is intended to identify domestic-abuse victims who may be at a greater risk for future abuse and/or potentially lethal situations. The checklist is not a clinical assessment; it is a tool for DAVAs to gather information on risk factors, victims' needs, and safety concerns. The risk factors identified on this checklist are taken directly from DOD Instruction 6400.06, Domestic Abuse Involving DOD Military and Certain Affiliated Personnel (21 Aug 07), Section 6.6.2, pages 24-25.

The DAVA shall complete this checklist during the initial intake after each incident of domestic abuse and prior to offering to the victim reporting option choices. The DAVA will use sensitivity in obtaining the information; explain the value and purpose of the checklist; and inform the victim that participation in the lethality assessment and safety-planning process is voluntary. The DAVA shall be non-judgmental and use open-ended questions when conducting the non-clinical risk/lethality assessment.

The risk factors identified in the DODI 6400.06 are listed in the column to the far left of the checklist. Suggested questions for soliciting this information are listed in the column directly to the right of these risk factors. DAVAs should familiarize themselves thoroughly with these questions in advance of meeting with the victim. Try to avoid reading the checklist questions. If you ask open-ended questions, victims often will disclose information that may satisfy several of the risk factors identified on this checklist. Thus, it may not be necessary to ask every question on this checklist.

Each checklist item that is determined to be a risk factor should be designated as "yes" on the checklist, and specific safety concerns should be identified in the "comments" column to the far right. Checklist items that the victim identifies are not risk factors should be designated as "no." If the victim chooses not to answer a question, the DAVA shall designate this risk factor as "unknown." The victim never should be pressured to answer a question or disclose information that he/she is not comfortable sharing, though this may raise other concerns.

This checklist should be used in conjunction with DD Form 2893, the Victim Advocacy Safety Plan. It should be completed and signed by the DAVA and then shared with the FAP case manager.

Victim's name \_\_\_\_\_

Restricted report case number \_\_\_\_\_

Unrestricted report case number \_\_\_\_\_

Incident report date \_\_\_\_\_

VICTIM ADVOCACY LETHALITY ASSESSMENT CHECKLIST			
Risk Factor	Suggested Questions for Assessing Risk Factor	Y/N/UNK	Comments
Access to the victim (6.6.2.1)	Does your partner have access to you and your children? If separated, does he/she know where you live, work and/or your and your children's daily routines?		
Victimization patterns have increased in severity or frequency (6.6.2.2)	Has the physical violence during arguments increased in severity and/or frequency during the past year?		
Alleged abuser has threatened, attempted or has a plan to kill the victim or his/her children (6.6.2.3)	Does he/she threaten to kill you, or your children, and/or do you believe he/she is capable of killing you or your children? Is your partner violent toward your children? Contact your FAPM and CPS immediately if victim responds "yes" to questions about violence/imminent threat to children.		
Alleged abuser has threatened, attempted, or has a plan to commit suicide (6.6.2.4)	Has your partner ever threatened or tried to commit suicide?		
Alleged abuser has strangled the victim (6.6.2.5)	Does he/she ever try to choke you? During arguments, has he/she ever grabbed your throat?		
Alleged abuser has used a weapon, threatened to use a weapon, or has access to a weapon that may be used against the victim (6.6.2.6)	Has your partner ever used a weapon or threatened you with a weapon? Does he/she have access to a gun or other weapons?		
Victim has suffered serious injury during the abusive incidents (6.6.2.7)	Have you ever been hurt during an argument? What kind of injuries did you receive? Have you gone to the emergency room or a clinic because you were hurt during an argument?		
History of law-enforcement involvement regarding domestic abuse or other criminal behavior (6.6.2.8)	Have MPs or civilian police ever been called because of an argument? Has your partner ever had any involvement with law enforcement?		
Victim has a restraining order or protective order against the alleged abuser (6.6.2.9)	Do you currently have a military protective order (MPO) or civilian protective order (CPO) against your partner? Have you had one in the past?		

Victim's name \_\_\_\_\_

Restricted report case number \_\_\_\_\_

Unrestricted report case number \_\_\_\_\_

Incident report date \_\_\_\_\_

VICTIM ADVOCACY LETHALITY ASSESSMENT CHECKLIST			
Risk Factor	Suggested Questions for Assessing Risk Factor	Y/N/UNK	Comments
Violation of protective order by alleged abuser (6.6.2.10)	Has your partner ever violated the MPO/CPO? If so, how? What were the consequences?		
Victim is estranged, separated, or attempting to separate from the alleged abuser. Does he/she have a place to go? (6.6.2.11)	Are you thinking about leaving your partner, or have you already left? Do you have a safe place to go?		
Alleged abuser has stalked the victim (6.6.2.12)	Has your partner ever followed you, showed up at your job unexpectedly, read your e-mail/mail or tracked your whereabouts?		
Alleged abuser exhibits obsessive behavior, extreme jealousy, extreme dominance, rage, agitation, or instability (6.6.2.13)	Does your partner control most or all of your daily activities? Is your partner violently and constantly jealous of you (e.g., does he/she say, "If I can't have you, no one can")? Does he/she accuse you of infidelity?		
History of drug or alcohol abuse (6.6.2.14)	Does your partner drink? If so, how much? Does he/she use drugs?		
Alleged abuser has forced sex on the victim (6.6.2.15)	Has he/she ever forced you to have sex when you did not wish to do so?		
Alleged abuser isolates the victim (6.6.2.16)	Does your partner keep you from seeing or talking to family, friends or co-workers? Does he/she control your phone usage or monitor your phone calls? Has your partner ever made you stop being friends with someone because he/she didn't approve?		

Victim's name \_\_\_\_\_

Restricted report case number \_\_\_\_\_

Unrestricted report case number \_\_\_\_\_

Incident report date \_\_\_\_\_

## MILITARY PROTECTIVE ORDER

### PRIVACY ACT STATEMENT

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 National Defense Authorization Act for Fiscal Year 1995, Sec. 534.

**PRINCIPAL PURPOSE(S):** To inform the service member and the protected person that the commanding officer is issuing an order to the member prohibiting contact or communication with the protected person or members of the protected person's family or household and directing that the member take specified actions that support, or are in furtherance of, the prohibition.

**ROUTINE USE(S):** Any release of information outside of the Department of Defense shall be compatible with the purposes for which the information is being collected and shall be in accordance with an established routine use for the record system where the information is maintained.

**DISCLOSURE:** Voluntary. Failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

1. SERVICE MEMBER				2. PROTECTED PERSON <i>(Important: see NOTE)</i>			
a. RANK	b. LAST NAME	FIRST NAME	MI	a. RANK	b. LAST NAME	FIRST NAME	MI
c. UNIT				c. UNIT			
d. INSTALLATION				d. INSTALLATION			

**NOTE:** Omit information in Item 2 that, if known to the service member in Item 1, could endanger the protected person.

### 3. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER

### 4. THE PROTECTED PERSON HAS ALSO BEEN ISSUED THE FOLLOWING COURT ORDERS:

	a. Civil protection order issued <i>(Date - YYYYMMDD)</i> _____, in _____ Court, _____ County, State of _____	
	b. Order issued <i>(Date - YYYYMMDD)</i> _____, in _____ Court, _____ County, State of _____	Property Settlement Custody and/or Visitation

<p><b>5. As a Commanding Officer with jurisdiction over the above-named service member, I find that there is sufficient reason to conclude that the issuance of an order is warranted in the best interest of good order and discipline. It is hereby ordered that</b> <i>(Initial applicable portions):</i></p>	
	<p>a. The above-named service member is restrained from initiating any contact or communication with the above-named protected person either directly or through a third party. For purposes of this order, the term "communication" includes, but is not limited to, communication in person, or through a third party, via face-to-face contact, telephone, or in writing by letter, data fax, or electronic mail. If the protected person initiates any contact with the service member, the service member must immediately notify me regarding the facts and circumstances surrounding such contact.</p>
	<p>b. The above-named service member shall remain at all times and places at least _____ feet away from the above-named protected person and members of the protected person's family or household including, but not limited to, residences and workplaces. Members of the protected person's family or household include:</p>
	<p>c. The above-named service member will vacate the military residence shared by the parties located at:</p>
	<p>d. Until further notified, the above-named service member will be provided temporary military quarters at:</p>
	<p>e. The above-named service member will attend the following counseling:</p>
	<p>f. The above-named service member will surrender his/her government weapons custody card at the time of issuance of this order.</p>
	<p>g. The above-named service member will dispose of his/her personal firearm(s) that are located or stored on the installation at the time of issuance of this order.</p>
	<p>h. Exceptions to this order will be granted only after an advance request is made to me and approved by me.</p>
	<p>i. Other specific provisions of this order:</p>
<p><b>6. DURATION:</b> The terms of this order shall be effective until _____, unless sooner rescinded, modified, or extended in writing by me.  <b>ENFORCEABILITY:</b> Violation of this order or an applicable civilian protection order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.</p>	
<p>a. COMMANDING OFFICER'S SIGNATURE</p>	<p>b. DATE (YYYYMMDD)</p>
<p><b>7. I hereby acknowledge receipt of a copy of this order and attest that I understand the terms and conditions it imposes on me.</b></p>	
<p>a. SERVICE MEMBER'S SIGNATURE</p>	<p>b. DATE (YYYYMMDD)</p>
<p><b>DISTRIBUTION:</b></p> <p>Service member _____ Protected person (Custodial parent of protected child) _____</p> <p>Service member's local personnel file _____</p>	

DD FORM 2873 (BACK), JUL 2004



## APPLICATION FOR TRANSITIONAL COMPENSATION

All information except Item 12 is to be entered by Service representative from Service records.

### SECTION I - PAYEE INFORMATION

(If more than one eligible dependent, use the Remarks section on back to enter applicable information for each payee.)

1. PAYEE NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER		3. DATE OF BIRTH (YYYYMMDD)		4. SEX (X one)	
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5. ADDRESS							
a. STREET (Include apartment number)			b. CITY		c. STATE		d. ZIP CODE
6. RELATIONSHIP TO MEMBER (X one)							
<input type="checkbox"/> SPOUSE		<input type="checkbox"/> FORMER SPOUSE		<input type="checkbox"/> CHILD		<input type="checkbox"/> ADOPTED CHILD	
						<input type="checkbox"/> STEPCILD	
7. CUSTODY (If payee is spouse or former spouse, enter names of dependent children from Item 23 who are in payee's custody) (If all, enter "ALL")				8. INCAPACITATION		9. IS INCAPACITY: (X one) (If applicable)	
				YES NO (X Yes or No for each item)		<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	
				a. IS PAYEE INCAPACITATED? (If Yes, complete Items 8.b. and c., and Item 9.)			
				b. IS PAYEE INCAPABLE OF HANDLING FINANCIAL AFFAIRS? (If Yes, complete Item 10.)			
				c. IS PAYEE INCAPABLE OF SELF SUPPORT?			
10. LEGAL REPRESENTATIVE (Complete only if legal representative is not the payee.)							
a. NAME (Last, First, Middle Initial)		b. STREET ADDRESS (Include apartment/suite no.)			c. CITY		d. STATE
							e. ZIP CODE
11. IF PAYEE IS A CHILD: (X Yes or No for each item.) (NOTE: Age of majority for a child is 18 in all states except the following: Alabama, Nebraska and Wyoming: age of majority is 19; Mississippi, West Virginia and Puerto Rico: age of majority is 21.)							
YES NO							
<input type="checkbox"/>		a. WAS INCAPACITY INCURRED BEFORE AGE 18?					
<input type="checkbox"/>		b. IF INCAPACITY WAS INCURRED BETWEEN AGES 18 AND 23, WAS THE CHILD A FULL-TIME STUDENT?					
<input type="checkbox"/>		c. IS CHILD UNDER THE AGE OF MAJORITY? (See NOTE. If Yes, complete Item 10.)					
<input type="checkbox"/>		d. WAS CHILD DEPENDENT ON FORMER MEMBER FOR OVER ONE-HALF OF SUPPORT?					
12. PAYEE CERTIFICATION (Payee must sign and date to certify that the statements below are correct. Lines (2)-(4) apply only to spouse or former spouse.)							
(1) I am not cohabiting with the former member. If status changes, I will notify DFAS within 30 days.							
(2) I have not remarried. If status changes, I will notify DFAS within 30 days.							
(3) I have custody of the dependent children listed in Item 7.							
(4) I was married to the member in Item 14 at the time of the dependent abuse offense resulting in his conviction/administrative separation.							
(5) I claim payment of transitional compensation under Section 1059, Title 10, U.S.C.							
(6) I understand that I may not receive payments under both Section 1059 and Section 1408(h) of Title 10, U.S.C., and that, if eligible for both, I must elect which to receive. I elect payment of transitional compensation under Section 1059.							
a. SIGNATURE (Applicant acknowledges that acceptance of payments if the offender rejoins household is punishable under the law.)						b. DATE SIGNED (YYYYMMDD)	

### SECTION II - MEMBER IDENTIFICATION

13. BRANCH OF SERVICE (X one)		14. MEMBER NAME (Last, First, Middle Initial)		15. PAY GRADE (Prior to conviction or separation)	
<input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY					
16. SOCIAL SECURITY NUMBER		17. DATE OF BIRTH (YYYYMMDD)		18. SEX (X one)	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
19. OBLIGATED SERVICE DATES (YYYYMMDD)					
a. ACTIVE DUTY SERVICE ENTRY DATE		b. EXPIRATION OF ACTIVE OBLIGATED SERVICE (Enlisted only)		c. ESTABLISHED DATE OF SEPARATION AT TIME OF CONVICTION/ADMINISTRATIVE SEPARATION (Officer only) (If none, so state)	
20. DATE OF APPROVAL OF THE COURT-MARTIAL SENTENCE/ ADMINISTRATIVE SEPARATION (YYYYMMDD) (If court-martial, verify date with approving official. If administrative separation, use date of initiation of separation.)			21. PAYMENT DATES (YYYYMMDD) (Start date is date in Item 20. Length of payment is 36 months except as follows: Subtract date in Item 19.b. or 19.c. from the date in Item 20. If less than 36 months, length of payment is that period or 12 months, whichever is greater.)		
			a. START		b. STOP
22. APPROVING OFFICIAL CERTIFICATION.					
I certify that the offense resulting in court-martial conviction or involved in administrative separation is a dependent-abuse offense in accordance with DoD regulations. If married, the spouse was not a participant in the abuse offense.					
a. SIGNATURE		b. DATE SIGNED (YYYYMMDD)	c. TITLE		d. TELEPHONE (Include area code)
e. STREET ADDRESS (Include apartment or suite number)			f. CITY		g. STATE
					h. ZIP CODE



# Marketing Campaign Worksheet

Product (the message or product)

Target Audience (identify specific target audiences)

Duration (length and time frame)

Price (tangible and intangible costs)

Place (locations)

Promotion (tools and strategies)

Evaluation (success measures)

# DAVA Compliance Checklist

**DIRECTIONS:** Form may be used by DAVA and/or supervisor to ensure that responsibilities are carried out and accreditation standards met.

## Initial Response and Safety Planning

- Provide both immediate and ongoing victim-advocacy services to victims of domestic abuse.
- Provide FAP assessment, safety-planning services and referral to civilian support services for all follow-on care to victims who are not eligible to receive military medical treatment.
- Ensure that the victim understands that communication with the DAVA is voluntary and encourage the victim to seek medical consultation/examination.
- Consult with law enforcement in cases where law enforcement has been involved to determine the presence of the risk factors identified in DODI 6400.06, Section 6.6.2.
- Consult with a health-care provider (HCP) if imminent danger of life-threatening physical harm to the victim or another person exists.
- Discuss an initial safety plan and, with the active participation of the victim, develop a plan in accordance with the "Victim Advocate Safety Plan" (DD 2893); provide a copy of the initial safety plan to all victims, including victims who are not eligible for military medical care.
- Inform the victim 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.
- Offer victims information, as appropriate, regarding local resources for immediate safety and long-term protection and support; workplace safety; housing; child care; legal services; clinical resources; medical services; chaplain resources; transitional compensation; National Domestic Violence Hotline (1-800-799-SAFE); Military OneSource (1-800-342-9647); and other military and civilian support services.

## Reporting Options

- Inform the victim of both restricted and unrestricted reporting options.
- Determine whether an official complaint regarding domestic abuse already has been initiated and/or whether an exception to restricted reporting applies.
- If applicable, ensure that the victim elects a reporting option and documents this choice by signing the Domestic Abuse Victim Reporting Preference Statement (VRPS).

## Ongoing Assistance

- Ensure that FAP, law enforcement, and command are aware of the victim's safety plan if the victim has elected the unrestricted reporting option.
- Assist the victim with prioritizing actions and establishing short- and long-term goals.
- 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 filing for CPOs or MPOs.
- Consult and work with the victim/witness liaison assigned when the military is involved in the investigation.
- Advise the victim of FAP clinical resources.
- Advise the victim of the impact of domestic abuse on children and offer referrals for assessments of the physical and mental health of involved children.
- Accompany the victim to appointments and civilian and military court proceedings as appropriate and when requested by the victim.
- Provide the victim with basic information about the Transitional Compensation Program if the active-duty abuser is being or may be separated from the Navy due to dependent abuse.
- When a victim decides to relocate away from the active-duty abuser, provide the victim with basic information and eligibility requirements pertaining to the shipment of household goods and a vehicle.
- When working with a victim who is transferring and wants to receive advocacy services at the new installation, ensure that the receiving installation DAVA is updated regarding the current status of the victim's case.
- Prior to closure of the victim-advocacy case file, attempt to assess the victim's need for additional or ongoing safety measures or clinical case staffing.

## Documentation

- Complete required reports on incidents of domestic abuse, including information and referral.
- Submit monthly and other required reports documenting all services provided to victims of domestic abuse.
- Follow Navy guidance on the management and maintenance of domestic-abuse records.

## CRC Meetings/CCSM Meetings

- Advocate for victim services that involve the victim in the decision-making process.
- Attend and participate in those portions of CRC meetings as directed or submit information to the case manager regarding supportive services and safety.
- Attend and participate in CCSM meetings as directed.

## **Systems Advocacy**

- In collaboration with FAP and FFSC staff, conduct an ongoing assessment of the consistency and effectiveness of the local DAVA program.
- Collaborate with agencies and activities to improve system response to, and support of, victims.
- Collaborate with military and civilian law enforcement and criminal investigative units in the establishment of protocol and procedures.
- Collaborate with the Medical Treatment Facility (MTF) and Dental Treatment Facility (DTF) in the establishment of protocol and procedures to ensure notification of a victim advocate for all incidents of suspected or reported domestic abuse.
- Establish liaisons with FFSC staff including clinical providers, FAP, PFM, RAP, and FERP staff.
- Establish liaisons with civilian victim resources.
- Actively participate as a member of installation and community domestic-abuse coalitions and councils as authorized by supervisor.

## **Education and Public Awareness**

- Assist in educating command and installation personnel on domestic-abuse and victim-advocacy services.
- Provide briefings on victim-advocacy services to active-duty personnel and the civilian spouses of active-duty personnel,
- Assist in training military first-responders, including law-enforcement and MTF/DTF personnel, command personnel, and chaplains.
- Assist in training civilian service providers about military victim issues, resources and services.
- Participate in developing and implementing public-awareness campaigns on victims' rights and advocacy services.
- Assist in planning events for National Domestic Violence Awareness Month.

# FFSP Customer Satisfaction Survey

Site location \_\_\_\_\_ Date of service \_\_\_\_\_

In order to improve our programs and services, please answer the following questions with respect to the workshop you attended.

Check the program area from which you received service:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Deployment Support (including Return & Reunion)                   | <input type="checkbox"/> Clinical Counseling                           | <input type="checkbox"/> New Parent Support Home Visitation Program (NPSHVP) |
| <input type="checkbox"/> Relocation Assistance Program (RAP)                               | <input type="checkbox"/> Exceptional Family Member Program (EFMP)      | <input type="checkbox"/> Transition Assistance Management Program (TAMP)     |
| <input type="checkbox"/> Ombudsman Support   | <input type="checkbox"/> Family Advocacy Program (FAP)                 | <input type="checkbox"/> Personal Financial Management (PFM)                 |
| <input type="checkbox"/> Life Skills Program (e.g., Stress Management, Suicide Prevention) | <input type="checkbox"/> Sexual Assault Prevention and Response (SAPR) | <input type="checkbox"/> Family Employment Readiness Program (FERP)          |
|  | <input type="checkbox"/> Victim Advocacy                               |  |

Please answer the following questions with respect to the service you received.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know/ Can't Judge
1. I received prompt customer service.						
2. The location of the service was convenient.						
3. The time the service was provided was convenient.						
4. The provider(s) had the required knowledge to assist me.						
5. The provider(s) was friendly and professional.						
6. The information provided was useful to me.						
7. The FFSC advertises programs effectively.						
8. I would recommend this class to someone else.						

9. How did you hear about the FFSC program/service you are using? \_\_\_\_\_

10. What is your preferred way of receiving FFSC program/service information? \_\_\_\_\_

Comments or recommendations for improvement:

\_\_\_\_\_

\_\_\_\_\_

May we call you for additional information?  Yes  No

If yes, please provide name and phone number: \_\_\_\_\_

Mark one only:

- |                                |                                |                                  |  |                                      |
|--------------------------------|--------------------------------|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> E1-E3 | <input type="checkbox"/> E4-E6 | <input type="checkbox"/> E7*     | <input type="checkbox"/> W1-W5         | <input type="checkbox"/> O1-O3       |
| <input type="checkbox"/> O4-O6 | <input type="checkbox"/> O7+   | <input type="checkbox"/> Retired | <input type="checkbox"/> Family member | <input type="checkbox"/> Other _____ |

# DAVA Client Satisfaction Form

To ensure that we provide you with the best possible services, we would appreciate your help. Please take a few minutes to tell us about your experiences with the Domestic Abuse Victim Advocacy Program.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Not Applicable
My domestic abuse victim advocate (DAVA) has treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My DAVA has been caring and supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the services I have received have been helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend these services to another victim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got the help I needed with the following:						
Information about the FAP process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping me safe/developing a safety plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about the legal system and my legal rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on protective orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accompaniment to court or other appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Because of the services I have received from this program (check all that apply)**

I know about my rights and options.	<input type="checkbox"/>					
I have a safety plan in place.	<input type="checkbox"/>					
I am more aware of military and community resources.	<input type="checkbox"/>					
I think I will be safer in the future.	<input type="checkbox"/>					
Other:	<input type="checkbox"/>					

Is there anything we can do to improve our services? \_\_\_\_\_

How did you learn about the Domestic Abuse Victim Advocacy Program? \_\_\_\_\_

Tell us about yourself (or your sponsor):

**Status**

- Active duty
- Retiree
- Family member
- Other \_\_\_\_\_

**Rate/Rank**

- E1-E3     O1-O3
- E4-E9     O4-O6
- E7         + O7
- W1-W5

**Time in Service**

- Less than one year
- 1-5 years
- 6-10 years
- 11 years or more

**Gender**

- Male
- Female

Thank you for taking the time to complete this survey.

# FFSC Workshop and Brief Satisfaction Survey

Date \_\_\_\_\_ Name of workshop or brief \_\_\_\_\_

To help us improve our programs and services, please rate the workshop you attended using this 5-point scale.

Strongly Agree 5 points	Agree 4 points	Neither Agree nor Disagree 3 points	Disagree 2 points	Strongly Disagree 1 point	Don't Know/ Can't Judge 0 points
----------------------------	-------------------	---	----------------------	---------------------------------	--

1. Signing up for the workshop/brief was easy. \_\_\_\_\_
2. The location of the workshop/brief was convenient. \_\_\_\_\_
3. The time of the workshop/brief was convenient. \_\_\_\_\_
4. The presenter was knowledgeable. \_\_\_\_\_
5. The presenter was friendly and professional. \_\_\_\_\_
6. Information provided was useful to me. \_\_\_\_\_
7. Audiovisual, handouts, and/or other material supported my learning. \_\_\_\_\_
8. The FFSC advertises programs effectively. \_\_\_\_\_
9. I would recommend this class to someone else. \_\_\_\_\_
10. How did you hear about the FFSC program/service you are using?  
\_\_\_\_\_

11. What is your preferred way of receiving FFSC program/service information?  
\_\_\_\_\_

Comments or recommendations for improvement:  
\_\_\_\_\_  
\_\_\_\_\_

May we call you for additional information?  Yes  No

If yes, please provide name, phone number and e-mail: \_\_\_\_\_

- Mark one only:
- |                                |                                |                              |                                  |  |
|--------------------------------|--------------------------------|------------------------------|----------------------------------|--|
| <input type="checkbox"/> E1-E3 | <input type="checkbox"/> E4-E6 | <input type="checkbox"/> E7* | <input type="checkbox"/> W1-W5   | <input type="checkbox"/> Family member |
| <input type="checkbox"/> O1-O3 | <input type="checkbox"/> O4-O6 | <input type="checkbox"/> O7+ | <input type="checkbox"/> Retired | <input type="checkbox"/> Other         |

# FFSC Workshop and Brief Multiple-Presenter Satisfaction Survey

Date \_\_\_\_\_ Name of workshop or brief \_\_\_\_\_

To help us improve our programs and services, please rate the workshop you attended using this 5-point scale.

Strongly agree 5 points	Agree 4 points	Neither agree nor disagree 3 points	Disagree 2 points	Strongly disagree 1 point	Don't know/ can't judge 0 points
----------------------------	-------------------	---	----------------------	---------------------------------	--

1. Signing up for the workshop/brief was easy.
2. The location of the workshop/brief was convenient.
3. The time of the workshop/brief was convenient.
4. The FFSC advertises programs effectively.
5. I would recommend this class to someone else.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. The presenter was knowledgeable.
7. The presenter was friendly and professional.
8. Information provided was useful to me.
9. Audiovisual, handouts, and/or other material supported my learning.

Presenter name					

How did you hear about the FFSC program/service you are using? \_\_\_\_\_

What is your preferred way of receiving FFSC program/service information? \_\_\_\_\_

Comments or recommendations for improvement: \_\_\_\_\_

\_\_\_\_\_

May we call you for additional information?  Yes  No

If yes, please provide name, phone number and e-mail: \_\_\_\_\_

Mark one only:

- |                                |                                |                              |                                  |  |
|--------------------------------|--------------------------------|------------------------------|----------------------------------|--|
| <input type="checkbox"/> E1-E3 | <input type="checkbox"/> E4-E6 | <input type="checkbox"/> E7* | <input type="checkbox"/> W1-W5   | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> O1-O3 | <input type="checkbox"/> O4-O6 | <input type="checkbox"/> O7+ | <input type="checkbox"/> Retired | <input type="checkbox"/> Other         |

# Presenter Program Assessment

**INSTRUCTIONS:** Presenter completes this form as required.

Program \_\_\_\_\_ Presenter \_\_\_\_\_

Date \_\_\_\_\_ Number of participants \_\_\_\_\_

1. Did the program content meet the needs of the participants?  Yes  No
2. Was the program content at the appropriate level of understanding for the target audience?  Yes  No
3. Could the content be presented adequately in the time allotted for this presentation?  Yes  No
4. Was the audience responsive to the content and format?  Yes  No
5. Were there any unique circumstances that affected the presentation?  Yes  No
6. Which parts of the program went well?
7. Based on this presentation and a review of participants' comments, what changes to the content or format would you recommend for the next SOP update?
8. Summary of noteworthy participant comments:

Supervisor review \_\_\_\_\_

# Case Note Checklist

DAVA \_\_\_\_\_ Date \_\_\_\_\_ Case name/number \_\_\_\_\_

Type of case (check one)       FAP/FINS       I&R       Restricted report       Case note date:

**DIRECTIONS:** DAVA may use to ensure that case notes are complete or supervisor may use to audit DAVA case notes. Complete the checklist items. A rating of "Yes" indicates that the documentation is present, complete and timely.

	YES	NO	NA	Unknown
<b>GENERAL</b>				
If new referral, DAVA responded to request for services within 24 hours of receipt of referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case note does not exceed one day of contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case note was documented and signed by DAVA within two (2) business days of contact or explanation provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With first contact of new referral, case note indicates that DAVA discussed Privacy Act, limits of confidentiality and restricted reporting policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With restricted reports, the restricted report statement is included in the note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTACT DESCRIPTIONS</b>				
Type of contact is documented (e.g., court accompaniment, home visit, office visit, telephone call, specified other).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of contact is identified clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person contacted by DAVA is documented (e.g., FMW, FMH, SM, FSM, FMD, FMS, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical location of where contact was made is documented (e.g., home or office visit, telephone number dialed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case note documents why the contact by DAVA was made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SAFETY ASSESSMENT AND PLANNING</b>				
Current safety concerns/needs is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New/additional information regarding the incident is documented (e.g., weapons, bruises, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If first contact with client, it is documented that DAVA asked about weapons in the home and recorded victim's response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual safety plan discussed and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and resources provided are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CASE MANAGER NOTIFICATIONS</b>				
Case manager notification was documented if allegations of child physical abuse, child neglect or child sexual abuse are disclosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case manager was updated on outcome of court hearings and conversation documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case manager notification of specific safety concerns was documented (e.g., weapons, injuries, stalking, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLANS FOR FUTURE CONTACT</b>				
Explanation of planned future contact with victim is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is documented that victim does not require/desire future DAVA services and/or termination of DAVA services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

# QOL Strategic Plan for the DoD Social Compact DAVA Program Metric Report

Data to be reported quarterly to CNIC HQ.

## Data Reporting Instructions:

1. Fill out the required data elements indicated in yellow.
2. Must be sent to CNIC HQ via the Tasker System (TV-4): Must be submitted no later than COB, \_\_\_\_\_.
3. Please do not alter format in any way.

Name \_\_\_\_\_ Installation \_\_\_\_\_ Region \_\_\_\_\_

### Family Advocacy Program Metrics *(Numbers for illustration purposes only.)*

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
<i>New Unit Commanders <sup>1</sup></i>				
1). Total Number of New Commanders		2	0	0
2). New Commanders receiving FAP briefings within 90 days of taking command		2	0	0
<i>Senior Noncommissioned Officers <sup>2</sup></i>				
1). Total Number of Senior NCO's Designated to Receive the FAP Briefing (E-7 and above)		80	0	0
2). Senior NCOs receiving annual FAP briefings		15	0	0

<sup>1</sup> Level of commanders as determined by the Service

<sup>2</sup> E-7 and higher

### Data Elements for DAVAs

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
1). Total Number of New Domestic Abuse Victims Served* by DAVAs	0	30	0	0
2). Total Number of New Domestic Abuse Victims Initially Making Restricted Reports to DAVAs	0	7	0	0
3). a. Of those in #2, Total of Domestic Abuse Victims Initially Making Restricted Reports of Domestic Abuse to DAVAs and Who Were Sexually Assaulted as Part of the Abuse	0	0	0	0
b. Of those in #2, Total of Domestic Abuse Victims Initially Making Restricted Reports of Domestic Abuse to DAVAs and Who's Restricted Report Changed to Unrestricted Reports	0	2	0	0
4). a. Total of Domestic Abuse Victims Initially Making Unrestricted Reports of Domestic Abuse to DAVAs		23	0	0
5). Total of Domestic Abuse Victims Initially Making Unrestricted Reports of Domestic Abuse to DAVAs and Who Were Sexually Assaulted as Part of the Domestic Abuse	0	3	0	0

\*Refers to open restricted and unrestricted cases. Services may include I&R, conducting safety planning, accompaniment to agencies or court, etc.

NOTE: Cells 2 and 4 should equal the total in number 1.

Data Elements for FAP Clinical Staff		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
1).	Total Number of Domestic Abuse Victims Initially Reporting to FAP Clinical Staff		65	0	0
2).	Total Number of Domestic Abuse Victims Initially Making Restricted Reports of Domestic Abuse to FAP Clinical Staff		7	0	0
3).	a. Of those in #2, Total of Domestic Abuse Victims Initially Making Restricted Reports of Domestic Abuse to FAP Clinical Staff and Who Were Sexually Assaulted as Part of the Abuse		0	0	0
	b. Of those in #2, Total of Domestic Abuse Victims Initially Making Restricted Reports of Domestic Abuse to FAP Clinical Staff and Who's Restricted Report Changed to Unrestricted Reports		3	0	0
4).	a. Total of Domestic Abuse Victims Initially Making Unrestricted Reports of Domestic Abuse to FAP Clinical Staff		58	0	0
5).	Total of Domestic Abuse Victims Initially Making Unrestricted Reports of Domestic Abuse to FAP Clinical Staff and Who Were Sexually Assaulted as Part of the Domestic Abuse		6	0	0

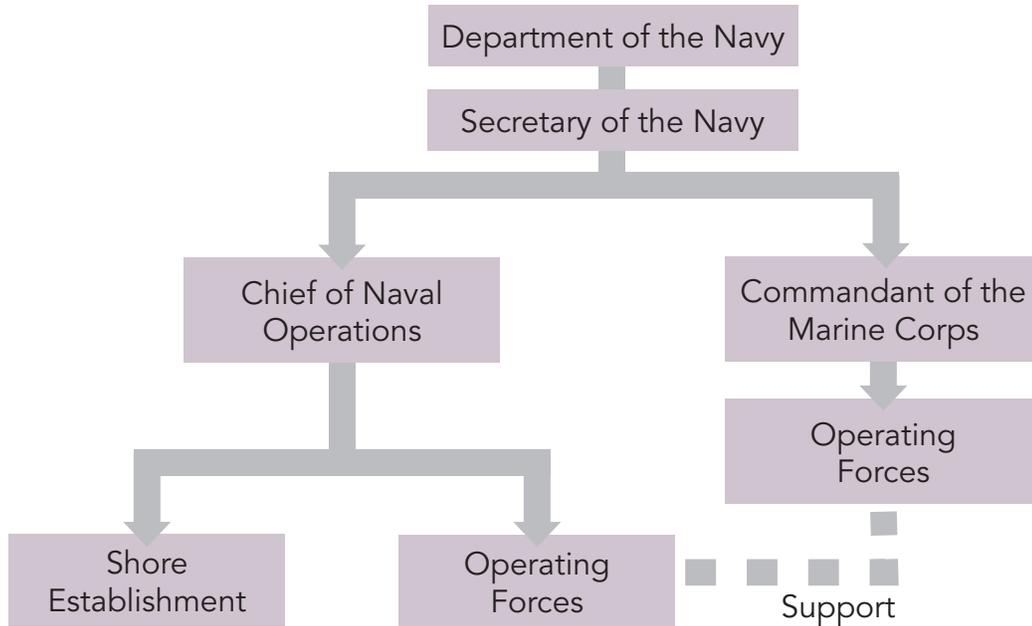
*\* Includes information and referral, accepting restricted and unrestricted reports, conducting safety planning, accompaniment to agencies or court, etc.*

## APPENDIX C

# Navy 101

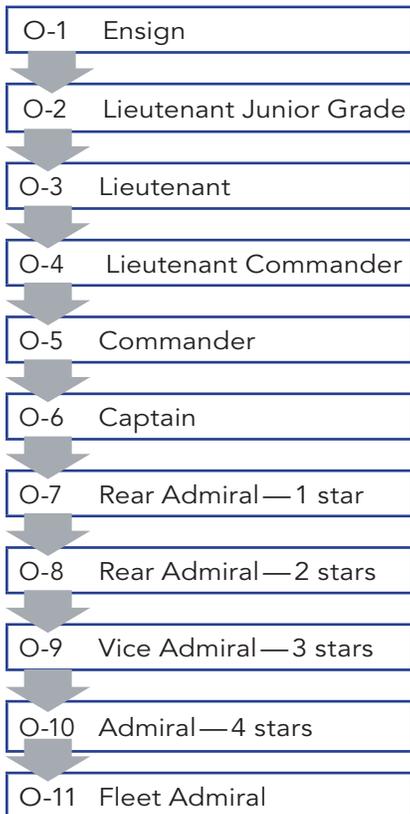
Navy Organization .....	C-1
Navy Insignia .....	C-2
Military Time.....	C-3
Navy and DAVA Terms and Acronyms .....	C-4

# Navy Organization

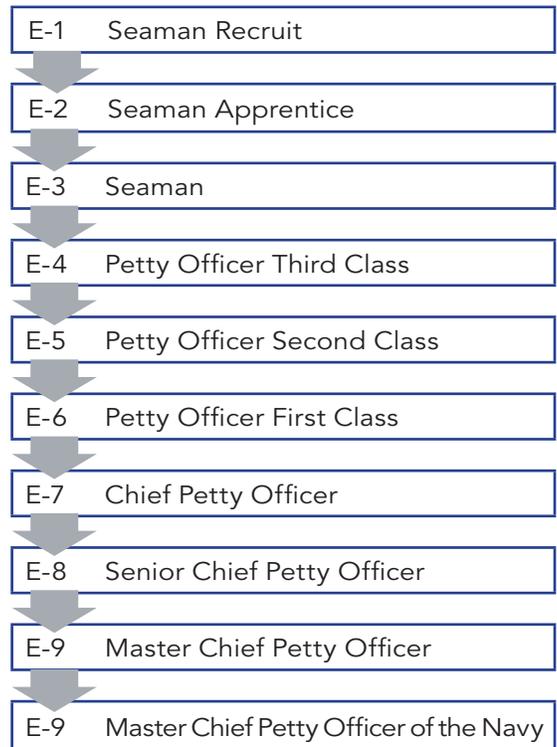


## Officer and Enlisted Ranks

### Chain of Command— Officer Ranks

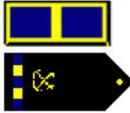


### Chain of Command— Enlisted Ranks



Rate—a job (94 different specialties)  
Rank—pay grade

# Navy Insignia

Enlisted Insignia		Officer Insignia		
				
<p>Seaman Apprentice (SA)</p>	<p>Chief Petty Officer (CPO)</p>	<p>Warrant Officer 1 (WO1)</p>	<p>Ensign (ENS)</p>	<p>Captain (CAPT)</p>
				
<p>Seaman (SN)</p>	<p>Senior Chief Petty Officer (SCPO)</p>	<p>Chief Warrant Officer 2 (CWO2)</p>	<p>Lieutenant Junior Grade (LTJG)</p>	<p>Rear Admiral Lower Half (RADM LH)</p>
				
<p>Petty Officer Third Class (PO3)</p>	<p>Master Chief Petty Officer (MCPO)</p>	<p>Chief Warrant Officer 3 (CWO3)</p>	<p>Lieutenant (LT)</p>	<p>Rear Admiral Upper Half (RADM UH)</p>
				
<p>Petty Officer Second Class (PO2)</p>	<p>Master Chief Petty Officer of the Navy (MCPON)</p>	<p>Chief Warrant Officer 4 (CWO4)</p>	<p>Lieutenant Commander (LCDR)</p>	<p>Vice Admiral (VADM)</p>
				
<p>Petty Officer First Class (PO1)</p>		<p>USN Chief Warrant Officer (CWO5)</p>	<p>Commander (CDR)</p>	<p>Admiral (ADM) Chief of Naval Operations</p>
				
				<p>Fleet Admiral</p>

# Military Time

For any time before 10 a.m.:

- Add a zero before the hour.  
*Example: 9 o'clock in the morning would be spoken as "zero nine hundred" and written as 0900.*

For any time after noon:

- Add 12 to the time.  
*Example: If the time of day is 3 p.m., you add twelve to 3 and get "fifteen hundred" or 1500.*



# Navy and DAVA Terms and Acronyms

**AO:** Alleged offender

**AV:** Alleged victim

**CA:** Commonwealth Attorney

**CCSM:** Clinical Case Staff Meeting

**CDC:** Child Development Center

**CID:** Criminal Investigative Division

**CMC:** Command master chief

**CNIC:** Commander, Navy Installations Command

**CO:** Commanding officer

**COB:** Chief of the Boat

**CONUS:** Continental United States

**CPO:** Civil protective order

**CPS:** Child Protective Services

**Cultural competency:** Understanding, respecting, and providing culturally sensitive services

**DA:** District attorney

**DAVA:** Domestic abuse victim advocate

**DoD:** Department of Defense

**DoN:** Department of the Navy

**DV:** Domestic violence

**EFM:** Exceptional family member

**EFMP:** Exceptional Family Member Program

**EPO:** Emergency protective order

**ERD:** Early return of dependents

**FAC:** Family Advocacy Committee

**FAP:** Family Advocacy Program

**FAPM:** Family Advocacy Program Manager

**FAR:** Family Advocacy Representative

**FERP:** Family Employment Readiness Program

**FFSC:** Fleet and Family Support Center

**FFSP:** Fleet and Family Support Program

**FFSMIS:** Fleet and Family Support Management Information System

**FM:** Family member

**FMH:** Family member husband

**FMS:** Family member spouse

**FMW:** Family member wife

**GMT:** General Military Training

**HIPAA:** Health Insurance Portability and Accountability Act

**Homicidal:** Referring to an individual with the intent to harm/kill another

**IDC:** Incident Determination Committee

**IS:** Incident Status

**ISD:** Incident Status Determination

**I&R:** Information and referral

**IPV:** Intimate partner violence

**JAG:** Judge Advocate General

**JFTR:** Joint Federal Travel Regulations

**JPPSO:** Joint Personal Property Shipping Office

**MOA:** Memorandum of Agreement

**MOU:** Memorandum of Understanding

**MPO:** Military protective order

**NCIS:** Navy Criminal Investigative Services

**NLSO:** Naval Legal Service Office

**OCONUS:** Outside the Continental United States

**OPNAV:** Office of the Chief of Naval Operations

**PAO:** Public Affairs officer

**PD:** Police Department

**PFM:** Personal Financial Management

**PII:** Personally identifying information

**PO:** Protective order

**PSD:** Personnel Support Detachment

**RAP:** Relocation Assistance Program

**RR:** Restricted report

**SAO:** State Attorney's Office

**SAPR:** Sexual Assault Prevention and Response

**SECNAV:** Secretary of the Navy

**SJA:** Staff Judge Advocate

**SMF:** Service member female

**SMM:** Service member male

**SO:** Sheriff's Office

**SOFA:** Status of Forces Agreement

**SOP:** Standard Operating Procedures

**Suicidal:** Referring to an individual thinking of taking his/her own life

**TAMP:** Transition Assistance Management Program

**TAP:** Transition Assistance Program

**TRO:** Temporary restraining order

**TSO:** Trial Services Office

**UCMJ:** Uniform Code of Military Justice

**UR:** Unrestricted report

**VA:** Victim advocate

**VAWA:** Violence Against Women Act

**VW:** Victim witness

**VWAP:** Victim Witness Assistance Program

**WIIFM:** What's in it for me?

**XO:** Executive officer

## APPENDIX D

# Home Visit Safety

DAVAs should conduct a home visit only as a last resort. If a home visit is necessary, DAVAs should consider the following protocols to assess and ensure personal safety:

- If possible, call before making the home visit to determine that the victim will be home and available to meet with you.
- If possible, ask the case manager to check with command to determine if the alleged offender is at work and/or on duty.
- Schedule appointments during daylight hours.
- Complete an itinerary log. (See [Chapter 7.3.2.2.](#))
- Visit in teams if you are not sure of the area or there are other safety concerns.
- Be sure your cell phone is charged and the numbers for your supervisor, security and the FFSC are programmed.
- Have accurate directions. Ask the family to suggest the safest way to reach the home. Most will know which streets to avoid.
- Wear shoes and clothing that are comfortable and allow for quick movement.
- Lock personal items in the trunk when leaving the office.
- Carry a whistle or other noise-making device.

The DAVA should learn as much as possible in advance:

- What are the victim's immediate needs?
- What is the history? Is there a history of violence or aggressive behavior in the home? Is this a prior FAP case? Is there a history of mental illness or substance abuse? Is there a history of arrest for domestic violence? Are there reports of violence in public, strangulation or threats with a weapon?
- Has the violence been escalating recently? Are there any contributing factors to the escalation in violence?
- Is the home visit for a victim with a restricted or unrestricted case?
- Is the alleged offender aware of DAVA and/or FAP involvement?
- Has the victim recently left the offender?

- Have there been prior threats or attacks against FAP staff?
- Is there a protective order in place?
- Is the victim pregnant?
- Are there weapons in the home?

To ensure safety, the DAVA should take the following precautions while making home visits:

- Park the car in a well-lit area facing the direction you want to go when you leave. Lock the car.
- Before getting out of the car, thoroughly observe the surroundings. When approaching the home, if the appearance or circumstances seem questionable (i.e., family quarrel, combativeness, unleashed pets, etc.) or if for any reason you feel uneasy, return to the car and call to cancel and make alternative arrangements.
- Turn on your cell phone and keep it accessible.

At the home, the DAVA should:

- Remain cautious when approaching pets. They may be territorial and protective of their owners. It may be necessary to ask a family member to confine them while you are there.
- Listen outside the door for disturbances before knocking. Stand to the side when knocking on the door.
- Upon arrival at the home, always ask if this is a good time to meet before entering the home.
- Ask who is in the home. If the alleged offender is present, do not enter.
- Confirm the alleged offender's whereabouts and anticipated time of return.
- If the alleged offender answers the door, ask for someone else and leave the home.

Inside the home, the DAVA should:

- Maintain consistent awareness of potential risks and terminate a visit, at any time, at your discretion.
- Once inside, look for the nearest exit. Remember the route to the closest exit if you go into a part of the house that does not have a direct exit to the outside.

- Be mindful of potential safety concerns such as weapons or potential weapons or signs of substance use. Ask if there are any weapons in the home.
- If possible, sit with an unobstructed view of the door. Do not put the client/victim or anyone else between you and the door.
- Confirm with the victim when the alleged offender is expected to return home.
- Develop your exit strategy should the alleged offender arrive and explain to the victim what your plan is if the alleged offender arrives.
- Notice signs of the client/victim becoming agitated (body language). At the first sign of the victim becoming agitated or angry, be prepared to leave.
- Listen to the tone of the victim's voice as well as the words.
- Prepare to leave at the first sign of threat, irrational conversation, intoxication, or if someone unknown to you enters the home.
- Listen to your instincts. Do not stay in a situation that your intuition tells you is unsafe.
- If a situation raising safety concerns develops while in the home, take appropriate action to leave the home safely (i.e., look at your cell phone and state that you have received an emergency text message and must leave immediately). After leaving, call base security or other law enforcement, if warranted, and notify your FFSC point of contact.
- Before leaving the home, ensure that the victim has a safe place to keep the information provided during the home visit and has made an adequate safety plan. Establish a time to follow up with the victim.

If an alleged offender is at home or arrives home:

- If the alleged offender answers the door, ask for someone else and leave immediately.
- If the victim answers the door and tells you that the alleged offender is in the home, leave immediately.
- If it is safe, explain to the victim the purpose of the home visit and coordinate a safe time to speak in the near future.
- If the alleged offender appears during the home visit, do not engage in conversation with the alleged offender. Leave immediately.
- If the alleged offender is threatening, leave immediately. Go to your vehicle, lock the door, drive to a safe place and call appropriate authorities (911 or base police). After the immediate safety concerns have been addressed, notify your supervisor as soon as possible.

At the conclusion of the home visit, the DAVA should:

- Remember to take all items (keys, phone, etc.) when leaving.
- Ensure that the alleged offender is not approaching the house when leaving.
- Keep your cell phone turned on and accessible.
- Notify appropriate staff of return to office.
- Discuss the case with case manager and/or supervisor and notify appropriate staff of any specific concerns.
- Complete case notes documenting the visit.

## APPENDIX E

# Sample Brochure Content

### Sample Content for Domestic-Abuse Educational Brochure BREAK THE SILENCE — STOP THE VIOLENCE

#### Domestic violence is ...

- A pattern of controlling behavior that consists of physical, sexual, verbal and emotional abuse. Creating fear is a major part of domestic violence.
- Committed by one intimate partner against another, including in current or former married or cohabitating relationships.
- A learned behavior chosen by one partner to control the thoughts, beliefs and conduct of their partner; the victim is forced to change her/his behavior in response to the abuse.
- Directed at a particular victim, but it also victimizes children, families, strangers and the community.

#### Domestic violence is not ...

- A one-time event; it is a pattern of abuse. It will not go away without help.
- An anger problem.
- Caused by stress, alcohol abuse or drug use.
- The victim's fault.

#### Abusive tactics include ...

- Embarrassing or making fun of a partner in front of friends or family.
- Using intimidation or threats to get a partner to agree.
- Telling a partner they are nothing without them.
- Grabbing, pushing, pinching, shoving or hitting a partner.
- Blaming a partner for how they feel or act.
- Calling or checking up on a partner frequently.
- Leaving on deployment without providing financial support.
- Withholding access to a partner's military ID.
- Threatening to deport a partner if he/she is an immigrant.
- Threatening to take away the children.

**Victims sometimes will ...**

- Make excuses to other people for their partner's behavior.
- Avoid going out in public or make up stories for bruises or injuries suffered at the hands of the partner.
- Try not to do anything that would cause conflict or make their partner angry.
- Feel like no matter what they do, their partner never is happy with them.
- Stay with their partner out of fear.

**Statistics**

- Both men and women can be victims of domestic violence, but statistics show that 80 percent to 82 percent of victims of intimate-partner violence are female. (*Bureau of Justice Statistics, 2005*)
- Homicide is the second-leading cause of death among pregnant women. (*American Journal of Public Health, March 2005, Vol. 95, No. 3*)
- Boys who witness their fathers' violence are 10 times more likely to abuse their partners in adulthood than boys from other families.
- 85 percent of domestic-violence perpetrators witnessed domestic violence in their own homes growing up.
- 70 percent of children in the juvenile criminal-justice system either have been victims of abuse themselves or have witnessed domestic violence in their own homes.

**Children who grow up in homes where violence is present are:**

- Six times more likely to commit suicide.
- 24 times more likely to sexually assault their peers.
- 60 times more likely to engage in delinquent behavior as an adolescent.
- 1,000 times more likely to become abusers themselves.

**Restricted Reporting**

NAVADMIN 113/06 states that the option of restricted reporting is available. Restricted reporting ensures that the victim's information is not forwarded to command or law enforcement and that those victims have access to medical, counseling and support services. Some exceptions may apply. Contact the Fleet and Family Support Program's domestic abuse victim advocate for more information.

## Role of the Domestic-Abuse Victim Advocate

Victims of domestic violence may feel confused, trapped, helpless, guilty, and need some support. Victims also may need help to understand and interact with various agencies that are involved in their lives due to domestic violence.

### The victim advocate ...

- Is here to LISTEN ... not to work miracles
- Is here to HELP you IDENTIFY YOUR OPTIONS ... not to decide for you.
- Is here to DISCUSS STEPS ... not to take the steps for you.
- Is here to HELP you DISCOVER your own STRENGTH ... not to judge you or rescue you.
- Is here to HELP you LEARN TO CHOOSE ... not to tell you what to do.
- Is HERE TO PROVIDE SUPPORT.

### The victim advocate provides ...

- Emotional support.
- Safety planning.
- Education.
- Legal advocacy.
- Information and referral.

If you, or someone you know, is experiencing violence or you fear you may become violent in your relationship, help is available. Call your local Fleet and Family Support Program's Family Advocacy Program or domestic abuse victim advocate for assistance.

## Resources

Fleet and Family Support Program  
City/County Resources

- Hotline
- Shelter
- Protective orders

Statewide and National Resources  
911

## Sample Content for Victim Safety Brochure

### VICTIM SAFETY

#### Domestic Violence IS:

... a pattern of behavior used by an individual to establish and maintain power and control over another individual. Abusive behavior often becomes more *frequent* and *severe* and includes the following:

- Physical harm and threats of physical harm.
- Controlling the money and who you can talk to and see.
- Destroying property and intimidation with guns.
- Restraining someone from leaving.
- *Emotional* abuse and *verbal* abuse such as humiliating remarks, name-calling, saying you are a bad parent, threatening to hurt or take away your children.

#### Domestic Violence is NOT:

- **A simple anger-management problem.** An abusive person abuses in order to establish and maintain power and control over another person.
- **Your fault.** No amount of care in your housekeeping, child-rearing or personal habits will prevent your abuser's inevitable buildup of anger, rage and desire for control and power over you. Sooner or later, your abuser will find or make up some reason to abuse you. You are not to blame.
- **Something that will go away.** Your situation will not improve, and your abuser will not change for the better, until he/she receives professional counseling to address the violence and/or attends a domestic-violence treatment group for abusers. Research shows that groups are more effective, because group members can hold each other accountable for their behavior.

#### Safety Risks

- **Leaving the abuser.** You are at increased risk when leaving because the abuser knows he/she has lost control over you and will escalate their behavior. *Do not let the abuser know you are leaving.* Take extra steps at this time to ensure your safety.
- **Pregnancy.** Abusers will escalate their abuse during this time in an attempt to control you by hurting or threatening to hurt your baby.
- **Stalking or being followed.** Stalking shows that the abuser will do whatever it takes to control you and raises your risk level.

- **Strangulation or choking.** Strangulation easily can lead to death and increases your safety risk.
- **Access to lethal weapons.** Weapons in your home increase your risk. During an argument, avoid the room where the weapon is located.

## Your Personal Safety Plan

### *Safety in the relationship and during an explosive incident*

- If an argument is unavoidable, try to have it in a room or area that has **access to an exit**. Try to stay out of the bathroom, kitchen or anywhere near obvious weapons.
- Always keep your cell phone on your person or by you so you can call 911.
- **Plan** an escape route from your house. Identify which doors, windows, elevator or stairwell will be best to get out of your home quickly and safely.
- Have a **packed bag** ready and keep it in a safe place in order to leave quickly. Your packed bag can be in a hidden place at home, with a friend, or at work.
- **Gather** important papers and phone numbers. Leave them with a friend or neighbor you trust.
- **Ask** a safe neighbor to call the police if they hear a disturbance coming from your home.
- **Devise** a code word to use with your children, family, friends and neighbors when you need the police to come to your home.
- **Decide** ahead of time where you can go if you have to leave home, even if you don't think you ever will need to leave. Shelters, family and friends are some options. Pick places that are unknown to the person abusing you.
- Be prepared by: keeping your cell phone with you at all times; opening your own bank account and putting money in it; having a plan in place about where you can stay for safety; and rehearsing your escape route with a support person.

### *Suggestions for increasing safety if you leave the relationship*

- Change the locks.
- Inform neighbors that your partner no longer lives with you and ask them to call the police if the partner is observed near your home or children.
- Tell the people who care for your child who has permission to pick them up. If you have a protective order, give these people a copy.

- Ask people at work to screen your calls. Let your supervisor know about your situation.
- Stay away from stores, banks and other public places where you used to go when you lived with your partner.
- Get a protective order. Keep a copy with you and in your car. Leave a copy with your child-care providers and your children's schools.

#### *Checklist of items to take*

- Military ID, driver's license, passport.
- Birth certificates for you and your children.
- Social Security cards for you and your children.
- Money, credit cards, bank books, checks.
- Lease papers, mortgage papers, insurance papers.
- House and car keys.
- Medications and medical records for you and your children.
- Address books and pictures.
- School records.
- Work permits and green card.
- Divorce papers, marriage license.
- Change of clothing.
- Children's favorite toy, diapers/formula.
- Anything else that you value.

### **Protective Orders**

#### **Civil Protective Orders**

- A civil protective order prohibits the restrained person from threatening, physically harming, or harassing the victim. You can get a protective order even if there is no evidence of a physical injury. There is no cost to get a civil protective order.
- A protective order can prohibit the abuser from committing further acts of domestic violence, order the abuser to stay away from the victim, prohibit the abuser from making any type of contact, and establish *temporary* custody of minor children.

- You should have a copy of your protective order with you at all times. If the restrained person contacts you in any way, it is a violation of the order, and 911 should be contacted immediately. When law enforcement arrives, show them a copy of the protective order.

### **Military Protective Orders**

- A military protective order (MPO) is a temporary order (usually not more than 10 days in duration) that can be issued by command to a service member under his or her command. An MPO is issued to stabilize a situation and provide additional time for investigation of the facts.
- An MPO may include direction to:
  - stay away from the designated person;
  - stay out of and away from designated areas or places; and
  - refrain from contacting, harassing, stalking or touching the designated person.
- If the abuser contacts you either on- or off-base, this violation of the MPO should be reported immediately to base security, command, domestic abuse victim advocate or case manager. Civilian police *do not* have authority to enforce an MPO.

### **Role of Domestic Abuse Victim Advocate**

The Navy's Family Advocacy Program (FAP) offers you, as a family member or service member, the services of a military domestic abuse victim advocate (DAVA). Contacting and talking with a domestic abuse victim advocate is voluntary, and you are not obligated to obtain or receive services.

As a family member or service member, you are eligible for the following services:

- Safety planning to help you prepare for and avoid future violence.
- Help in connecting with community agencies that can assist you.
- Help in prioritizing your next step and making goals for the future.
- Emotional support.
- Accompaniment to appointments and civilian court proceedings.
- Legal resources and options available to help you remain safe.
- Education about domestic violence.
- Help obtaining assistance from command.

Domestic abuse victim advocates can:

- Help you find shelter or a safe house.
- Provide referrals to counseling services.
- Help you create a safety plan.
- Help you obtain a military protective order (MPO) or civil protective order (CPO).
- Provide information and referral to community resources.

### **Restricted Reporting**

If you want to receive supportive help from a domestic abuse victim advocate, but do not want command or law enforcement to know about your situation, you can ask for restricted reporting.

- When you select this option, it ensures that your information is not forwarded to law enforcement or command. You still will have access to medical, counseling and support services. Some exceptions of confidentiality may apply.
- You first must contact either the domestic abuse victim advocate or clinicians at Family Advocacy Program, or medical personnel at the Navy clinics or Navy hospitals.
- If the command or law enforcement becomes aware of the abuse, your report will need to be changed to unrestricted. Contact the domestic abuse victim advocate for more information. (See phone numbers on back.)

### **Resources**

Domestic Abuse Victim Advocates  
Naval Legal Service Office  
Navy-Marine Corps Relief Society  
Navy Criminal Investigative Service (NCIS)

### **FOR EMERGENCIES**

**911**

### **City/County Resources**

Hotline  
Shelter  
Protective Orders

### **Statewide and National Resources**

National Domestic Violence Hotline	800-799-SAFE
Community Information and Referral	211
Military One Source — 24/7	800-342-9647