

July ★ 2014



# OMBUDSMAN

ADVANCED TRAINING



Family Advocacy Program and  
Sexual Assault Prevention and Response

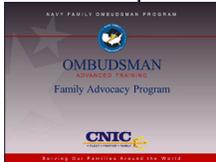


# OMBUDSMAN ADVANCED TRAINING

# FAMILY ADVOCACY PROGRAM

# INSTRUCTOR GUIDE

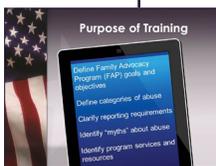
## I. INTRODUCTION AND PURPOSE



Child and spouse/intimate partner abuse threatens the fabric of our society. The military is no exception. Like all segments of our society, military families experience domestic abuse. The Family Advocacy Program (FAP) was established in 1976 to address this issue, and it remains the command's primary tool for prevention and intervention of child and spouse/intimate partner abuse. Family violence is a leadership issue. As a command representative, ombudsmen will encounter families with a full range of challenges and problems, including abuse. When these situations arise, it is important to have a general understanding of what abuse is and the ombudsman's role in addressing it.

Military spouses/intimate partners are often young, and many are living away from home for the first time. They often view their ombudsman as more mature and experienced in understanding the military culture and the new life they have taken on as a military spouse. They seek not only advice but also assurance that the resources provided will be helpful. It is important to have a basic understanding of FAP, its mission, goals and services. Getting the facts about FAP will help ombudsmen make appropriate referrals and have confidence that family members or active-duty personnel will get the services they need.

## II. LEARNING OBJECTIVES



### Purpose of Training

At the completion of this training, participants should be able to:

- ◆ Define FAP goals and objectives.
- ◆ Define categories of abuse.
- ◆ Clarify reporting requirements.
- ◆ Identify “myths” about abuse.
- ◆ Identify program services and resources.

### III. OUTLINE

- A. FAP Goals and Objectives
- B. Child Abuse
- C. Spouse/Intimate Partner Abuse
- D. Reporting Requirements
- E. Victim Reporting Options
- F. Myths and Facts About Abuse and FAP
- G. Case Scenarios
- H. Summary and Conclusion

### IV. MATERIALS AND EQUIPMENT

- ◆ PowerPoint presentation
- ◆ On-screen projector
- ◆ Flip chart and easel with markers or whiteboard with markers

**Instructor’s cues and icons.** The following icons are used throughout this instructors guide to provide a visual cue of the content.



Provides an “at a glance” cue to ensure slides are in sync with the content.



Indicates a note that provides additional information and/or offers tips to help trainers guide the content and facilitate activities.



**Note:** Be sure to rehearse the presentation before using it in a live training. Several of the slides have animation settings, so the text appears on the slide once the slide is showing. When this is the case, the text is animated to follow the content presented in this guide.

## V. REFERENCES

DoD Instruction 6400.06 of 20 September 2011, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel. Establishes, implements and updates domestic abuse policies; identifies and assigns responsibilities for prevention and response to domestic abuse.

SECNAVINST 1752.3B of 10 November 2005, Family Advocacy Program. Revises Department of the Navy (DoN) policy on family advocacy and assigns responsibility for the Family Advocacy Program.

OPNAVINST 1752.2B of April 2008, Family Advocacy Program. Provides policy and guidance for the Family Advocacy Program. Describes the “how” of the program.

OPNAVINST 1754.1B of 5 November 2007, Fleet and Family Support Center. Establishes Navy policy and assigns responsibilities for the administration and support of the Navy Fleet and Family Support Center (FFSC) program.

OPNAVINST 1750.1G of 21 September 2011, Navy Family Ombudsman Program. Provides policy and assigns responsibility for the Navy Family Ombudsman Program. Enclosure (8) discusses reporting requirements for child abuse, domestic abuse and sexual assault.

DoD Memorandum of 22 January 2006, Restricted Reporting Policy for Incidents of Domestic Abuse. Establishes DoD guidelines for restricted reporting of incidents of domestic abuse.

CNIC FAP-002 of 12 May 2006, Implementation of Navy Restricted Reporting Policy for Incidents of Domestic Abuse.

NAVADMIN 155/12, Navy Family Advocacy Program (FAP) Case Review Committee (CRC) Procedural Changes. Directs FFSCs Navy-wide to implement an Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM) model to replace the CRC model.

## VI. CONTENT

### A. FAP Goals and Objectives



The Family Advocacy Program (FAP) is designed to address child and spouse/intimate partner abuse through prevention, intervention and treatment efforts. This is accomplished by educating mandated reporters and the surrounding community about identifying and reporting abuse. FAP also works to provide intervention and treatment to both victims and offenders.

Abuse occurs when a person does not have the coping skills to manage undue stress or anger, or both.

PREVENTION is the best means for addressing family violence!

In the majority of family violence cases, problems have been brewing and have been left unattended, thus setting the stage for abuse. When spouses/intimate partners or service members confide in you about parenting or relationship issues, it is often a cry for help. This is the perfect opportunity to suggest they contact the Fleet and Family Support Center (FFSC) to speak with a counselor. The FFSC offers services to address the stress that military families face. Services include parenting support and home visitation services for expectant parents and parents of children younger than age 4, through the New Parent Support Home Visitation Program (NPSHVP). Other services include budgeting classes, spouse employment assistance, anger and stress management, couples communication skills classes and parenting classes.

You may receive information concerning abuse from many different sources: the victim, the offender, a fellow neighbor and anonymous letters. Initially, it may be uncomfortable to receive such intimate and personal details of the lives of your fellow spouses. However, your skills as a good listener and as a knowledgeable resource will make you an invaluable component in helping families address problems early and preventing family violence.

VICTIM SAFETY and SUPPORT are paramount goals in the Family Advocacy Program. FAP works closely with commands and community agencies to ensure victims of violence are protected from repeated abuse and the threat of abuse. Victims are encouraged to receive medical services when needed and to participate in counseling so they can make healthier relationship choices. Individual and/or group counseling is available to address issues of distrust and fear that accompany abuse.

Many victims choose to remain in their relationship. As an ombudsman, it is important to respect the victim's right of choice to seek help and to determine the course for their relationship.

## Offender Accountability

Most offenders can benefit from counseling services. Often, they too are shocked and disappointed by their behavior. A willingness to accept responsibility for one's actions and the effect it has on the entire family is a necessary part of the offender's rehabilitation. FAP offers group counseling to address poor communication, anger, controlling behavior, jealousy and other issues often associated with family violence. Group counseling may be augmented by individual, couples and/or family counseling services.

It is the command's responsibility to hold offenders accountable for their behavior, which may constitute a criminal act. Despite participation in counseling, the offender may still have administrative consequences for their behavior. Determining administrative action rests with the command.

The Department of Defense (DoD) stipulates FAP guidelines for all services. Consistent, predictable responses and support are necessary to reassure service and family members that FAP is a credible program. The Navy strives to assure consistency in its Family Advocacy Program and services despite installation size, mission or location. When abuse occurs, both the victim and the offender need intervention.

## B. Child Abuse



Child maltreatment takes many forms and includes physical, emotional and sexual abuse and neglect. Factors that can contribute to child abuse include:

- ◆ the parents' immaturity
- ◆ a lack of parenting skills
- ◆ poor childhood experiences
- ◆ social isolation
- ◆ frequent crisis situations
- ◆ drug or alcohol problems
- ◆ domestic violence

Children are the most vulnerable abuse victims and the most likely to suffer serious physical injury. This is in part due to the disparity in size between offender and victim as well as the victim's psychological inability to protect oneself. Physical abuse is often coupled with psychological maltreatment. FAP works closely with child protective services to investigate allegations of child abuse, ensure children's safety, and to assist in the development of a treatment plan.

Offenders can be biological parents, stepparents or other adults entrusted to care for the child.

Out-of-home child abuse can include abuse that occurs in DoD-sanctioned programs such as Child Development Centers (CDC), youth centers or family care homes.



***Note:** Anyone, mandated reporter or not, can report suspected child abuse to child protective services.*



**Physical abuse** includes non-accidental trauma or physical injury caused by punching, beating, kicking, biting, burning or otherwise harming a child. Physical abuse is the most visible form of child maltreatment. Many times, physical abuse results from inappropriate or excessive physical discipline. A parent or caretaker may be unaware of the magnitude of force with which he or she strikes the child in anger.

**Emotional abuse** includes a pattern of put-downs, demeaning and demoralizing action, and comments directed toward a child.

Child emotional abuse can include:

- ◆ intentional negative, direct behavior such as chronic name-calling and put-downs.
- ◆ a pattern of omissions — such as denying the child attention, affection and showing a clear preference for one child and avoidance of another — that causes psychological distress to the child.

Child emotional abuse typically involves a “pattern” of behaviors and not a single incident. An example of an exception might be a single hurtful comment such as: “I wish you had died in that car accident instead of your brother. I hate looking at you.” This single incident would be considered emotional abuse.

**Sexual abuse** is the involvement of a child in a sexual act and/or exposure to inappropriate sexual acts, or content for the purpose of sexual gratification.



**Neglect** involves the failure to provide for or fulfill the needs of a child. Neglect is the general failure to provide for a child’s basic needs of living and development, including education and medical care, exposure to physical hazards, actions or omissions by a parent, guardian or caretaker to include:

- ◆ An act of domestic violence close enough to a child to have created risk of injury to the child
- ◆ Exposed electrical wiring
- ◆ Broken glass
- ◆ Non-secured, loaded firearms in the home
- ◆ Illegal drugs in home
- ◆ Dangerous or unhygienic pets

- ◆ Asking the child to perform dangerous activities
- ◆ Driving a vehicle while intoxicated, with the child in the vehicle
- ◆ Hazardous chemicals
- ◆ Unhygienic living conditions dangerous to health
- ◆ Caregivers known to be abusive or neglectful

## C. Spouse/Intimate Partner Abuse



Spouse/intimate partner abuse can be identified as physical abuse, emotional abuse, sexual abuse and neglect.

**Physical abuse** can be mild to severe and can culminate in death. Females are more often the victims of physical violence. While males can also suffer physical violence, women more often use emotional abuse tactics (e.g., chronic put-downs, threats to take children, etc.) against their partner.

**Emotional abuse** often precedes physical abuse. While a single incident can qualify as an act of emotional abuse (e.g., putting a gun to spouse/intimate partner's head), this type of abuse is most often characterized by a "pattern" of behaviors that occurs over time and results in some negative effect (social, financial, medical, psychological, professional) on the victim.

Legal marriage does not rule out the occurrence of **sexual abuse**. For many years it was believed that rape could only occur between acquaintances or strangers. Sexual abuse in marital and intimate partner relationships, while less reported, does exist.

Many incidents of spouse/intimate partner abuse involve the use of alcohol. Alcohol use does not cause abuse but can contribute to poor judgment and poor impulse control. Many victims do not report the first instance of abuse. In most cases, the maltreatment has been a persistent issue in the relationship. There are many reasons why victims do not report abuse and remain in abusive relationships. Victims may believe that the abuse will stop and/or that they can control the offender's actions by adjusting their own behavior.

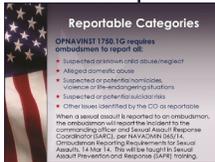
Other reasons for remaining in abusive relationships include emotional and/or financial dependency, a lack of support outside the relationship, religious beliefs, the fear that the offender will "get in trouble" and the assumption that emotional and physical violence are typical behaviors in all relationships. Parents sometimes minimize the effect of domestic violence on children who live in a chaotic environment and observe abusive behavior. In other cases, it is the concern that children are being negatively affected that causes the adult victim to finally seek help or leave the relationship.

Counseling and intervention is recommended for both the victim and offender to bring about the most lasting change.

## D. Reporting Requirements



All Department of Navy (DoN) personnel, including ombudsmen (with the exception of chaplains and attorneys who have privileged communication), are mandated reporters. This includes command leadership, child and youth services staff, security personnel, social workers, educators and healthcare professionals.



### Reportable Categories

Navy instruction, OPNAVINST 1750.1G, requires ombudsmen to report the following. These are often referred to as “reportable categories”:

- ◆ All suspected or known child abuse/neglect
- ◆ Alleged domestic abuse
- ◆ Suspected or potential homicides, violence or life-endangering situations
- ◆ All suspected or potential suicidal risks
- ◆ Other issues identified by the CO as reportable

**When a sexual assault is reported to an ombudsman, the ombudsman will report the incident to the commanding officer and Sexual Assault Response Coordinator (SARC), per NAVADMIN 065/14, Ombudsman Reporting Requirements for Sexual Assaults, 14 Mar 14. This will be taught in Sexual Assault Prevention and Response (SAPR) training.**

### Report Details



When contacting FAP with cases of known or suspected child abuse and domestic/intimate partner abuse, ombudsmen should be prepared to detail:

- ◆ What they observed or have been informed of, including the date and time
- ◆ The names of persons involved
- ◆ Addresses and phone numbers of persons involved
- ◆ Service member's command
- ◆ Their contact information

It is the responsibility of FAP to provide an assessment for child protective services to investigate allegations. Therefore, it is not necessary to know all of the details of the incident before a report is made. It is easier to make a report when the ombudsman has overheard or observed the behavior in question. It can cause hesitation and anxiety when an incident has not been observed firsthand but through information from another source. In that case, the ombudsman is still mandated to report what they have been told. In these cases, the ombudsman should make it clear that they did not personally observe the behavior. Another option is for the ombudsman to assist the eyewitness in calling FAP to report the abuse. As a mandated reporter, the ombudsman

still has the ultimate responsibility of making sure the command and FAP are advised of the known or suspected abuse. FAP will not be able to tell ombudsmen whether a report concerning an incident has already been made. For instances when the ombudsman has a question about report details or questions about whether an incident is “reportable,” they can call FAP and request guidance, without providing names.

Exceptions to reporting domestic abuse are made for privileged communication between a person and clergy when such communications are made as an act of a formal religious practice or conscience.

## Reservists Reporting Requirements

Navy Reserve personnel do not always fall under the Uniform Code of Military Justice (UCMJ), and therefore, the reporting requirements will vary from those personnel on active duty. When the suspected abuse occurs while the Reservist is in an active status, the ombudsman must report the incident to the commanding officer, who will contact the appropriate authorities. In the Navy and potentially in other branches, as well, a Reservist is considered to be activated or mobilized under the following circumstances:

- ◆ from the moment one leaves home, en route to report for active duty, one is subject to the UCMJ.
- ◆ while on inactive duty training (IDT), including travel to and from the drill site.
- ◆ when called to active duty for the purpose of dealing with Article 15 or Article 30 proceedings (e.g., trial by court-martial).

If a Navy Reservist is not serving in the capacity of their Navy job when an incident occurs, the requirement to report an incident to the command is not applicable. The abuse should be reported to the nearest local law enforcement authorities and/or the state’s child protective services agency. However, if the commanding officer has stated that they want to be informed of such incidents regardless of the Reservist’s status, then the fifth reportable category applies. Under these circumstances, the ombudsman will inform the CO or command point of contact (POC) of the incident. The command will take any necessary action and make the appropriate reports to local authorities, child protective services, etc. In notifying the command, the ombudsman would have satisfied their requirement.

## E. Victim Reporting Options

Effective May 2006, DoN allows adult victims of domestic abuse the option to make a restricted or unrestricted report of domestic abuse.

An unrestricted report may be made to security, an ombudsman or the service member’s chain of command and may be followed by administrative action.



A restricted report can only be received by a FAP clinician, victim advocate or healthcare provider, who can then offer a restricted report as an option. (If the report is made to anyone else, including an ombudsman, the report becomes unrestricted.) A restricted report allows the victim to seek medical services, counseling and access other resources without involving the command or security in the incident. FAP and healthcare personnel will discuss the benefits and limitations of a restricted report with the victim so they can make an informed decision. The victim can use advocacy and counseling services to explore their options and can take their time deciding when or whether they want to involve others. A victim always has the option to change a restricted report to an unrestricted report.



*Due to reporting requirements per OPNAVINST 1750.1G, an ombudsman will never be involved with a restricted report. Ombudsmen should refer questions about restricted and unrestricted reporting to the Family Advocacy Representative (FAR), who will respond to the victim.*

Both restricted and unrestricted reporting options have benefits and limitations.

For example, in an unrestricted report, the command's involvement helps to ensure that maximum safety measures can be put into place to address the current abuse and reduce the likelihood of future abuse, such as a military protective order (MPO). In addition, the command's involvement can serve to provide the offender impetus to participate in needed treatment. Additionally, security personnel can be involved to document, collect and analyze any evidence.

By contrast, because the command is not involved in a restricted report, a victim may rely on non-military organizations for assistance (e.g., shelter). When the command is not involved in the process, options to secure the victim's safety are limited. Without safety measures in place, the abuse may continue. Safety remains a priority when these options are discussed with the victim. A risk assessment completed by the FAP clinician will help the victim understand the risk factors in the relationship. In cases of serious injury or risk, the restricted report option cannot be extended by FAP or medical staff. An unrestricted report must be made.

Ombudsmen are part of the command support team (CST); therefore, once the victim reports an incident of spouse/intimate partner abuse to an ombudsman, there is no longer the option for a restricted report. In many cases, the victim begins by discussing their dissatisfaction with the relationship or alludes to a "big fight" without going into specifics about the incident. The ombudsman is responsible for informing the alleged victim of their mandate to report abuse. When possible, the ombudsman should attempt to help the victim limit disclosure and encourage them to call FAP to report the incident. This will allow the victim to retain the option for a restricted report. If the victim proceeds to disclose, the ombudsman should inform the service member or family member that they are required to report the allegation of abuse.

All child abuse **must** be reported. There is no restricted reporting option for child abuse.

## F. Myths and Facts about Abuse and FAP



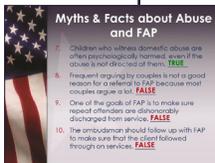
Most people have some misconceptions and biases as they relate to child and spouse/intimate partner abuse and FAP.

Sometimes, feelings about the dynamics of the relationship between the alleged offender and victim cause the ombudsman to view the incident as “deserved” (e.g., adultery, a spouse who appears unsupportive of the service member, a defiant child).



The following quiz will help ombudsmen assess their knowledge of FAP and their role and responsibilities to support program goals.

Indicate whether the statement is true (T) or false (F).



1. Victims typically do something to cause the abuse.
2. Military protective orders serve to protect the “alleged” victim from further abuse and also serve to protect the offender from additional allegations.
3. As mandated reporters, ombudsmen are required to investigate allegations of abuse.
4. Ombudsmen are required to discuss and offer restricted and unrestricted reporting options with the victim.
5. Ombudsmen are required to contact the service member’s command directly to report that an allegation has been made.
6. It is necessary for ombudsmen to get all of the details of an incident before contacting the base commander and FAP so they are best prepared to answer all possible questions.
7. Children who witness domestic abuse are often psychologically harmed, even if the abuse is not directed at them.
8. Frequent arguing by couples is not a good reason for a referral to FAP because most couples argue a lot.
9. One of the goals of FAP is to make sure repeat offenders are dishonorably discharged from service.
10. The ombudsman should follow up with FAP to make sure that the client followed through on services.

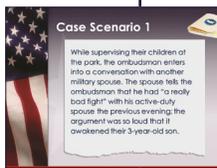
### ANSWERS:

1. **FALSE.** Abuse typically occurs because offenders do not have the necessary communication and coping skills to deal with relationship problems. In more extreme cases, an offender believes they have the right to use assault, intimidation and other control tactics to force their children or spouse/intimate partner to comply with their demands.

2. **TRUE.** MPOs are designed to protect both the “alleged” victim and “alleged” offender. Unfortunately, they are often perceived as a tool for punishing the offender.
3. **FALSE.** Ombudsmen are not investigators. Once an assault or threat has been communicated, ombudsmen should advise the victim or reporter that they are required to report the abuse. The ombudsman should not seek additional information. The victim and/or reporter will have the opportunity to share the details with a clinician, who is qualified to assess the situation.
4. **FALSE.** Ombudsmen are not authorized to discuss or provide information about reporting options. The ombudsman is a mandated reporter, meaning their reports constitute an unrestricted report. Only FAP clinicians, victim advocates and healthcare providers are authorized to both explain and offer restricted and unrestricted reporting options.
5. **TRUE.** As mandated reporters, ombudsmen must follow protocol as outlined in OPNAVINST 1750.1G, Enclosure (8). This protocol requires that the ombudsman inform the command of all known or suspected cases of family violence.
6. **FALSE.** Ombudsmen are not required to have every detail of the incident prior to calling FAP and the command. FAP staff will take all available information and will contact the involved parties to gather additional needed information.
7. **TRUE.** While exposure to a single incident of domestic abuse may have little or no lasting effect on a child, chronic exposure to abuse is psychologically harmful to children. Repeated exposure can manifest in depression, aggressive behavior and developmental problems in children. In some cases, children who are repeatedly exposed to domestic violence repeat the cycle of abuse in their own adult relationships.
8. **FALSE.** The best time to seek counseling services is before violence begins. Frequent arguing can be a sign that the couple needs professional help and support.
9. **FALSE.** FAP’s goal includes preventing abuse, support and treatment of victims, and rehabilitation of offenders. Forced separation from service is an administrative issue that rests with the command.
10. **FALSE.** The ombudsman has no responsibility to make sure the client complies with recommendations. If the victim requests the ombudsman to accompany them to the FFSC, this may be a sign of trust between the victim and the ombudsman. The ombudsman should not expect to be included in the counseling or FAP interview and will not be provided privileged information about the case.

## G. Case Scenarios

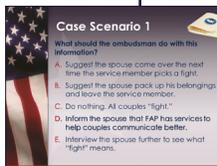
### Case Scenario I



*While supervising their children at the park, the ombudsman enters into a conversation with another military spouse. The spouse tells the ombudsman that he had “a really bad fight” with his active-duty spouse the previous evening; the argument was so loud that it awakened their 3-year-old son.*

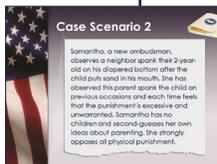
*What should the ombudsman do with this information?*

- A. Suggest the spouse come over the next time the service member picks a fight.
- B. Suggest the spouse pack up his belongings and leave the service member.
- C. Do nothing. All couples “fight.”
- D. Inform the spouse that FAP has services to help couples communicate better.
- E. Interview the spouse further to see what “fight” means.



**Answer: D** — The term “fight” often has different connotations, depending on an individual’s experience. It is frequently used to describe an intense argument that did not include any true violence. It is important to not assume more than what is presented when a family member or service member discusses a marital or child problem. The ombudsman should refer the spouse to FAP for assessment of the situation as well as services.

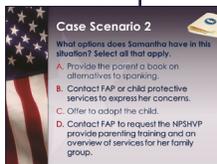
## Case Scenario 2



*Samantha, a new ombudsman, observes a neighbor spank their 2-year-old on his diapered bottom after the child puts sand in his mouth. She has observed this parent spank the child on previous occasions and each time feels that the punishment is excessive and unwarranted. Samantha has no children and second-guesses her own ideas about parenting. She strongly opposes all physical punishment.*

*What options does Samantha have in this situation? Select all that apply.*

- A. Provide the parent a book on alternatives to spanking.
- B. Contact FAP or child protective services to express her concerns.
- C. Offer to adopt the child.
- D. Contact FAP to request the NPSHVP provide parenting training and an overview of services for her family group.



**Answer: B and D** — Although physical punishment is not the most effective means for teaching a child more appropriate behavior, it is neither illegal nor an automatic determinant of child physical abuse. Child physical abuse is defined, in part, by physical symptoms such as bruises, welts, and so on. Many parents use corporal punishment and do not cause injury to their child. Parents who use corporal punishment often do so when they are angry. Other times, parents become angry and use inappropriate discipline because they have unrealistic expectations of the child or do not understand normal developmental behaviors in children. For example, it is developmentally appropriate for 2-year-olds to explore objects by putting them in their mouths. It is appropriate for a parent to discourage this by removing the object and giving the child something else on which to focus. It is important for ombudsmen to acknowledge their own

thoughts and feelings about corporal punishment. When in doubt, call FAP or child protective services anonymously and seek information. It is always a good idea to provide parents an opportunity to learn effective parenting skills. A person does not have to be a parent to be concerned about children.

### Case Scenario 3

*The ombudsman overhears a detailed conversation of a Sailor striking their intimate partner during a fight, leaving several bruises to the partner's arm and a minor cut on the lip. The ombudsman observed the injuries allegedly caused by the altercation. There are rumors that the partner had an affair while the Sailor was deployed. The Sailor is a good parent, provider and a hard worker.*

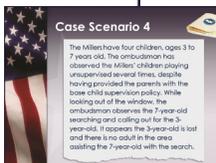
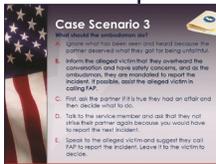
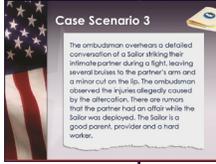
*What is the ombudsman's responsibility in this situation?*

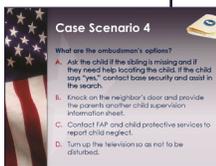
- A. Ignore what has been seen and heard because the partner deserved what they got for being unfaithful.
- B. Inform the alleged victim that they overheard the conversation and have safety concerns, and as the ombudsman, they are mandated to report the incident. If possible, assist the alleged victim in calling FAP.
- C. First, ask the partner if it is true they had an affair while the Sailor was deployed and then decide what to do.
- D. Talk to the service member and ask that they not strike their partner again because you would have to report the next incident.
- E. Speak to the alleged victim and suggest they call FAP to report the incident. Leave it to the victim to decide.

**Answer: B** — Ombudsmen are mandated reporters of all known or suspected incidents of child and spouse/intimate partner abuse. It can be very uncomfortable to insert oneself into the marital and family affairs of others. However, ombudsmen must be clear about when, why and how they become involved in the conflicts of neighbors. Mandated reporting keeps the command abreast of incidents of abuse occurring on base and makes sure that victims are protected from further abuse. The ombudsman is required to report the incident, even if the information was not intended for the ombudsman, nor solicited by the ombudsman.

### Case Scenario 4

*The Millers have four children, ages 3 to 7 years old. The ombudsman has observed the Millers' children playing unsupervised several times, despite having provided the parents with the base child supervision policy. While looking out of the window, the ombudsman observes the 7-year-old searching and calling out for the 3-year-old. It appears the 3-year-old is lost and there is no adult in the area assisting the 7-year-old with the search.*



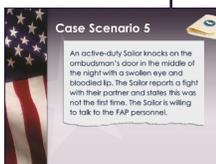


*What are the ombudsman's options?*

- A. Ask the child if the sibling is missing and if they need help locating the child. If the child says "yes," contact base security immediately and assist in the search.
- B. Knock on the neighbor's door and provide the parents another child supervision information sheet.
- C. Contact FAP and child protective services to report child neglect.
- D. Turn up the television so as not to be disturbed.

**Answer: A** — All military bases have child supervision policies and guidelines. It is important that parents are aware of these guidelines and adhere to them so that children are not put at risk of undue harm. Inadequate child supervision is a serious issue and one of the most common situations ombudsmen face. It is important that parents be given the opportunity to become familiar with child supervision guidelines. To this end, ombudsmen can be helpful by having information available and posted in stairwells and other common areas. Parents who have not previously lived on base may not be aware of the supervision guidelines. Also, cultural and social differences may cause parents to disregard what seem to be overly restrictive and intrusive rules and customs. The ombudsman should first take the opportunity to make sure the parents have received the relevant information about child supervision. In cases where the parents ignore the guidelines and/or the child is clearly at risk (lost), security should be called for assistance.

### Case Scenario 5

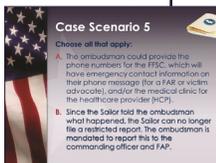


*An active-duty Sailor knocks on the ombudsman's door in the middle of the night with a swollen eye and bloodied lip. The Sailor reports a fight with their partner and states this was not the first time. The Sailor is willing to talk to FAP personnel.*

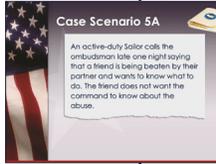
*Choose all that apply:*

- A. The ombudsman could provide the phone numbers for the FFSC, which will have emergency contact information on their phone message (for a FAR or victim advocate), and/or the medical clinic for the healthcare provider (HCP).
- B. Since the Sailor told the ombudsman what happened, the Sailor can no longer file a restricted report. The ombudsman is mandated to report this to the commanding officer and FAP.

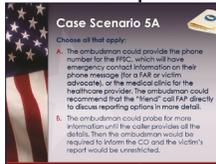
**Answer: A and B** — Both responses apply to this situation; however, response B is required.



Let's change the scenario around a little:



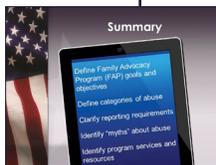
*An active-duty Sailor calls the ombudsman late one night saying that a friend is being beaten by their partner and wants to know what to do. The friend does not want the command to know about the abuse.*



- A. The ombudsman could provide the phone number for the FFSC, which will have emergency contact information on their phone message (for a FAR or victim advocate), or the medical clinic for the healthcare provider. The ombudsman could recommend that the “friend” call FAP directly to discuss reporting options in more detail.
- B. The ombudsman could probe for more information until the caller provides all the details. Then the ombudsman would be required to inform the CO and the victim’s report would be unrestricted.

**Answer: A** is the correct response.

## H. Summary and Conclusion



FAP addresses child and spouse/intimate partner abuse through prevention, intervention and treatment efforts. It is important for ombudsmen to have a basic understanding of FAP, its mission, goals and services so they can make appropriate referrals and have confidence that family members or active-duty personnel will get the services they need. This training covered:

- ◆ FAP goals and objectives
- ◆ Categories of abuse
- ◆ Reporting requirements
- ◆ Myths and facts about abuse
- ◆ Program services and resources

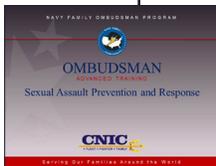
# OMBUDSMAN ADVANCED TRAINING

# SEXUAL ASSAULT

# PREVENTION AND RESPONSE

# INSTRUCTOR GUIDE

## I. INTRODUCTION AND PURPOSE



Sexual assault prevention and response is a high-visibility area for the military and a priority for the Navy. Sexual assault is a criminal act, incompatible with the Department of Navy's (DoN) core values, high standards of professionalism and personal discipline. The Navy has traditionally done its best to take care of Sailors. In addition, in 1991, as part of its *Update Report on the Progress of Women in the Navy*, the 1990 Navy Women's Study Group made a number of recommendations regarding the assimilation of women into the Navy.

As a result of these recommendations, the Navy was the first service to have a dedicated, funded program for sexual assault. Established in 1994 and fully implemented in 1996, the Sexual Assault Prevention and Response (SAPR) program offers a standardized, consistent, victim-sensitive system to prevent and respond to sexual assaults Navy-wide.

Senior leadership within the Navy and the Department of Defense (DoD) are committed to ensuring that the critical goals of the SAPR program are met by all shore and afloat commands.

Although this training is about sexual assault, it is important to understand the difference between sexual harassment and sexual assault.

Sexual harassment is a form of gender discrimination and is characterized by:

- ◆ unwelcome sexual advances.
- ◆ requests for sexual favors.
- ◆ verbal or physical conduct of a sexual nature.

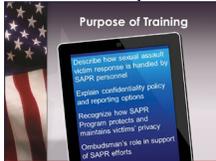
Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."

Sexual assault and sexual harassment are not the same, although they are related. If left unchallenged, sexual harassment can result in sexual assault.

Sexual harassment may be a crime, depending on the form it takes, but sexual assault is always a crime. Both sexual harassment and sexual assault are punishable under the Uniform Code of Military Justice (UCMJ).

The purpose of this training is to provide a more thorough description of SAPR goals and response efforts so ombudsmen understand how sexual assault victim response is handled by SAPR personnel and how ombudsmen can support these efforts.

## II. LEARNING OBJECTIVES



At the completion of this training, participants should be able to:

- ◆ describe how sexual assault victim response is handled by SAPR personnel.
- ◆ explain the details of confidentiality and the reporting options.
- ◆ recognize how the SAPR Programs protects and maintains victims' privacy.
- ◆ understand how ombudsmen can support sexual assault response efforts.

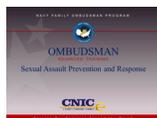
## III. OUTLINE

- A. Victims of Sexual Assault (Exercise: Circles of Privacy)
- B. The SAPR Program
- C. SAPR Program Roles and Responsibilities
- D. Confidentiality and Reporting Options
- E. Ombudsman Role in Sexual Assault Victim Response
- F. Summary and Conclusion

## IV. MATERIALS AND EQUIPMENT

- ◆ PowerPoint presentation
- ◆ On-screen projector
- ◆ Flip chart and easel with markers or whiteboard with markers

**Instructor's cues and icons.** The following icons are used throughout this instructors guide to provide a visual cue of the content.



Provides an “at a glance” cue to ensure slides are in sync with the content.



Indicates a note that provides additional information and/or offers tips to help trainers guide the content and facilitate activities.



**Note:** Be sure to rehearse the presentation before using it in a live training. Several of the slides have animation settings, so the text appears on the slide once the slide is showing. When this is the case, the text is animated to follow the content presented in this guide.



**Note:** If you are able to plan additional time for the training, you may want to ask the installation Sexual Assault Response Coordinator (SARC), the SAPR command point of contact (SAPR POC) or an active SAPR Victim Advocate (SAPR VA) to speak about the SAPR program and victim response at your command.

## V. REFERENCES

SECNAVINST 1752.4A of 1 December 2005, Sexual Assault Prevention and Response. Revises policy and provides guidance for the establishment of a sexual assault prevention/victim assistance program with the DoN.

OPNAVINST 1752.1B of 26 December 2006, Sexual Assault Victim Intervention (SAVI) Program. Issues policy, prescribes procedures and assigns responsibility for implementation of the SAVI program within the U.S. Navy.

DoD Directive 6495.01, Change 1 of 30 April 2013, Sexual Assault Prevention and Response (SAPR) Program. Deputy Secretary of Defense, Washington, D.C. Implement DoD policy and assign responsibilities for the SAPR program on prevention, response and oversight to sexual assault.

DoD Directive 6495.02, Change 1 of 28 March 2013, Sexual Assault Prevention and Response (SAPR) Program Procedures. Establishes and implements policy, assigns responsibility and provides guidance and procedures for the SAPR program, SAPR SAFE kit, SACMG; sets minimum program standards and training requirements.

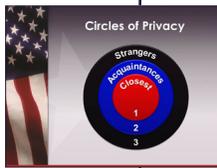
OPNAVINST 1750.1G, Change 1 of 7 March 2012, Navy Family Ombudsman Program. Provides policy and assigns responsibility for the Navy Family Ombudsman Program.

## VI. CONTENT

### A. Victims of Sexual Assault

The purpose of this training is to provide a more thorough description of the SAPR program goals and efforts so you will understand how sexual assault victim response is handled by SAPR personnel and know how you can support these efforts.

Here is an exercise to help you get in the mindset of the most important person in the SAPR program.



## Exercise: Circles of Privacy

The images on slide 2 have three circles. The innermost circle (circle 1) represents the people you feel closest to, such as family or friends. The middle circle (circle 2) represents people you know and see regularly but are not particularly good friends, such as neighbors, colleagues, etc. The outermost circle (circle 3) represents strangers.

Keep these three groups of people in mind as you complete this exercise.

The following chart lists 10 topics. Circle the group that represents who you would feel most comfortable discussing the issues or situations. Circle 1: Family or friends; Circle 2: Acquaintances; or Circle 3: Strangers.

Circle your responses quickly, even if some of the topics do not apply to you or make you feel uncomfortable.



**NOTE:** To do this activity in a group during training, have participants number a sheet of paper from 1 to 10. Rapidly, without pause, read the list of topics aloud and ask them to write the number associated with the group with whom they would feel most comfortable discussing the issue or situation.

To debrief, take a few minutes to discuss their experience with this activity. Did they learn anything new about themselves? Did they notice any patterns about certain types of things they felt more or less comfortable discussing?

**Circle the group with whom you would feel most comfortable discussing the issue or situation.**

Topic	Circle 1 Close	Circle 2 Acquaintances	Circle 3 Strangers
Steal something	1	2	3
For whom you vote	1	2	3
Annual salary	1	2	3
Racial prejudice	1	2	3
Sexual experience	1	2	3
Have an abortion	1	2	3
Cheat on partner	1	2	3
Marital problems	1	2	3
Your weight	1	2	3
Incest/assault	1	2	3

Did you learn anything new about yourself? Did you notice any patterns about certain types of things you felt more or less comfortable discussing?

The purpose of this activity was to help you appreciate the courage it may take for victims of sexual assault to disclose the assault. The victim of sexual assault is the most important person in the SAPR program.

SAPR is a victim-centric program. Providing support for victims means understanding the potentially extraordinarily fragile state of a person calling to report a sexual assault.

Sexual assault response efforts fall into two categories: victim response and offender accountability. Sexual Assault Response Coordinators (SARCs) and Sexual Assault Victim Advocates (SAPR VAs) conduct an intake and assessment of victims for services. Commanders, Naval Criminal Investigative Service (NCIS), law enforcement and base legal services are concerned with offender accountability and, therefore, must ask victims to relive the assault by talking about it repeatedly and in detail.

Because victims of sexual assault, unlike victims of most other crimes, often have strong feelings of guilt and shame associated with the assault, the first responders, medical personnel and SAPR personnel offer non-judgmental support.

SAPR is a voluntary program with all personnel trained to assist victims when, how and to the extent the victim wishes. SAPR VAs are the first responders for victims of sexual assault.

The most important thing for ombudsmen to remember about the SAPR program is that it is victim-centered. Sexual assault is one of the most unreported crimes. Some victims reach out for help directly from the crime scene. Others may come forward after weeks, months, even years. But most do not ever report the crime. We will begin by looking at common barriers to reporting sexual assault.

## Barriers to Reporting



Although many reasons are given for not reporting and for delayed reporting of sexual assault, among the most common is the victim's sense of shame about disclosing the details of the assault, having family and friends hear the details, being perceived as having permitted the assault or being complicit in the assault, being seen by the command as weak, and so on.

Male victims may have additional fears. Victims of male-against-male sexual assault may fear that others might think they are homosexual. Male victims often feel acutely ashamed because they believe they allowed themselves to be assaulted.

Victims of drug- or alcohol-facilitated sexual assault may have willingly taken the drugs or drunk the alcohol. They may feel ashamed because they believe the assault is somehow their fault.

One of the most common things that those working with victims of sexual assault tell victims is that the assault is not their fault. No matter what a victim did before or during the assault, they did not cause or deserve the assault.

## Military Reporting Trends

According to a survey conducted by the DoD Care for Victims of Sexual Assault Task Force, military victims of sexual assault have given the following reasons for not reporting their assault or for delaying the report:



- ◆ Embarrassment due to underage drinking
- ◆ Memory block because of alcohol
- ◆ Fear of the legal process
- ◆ Desire by females to be seen as tough
- ◆ Desire to protect offender from harsh punishment
- ◆ Lack of trust in chain of command or system
- ◆ Concern about career, unit and mission
- ◆ Lack of privacy or fear of exposure
- ◆ Accusations of victim
- ◆ Having to retell and relive the assault
- ◆ Fear of higher-ranking offenders
- ◆ Self-blame
- ◆ Fear of punishment for collateral misconduct



## Navy Reporting Trends

The Naval Inspector General (IG) Sexual Assault study revealed the following reasons that Navy victims of sexual assault fail to report:



- ◆ Fear of ostracism by peers
- ◆ Fear of public disclosure
- ◆ Feeling of shame and embarrassment
- ◆ Fear of negative impact on career
- ◆ Fear of encouraging stereotype of women as weak
- ◆ Commitment to mission
- ◆ Fear of losing security clearance
- ◆ Could influence morale of other females serving with them

This underscores the importance of maintaining victim privacy. When a victim does choose to seek help following a sexual assault, they must be able to depend upon accurate information and a respect for their decisions in the response process. The individuals who are best trained to provide them with information and appropriate referrals are the on-call SAPR VA who is available 24/7 to respond to victims of sexual assault, and the SARC. It is a victim's choice as to which services and resources they utilize.



## DoN Reporting Statistics FY 2012

Approximately one in five women and one in 100 men have told their Veterans Affairs healthcare provider that they experienced sexual trauma in the military. These data speak only to the rate among veterans who have chosen to seek care from VA medical centers.

DoN sexual assault reporting statistics for fiscal 2012:

- ◆ 527 unrestricted reports
- ◆ 200 restricted reports
- ◆ 48 converted reports (from restricted to unrestricted)
- ◆ 775 total reports

## B. The Sexual Assault Prevention and Response (SAPR) Program



In 1996, the DoN standardized sexual assault prevention and response with the issuance of a general guidance, SECNAVINST 1752.4, which stated:

- ◆ Sexual assault is a criminal act that is incompatible with the Department of the Navy's core values, high standards of professionalism, and personal discipline.
- ◆ Commanders shall take appropriate action under U.S. laws and regulations in all cases of sexual assault.

With these goals in mind, OPNAVINST 1752.1A established the Navy's SAPR program with three components:

- ◆ Awareness and prevention education
- ◆ Victim advocacy and intervention
- ◆ Collection of reliable data on sexual assault

## DoD Policies



Following the release of a report from the DoD Care for Victims Task Force in April 2004, the SAPR program and policies provided a model for DoD and the services as they established a DoD-wide Sexual Assault Prevention and Response Office (SAPRO) and comprehensive policies. Existing Navy policy and new DoD policy are reflected in DoD Directive 6495.01 and DoD Instruction 6495.02, which standardized:

- ◆ 24/7 sexual assault response capability.
- ◆ confidentiality policy, allowing for restricted reporting.
- ◆ the Sexual Assault Response Coordinator (SARC).
- ◆ the Sexual Assault Case Management Group (SACMG), facilitated by the SARC.

These are the four standardized, cross-service elements of SAPR programs. Ombudsmen, although not specifically designated to do so, can help ensure that, from a victim response perspective, commands are providing every possible means of ensuring that there is 24/7 response capability.

In 2013, SAPR VA training was updated and expanded to a 40-hour curriculum. SAPR VAs now go through a rigorous certification program facilitated by the Defense Sexual Assault Advocate Certification Program (D-SAACP) to ensure they are adequately prepared to fulfill the role of a victim advocate. SAPR VA and SARC certification through D-SAACP is congressionally mandated through the National Defense Authorization Act (NDAA). The certification process is reviewed through National Advocate Credentialing Program (NACP).

### C. SAPR Roles and Responsibilities



The primary SAPR roles in victim response are SAPR VAs and SARCs. SARCs are installation-based and are responsible for the SAPR program for all commands associated with their installation, including shore and afloat commands.



#### Sexual Assault Response Coordinator (SARC)

SARCs are responsible for coordinating and managing all aspects of sexual assault prevention and response: awareness and prevention education, victim advocacy and intervention, case management, and the collection of reliable data.



**NOTE:** *The key position within SAPR is the installation SARC. The SARC is responsible for the SAPR program at all commands, including shore, afloat, and tenant.*

The SARC position is common to all service branches. Navy SARCs are located at the installation, often in the Fleet and Family Support Center (FFSC). They ensure that all necessary services, military and civilian, are acting to provide support for victims of sexual assault. SARCs also facilitate the transfer of cases, or expedited transfers, when victims change duty station, ensuring what is known as a “warm hand-off.” SARCs are responsible for managing all cases of sexual victims within their area of responsibility.

The expedited transfer gives military service members who are victims of sexual assault the right to request an expedited transfer from their unit and installation. The service member’s unit commander has to respond within 72 hours of a request and the service member may appeal to a higher officer if the request is denied.

## SARCs:

- ◆ Train SAPR VAs and assign them to installation watch bills to provide 24/7 response capability.
- ◆ Track all services provided to victims.
- ◆ Safeguard information and victim privacy.
- ◆ Facilitate the Sexual Assault Case Management Group.
- ◆ Monthly victim updates come from the victim's CO.
- ◆ Provide regular updates to installation commanding officer.

## SAPR Victim Advocate (SAPR VA)



The SAPR VA is the central SAPR role in victim response. SAPR VAs are the only responders whose sole interest is making sure the victim's needs are met. If a victim opts to have the support of a SAPR VA, the SAPR VA will provide support services until the case is concluded or the victim no longer feels the need. SAPR VAs may accompany victims during medical exams and through investigative, legal and judicial proceedings if the victim chooses. SAPR VAs help victims identify and use available resources to empower victims and keep them safe.

As part of their role, SAPR VAs advocate for the victims they are supporting at the monthly SACMG meetings, providing SARCs with information about the services victims choose. SAPR VAs may also participate in sexual assault prevention and awareness efforts through the command.

SAPR VAs use traditional advocacy skills and strategies to help victims regain a sense of control over their lives. The primary responsibilities of the SAPR VA:

- ◆ secure basic needs of victim.
- ◆ provide emotional support and assistance to victims.
- ◆ provide information and options to victims.
- ◆ reduce re-victimization.
- ◆ refer to Victim's Legal Counsel (VLC)
- ◆ accompany victims to medical, investigative, and legal appointments, if victims choose.
- ◆ ensure the victim receives Victim and Witness Assistance Program services or victim rights notification.
- ◆ offer covered communication for restricted reporting.
- ◆ secure transportation if needed.

SAPR VAs do not keep records. SAPR VAs submit all SAPR records to the SARC on the next business day.

## SAPR Command Liaison



SAPR command liaisons are assigned only when there is a report of sexual assault. DoDI 6495.02 and SECNAVINST 1752.4B require the CO to work directly with the victim. The command liaison also works with victims, the investigative team, and the SARC to keep the invasiveness of the investigation and the chance of re-victimization to a minimum.

SAPR command liaison's responsibilities include, but are not limited to:

- ◆ acting as liaison for the victim regarding command issues.
- ◆ serving as a direct link between the victim and commanding officer.
- ◆ is generally known only to the command, the SARC and the specific victim.
- ◆ promoting responsive management of sexual assault cases.
- ◆ ensuring the victim is not re-victimized by a command response.

## SAPR Data Collection Coordinator (DCC)



The SAPR DCC is not involved in the victim response but submits the message traffic for the SAPR situation report (SITREP). Though not directly involved with the victim at any time, the DCC is actively involved in victim response. Also, because the DCC ensures accurate collection of data about cases of sexual assault, they work with the SARC to ensure that SAPR program goals are met.

As the name implies, the DCC ensures that all data elements for each sexual assault are collected and reported through personnel incident reporting requirements in a timely manner. The DCC:

- ◆ collects data through coordinated effort with all agencies assisting victim.
- ◆ ensures timely filing of initial, continuation and final SITREPs.

## SAPR Command Point of Contact (SAPR POC)



The POC is the only SAPR role not involved in sexual assault response or with victims in any way. The POC is involved only with the awareness and prevention aspects of SAPR.

As the senior trained SAPR representative and designated SAPR POC at a command, the SAPR POC manages command sexual assault awareness and prevention education. Unless the command SAPR POC is also trained as a SAPR VA, they will normally have no interaction with victims. They are responsible for facilitating awareness and prevention training, maintaining current information on military and civilian victim resources and providing oversight of command compliance with SAPR program requirements. The SAPR POC:

- ◆ provides information about the SAPR program and sexual assault prevention and education requirements.
- ◆ coordinates sexual assault awareness-and-prevention trainings for command.
- ◆ maintains information about local military and civilian sexual assault resources.
- ◆ maintains relationships with other military and civilian resources.

**Of the five SAPR roles, ombudsmen will only be involved with the second, Sexual Assault Prevention and Response, unless they choose to get involved separately with awareness-and-prevention efforts. It is important for ombudsmen to know who the installation SARC is and their role; understand the other SAPR command roles; and know how to help a victim report a sexual assault.**

## D. Confidentiality and Reporting Options



Although the Navy is committed to the accountability and prosecution of sexual offenders, it is equally committed to ensuring that victims of sexual assault are protected, treated with dignity and respect, and provided support, advocacy, and services. Because sexual assault is the most unreported violent crime and mandated reporting can represent a barrier for victims to access support, the Navy believes that a system that promotes privacy and confidentiality may have a positive influence in bringing victims forward.

With this in mind, the Navy and DoD offer two reporting options for active-duty victims of sexual assault and their legal dependents 18 years of age and older:

*Unrestricted reporting* — for victims of sexual assault who want medical treatment, advocacy, counseling and an official investigation of the crime.

*Restricted reporting* — for victims who want to confidentially disclose the crime to specifically identified individuals and receive medical treatment, advocacy and counseling without triggering command notification and official investigation.



### Unrestricted Reporting

Unrestricted reporting ensures the widest range of rights and protections to the victim, including an official investigation of the allegations, offender accountability and additional command protective actions. The victim has access to the same support and care offered with a restricted report, to include medical treatment, advocacy services, counseling, chaplain and legal assistance.

Unrestricted reporting triggers command notification. When a sexual assault is reported to an ombudsman, it must be reported to the installation SARC and the commanding officer. Assaults perpetrated by a current or former spouse, or current or former intimate partner should be handled as a domestic abuse case and are reportable to FAP and the commanding officer.

All unrestricted reports of alleged sexual assault that involve adult victims and alleged offenders will be reported regardless of the military affiliation of the victim or alleged offender or the location in which the assault occurred.

### Unrestricted Reporting: Applicability



- ◆ any military medical beneficiary
- ◆ active-duty Sailors
- ◆ Reservists
- ◆ adult military dependents sexually assaulted by someone other than a spouse or intimate partner

Reserve Component and National Guard members who were sexually assaulted while performing active service or inactive duty training are entitled to full SAPR services.

### Unrestricted Reporting: Benefits



- ◆ protection of victims
- ◆ accountability of the assailant
- ◆ special consideration of duty status for victims
- ◆ reduced threat of attacks on others

### Unrestricted Reporting: Limitations



- ◆ victims cannot change to restricted reporting
- ◆ victims may consider the investigation or legal process to be too intrusive
- ◆ assault will become known and discussed among those with a need to know
- ◆ investigation and court proceedings could be lengthy

**Note:** *If a victim inadvertently makes an unrestricted report (e.g., tells the leading petty officer), nothing in Navy confidentiality policy requires the victim to participate in any criminal justice investigation that might be initiated. A victim may choose not to provide a statement to NCIS.*





## Restricted Reporting: Applicability

Restricted reporting is only available to active-duty military personnel and military dependents 18 years of age or older. This means that a victim can receive services without informing the command of the sexual assault for triggering an investigation. Cases referred to the Family Advocacy Program (FAP) may also be eligible for restricted reporting through FAP.

To file a restricted report, the victim can only disclose a sexual assault to the following people:

- ◆ SARC
- ◆ SAPR VA
- ◆ Healthcare provider
- ◆ Deployed Resiliency Counselor (DRC)
- ◆ Victim's Legal Counsel
- ◆ Chaplain

The DRC is a Tier III qualified, independently licensed clinical counselor, who will provide support services such as counseling and psychoeducational trainings to deployed forces aboard a ship while afloat and at homeport. The DRC also serves as a liaison to the homeport Sexual Assault Response Coordinator, providing immediate sexual assault response and coordination to allegations of sexual assault and as a liaison to the homeport Family Advocacy Program.

Reserve Component and National Guard members who were sexually assaulted while in civilian status (i.e., prior to or while not performing active service or inactive training) are only eligible to receive limited, immediate short-term SAPR support services from a Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response Victim Advocate (SAPR VA), including Restricted and Unrestricted Reporting options. The SARC or SAPR VA will connect them to appropriate resources and service for further care and assistance.

Military chaplains have “absolute privilege.” Anyone disclosing an assault to a chaplain may still opt for restricted reporting by disclosing to a SARC, SAPR VA or healthcare provider.

Investigations of restricted reporting cases may occur if:

- ◆ the commander receives information from a source independent of the restricted reporting avenues.
- ◆ the victim discloses the circumstance of the sexual assault to someone other than the SAPR VA, SARC, chaplain, or healthcare provider (the protective sphere). For example, if the command received notification of an assault from a witness or someone that the victim/offender told about the assault, the command would then be required to notify law enforcement to investigate.



## Restricted Reporting: Description

Command leadership is notified that a sexual assault has been reported but is given no identifying information about victim or offender, if known.

Resources available to victims:

- ◆ medical treatment
- ◆ forensic exam
- ◆ advocacy services
- ◆ counseling
- ◆ Victim's Legal Counsel (VLC)
- ◆ chaplain



## Restricted Reporting: Exceptions

- ◆ Any victim, including active-duty personnel, who discloses a sexual assault by a current or former spouse or intimate partner will be referred to Navy FAP.
- ◆ Intimate partner is defined as someone with whom the victim shares a child in common or someone who shares or has shared a common domicile.
- ◆ When someone under age 18 is sexually abused by someone older than 18 or in a position of power or authority over them (e.g., a teenage babysitter), this constitutes child sexual abuse and will be referred to FAP.



## Restricted Reporting: Benefits

Restricted reporting can:

- ◆ remove barriers for victims.
- ◆ enable victims to change to unrestricted reporting.
- ◆ build victims' trust in the system to increase reporting.
- ◆ give victims time to consider their options and begin the healing process.
- ◆ empower victims.



## Restricted Reporting: Limitations

- ◆ Assailants remain unpunished.
- ◆ Victims cannot receive military protective orders or be reassigned for safety.
- ◆ Evidence from crime scenes may be lost.
- ◆ Victims are limited in terms of with whom they can discuss the assault.

## E. Ombudsman Role in Sexual Assault Victim Response



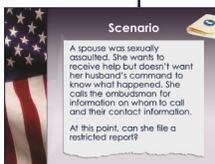
Sexual assaults are a crime. Commanding officers are responsible for reporting such incidents to law enforcement/NCIS and the Sexual Assault Response Coordinator (SARC). They should also ensure that a trained SAPR VA is assigned to support the victim.

When speaking with someone who may be trying to disclose a sexual assault, the ombudsman should ask the caller if they believe they are in immediate danger or in need of medical attention. If they answer “Yes,” ask them to stay on the phone with you while you call 911. If they answer “No,” explain the mandatory reporting requirements. You may provide the phone number for the on-call SAPR VA and Safe Helpline information, as well as offer to contact the SAPR VA for the victim.

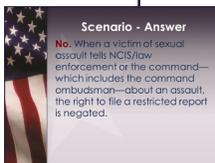
Be prepared to explain the role of the SAPR VA to the caller. If the caller does not wish to talk to the SAPR VA at this time, the installation SARC can also explain the options available to them. The caller may contact the SAPR VA or SARC themselves, or they may ask you to make the call on their behalf.

It is not up to the ombudsman to determine whether a sexual assault has occurred. If a victim seeks advice from or reports directly to an ombudsman, the ombudsman needs to be clear about their responsibility in reporting. When a sexual assault is reported to an ombudsman, it must be reported to the installation SARC and the commanding officer, per NAVADMIN 065/14, Ombudsman Reporting Requirements for Sexual Assaults, 14 Mar 14.

### Scenario



*A spouse was sexually assaulted. She wants to receive help but doesn't want her husband's command to know what happened. She calls the ombudsman for information on whom to call and their contact information. At this point, can she file a restricted report?*



**Answer: No.** When a victim of sexual assault tells NCIS/law enforcement or the command—which includes the command ombudsman—about an assault, the right to file a restricted report is negated.

In this scenario, the spouse told the ombudsman (an official representative of the command) about the assault, so her only option is to file an unrestricted report. The ombudsman must now report this incident to the command and the SARC. Had the spouse gone directly to the SARC, she could have filed a restricted report.

If an ombudsman would like additional consultation about the program, the process or reports, they should consult with the installation SARC, who can be located at the local FFSC. For example, without providing any personal identifying information, ombudsmen can consult with a SARC to determine how they should proceed with the report of sexual assault. Ombudsmen should know who the SARC is, how to contact the SARC, and be comfortable consulting with the SARC whenever necessary.

## F. Summary and Conclusion



With regard to sexual assault prevention and response, it is important that ombudsmen understand:

- ◆ victims of sexual assault may potentially be in a fragile emotional state.
- ◆ SAPR personnel roles and responsibilities.
- ◆ confidentiality policy and reporting options available to victims of sexual assault.
- ◆ the ombudsman's role and how they can support sexual assault response efforts.

Many ombudsmen are uncertain about what to report, when to report it, and to whom. The most important thing to remember is that ombudsmen are not counselors, and when in doubt, call the personnel mentioned throughout this training and ask about the situation, without giving the victim's name. They will help decide what action is necessary. The following chart may be used as a reference guide to help clarify situations and reporting requirements.

<p style="text-align: center;"><b>FAMILY ADVOCACY PROGRAM (FAP)</b></p> <p style="text-align: center;"><b>Child and Spouse/ Intimate Partner Abuse</b></p>	<p style="text-align: center;"><b>SEXUAL ASSAULT VICTIM ADVOCATE (SAPR VA)</b></p> <p style="text-align: center;"><b>Sexual Assault</b></p>
<p>Reportable to commanding officer per OPNAVINST 1750.1G and a FAP representative.</p>	<p>Ombudsmen are considered to be official representatives of the command; therefore, any report of sexual assault disclosed to them by service or family members of the command would be considered unrestricted and reportable to the CO.</p>
<p>Active duty and family member spouse/intimate partners may file a <b>restricted report</b> directly to FAP personnel (FAR and Domestic Assault Victim Advocate) or healthcare provider.</p>	<p>Active-duty personnel and military dependents 18 years of age or older may file a <b>restricted report</b>. They must file directly with the SARC, SAPR VA or healthcare provider.</p>
<p>A report made to anyone else (i.e., security, command personnel or ombudsman) is considered an <b>unrestricted report</b>.</p>	<p>A report made to anyone else (i.e., security, command personnel or ombudsman) is considered an <b>unrestricted report</b>.</p>
<p>A <b>restricted report</b> may be changed to unrestricted; an unrestricted report cannot be changed to restricted.</p>	<p>A <b>restricted report</b> may be changed to unrestricted; an unrestricted report cannot be changed to restricted.</p>
<p><b>OMBUDSMAN NOTE:</b></p>	
<p>A report made to an ombudsman must be reported to the commanding officer and a representative of the FAP in all cases.</p> <p>FAP will report suspected child abuse incidents to the responsible state child protective services agency.</p>	<p>A report made to an ombudsman must be reported to the commanding officer and the Sexual Assault Response Coordinator (SARC).</p>