

Family Advocacy Program (FAP)

I. Introduction and Purpose

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

Military spouses are often young and many live 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. Spouses seek not only your advice but also assurance that the resources you provide will be helpful. It is important to have a basic understanding of the Family Advocacy Program, its mission, goals and services. Getting the facts about FAP will also help you separate rumor and speculation from fact. This will help you make appropriate referrals, in addition to being confident that the family members or active duty personnel will get the services that they need.

II. Learning Objectives

At the completion of this training participants will be able to:

- Define Family Advocacy Program (FAP) Goals/Objectives.
- Define categories of abuse.
- Clarify reporting requirements.
- Identify “myths” about abuse.
- Identify program services/resources.

III. Outline

- A. FAP GOALS AND OBJECTIVES**
- B. TYPES OF CHILD ABUSE**
- C. SPOUSE/PARTNER ABUSE**
- D. REPORTING REQUIREMENTS**
- E. VICTIM REPORTING OPTIONS**
- F. MYTHS & FACTS ABOUT ABUSE AND FAP**
- G. CASE SCENARIOS**

IV. REFERENCES

DODI 6400.6, 21 Aug 07—DoD Guidance establishes, implements and updates domestic abuse policies; identifies and assigns responsibilities for prevention and response to domestic abuse.

SECNAVINST 1752.3B, 10 November 05—Revises The Department of Navy (DoN) policy on Family Advocacy and assigns responsibility for Family Advocacy Program.

OPNAVINST 1752.2B, 25 April 2008—Provided policy and guidance for the Family Advocacy Program. Describes the “how” of the program.

OPNAVINST 1754.1B, 05 November 07—establishes Navy policy and responsibility for the administration and support of the Navy—Fleet and Family Support Center (FFSC). Describes the “what.”

OPNAVINST 1750.1F, 30 March 2007—Provides policy and assigns responsibility for the Navy Family Ombudsman Program. Enclosure (7) discusses reporting requirements for child abuse, domestic abuse and sexual assault.

DoD Memorandum, 22 January 06—Restricted Reporting Policy for Incidents of Domestic Abuse.

CNIC Policy Implementation Directive FAP-002, 12 May 06—Implementation of Navy Restricted Reporting Policy for Incidents of Domestic Abuse.

V. CONTENT

A. FAP GOALS AND OBJECTIVES

The Family Advocacy Program (FAP) is designed to address child and spouse 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 and/or anger.

PREVENTION is the best means for addressing family violence!

In the majority of family violence cases, problems have been brewing and gone unattended, thus setting the stage for abuse. When spouses or service members confide with you about marital or parental issues, it is often a cry for help. This is the perfect opportunity to suggest they contact the Fleet and Family Support Center to speak with a counselor. The Fleet and Family Support Center offers a number of services to address the stress that military families face. Services include parenting support and home visitation services for parents of children 0-3 years old through the New Parent Support Home Visitation Program. 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 be privy to such intimate and personal details of the lives of your fellow spouses. However, your skills as a good listener and knowledgeable resource will make you an invaluable component in helping families address problems early and in preventing family violence.

VICTIM SAFETY and SUPPORT are paramount goals in the Family Advocacy Program. FAP works closely w/ command as well as community agencies to ensure that victims of violence are protected from repeated abuse and the threat of abuse. Victims are encouraged to also receive medical services when needed and to participate in counseling so that they can make healthier relationship choices. Individual and/or group counseling may be offered 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 also determine the course for his or her relationship.

Most OFFENDERS can benefit from counseling services. For many offenders, they too are shocked and disappointed by their own behavior. A willingness to accept responsibility for one's behavior and the impact it has on the entire family system is a necessary component in the offender's rehabilitation. FAP offers group counseling to address poor communication, anger, controlling behavior, jealousy and other issues often associated w/ family violence. Group counseling may be augmented by individual and/or marital counseling services.

OFFENDER ACCOUNTABILITY

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 his/her behavior. Determining administrative action rests with the command.

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

B. TYPES OF CHILD ABUSE

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Child maltreatment takes many forms and includes physical, emotional, and sexual abuse as well as neglect.

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

Offenders can be biological or step-parents and/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 at a Child Care Center (CDC), or youth center or family care home.

Note: Anyone, mandated reporter or not, can report suspected child abuse to Child Protection Services.

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 or a pattern of omissions, such as denying the child attention, affection and showing a clear preference of 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 involves 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 to include education and medical care.

C. SPOUSE/PARTNER ABUSE

Physical abuse can be mild to severe and can culminate in death. Emotional abuse often precedes physical abuse. While a single incident can qualify as an act of emotional abuse (e.g., putting a gun to spouses head), this type of abuse is most often characterized by (1) a ‘pattern’ of behaviors that occurs over time and (2) that results in some negative impact (social, financial, medical, psychological, professional) to the victim. Females are more often the victims of physical violence. While males can also suffer physical violence, women more often use emotionally abusive tactics (i.e. chronic put-downs, threats to take children) against their male partner.

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

Many incidents of spouse/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 why victims remain in abusive relationships. They include a belief that the abuse will stop and that they can control the offender’s actions by adjusting their own behavior.

Other reasons include emotional and/or financial dependency, lack of support outside of the marital 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 impact 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 and/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

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All Department of the Navy 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 health care professionals. When contacting FAP and in some cases CPS, you should be prepared to detail:

- (1)What you observed OR have been informed of, date/time.
- (2)Names of persons involved.
- (3)Address and phone of persons involved.
- (4)Service member’s command.
- (5)Your contact information.

It is the responsibility of FAP to provide an assessment and CPS 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 hesitancy and anxiety when he/she did not observe the incident but rather received the information from another source. In that case, the ombudsman is still mandated to report what he/she has been told. In these cases, it should be made clear that he/she did not observe the behavior. Options would include, assisting the eye witness in calling FAP directly to report the abuse. As a mandated reporter, the ombudsman still has ultimate responsibility of making sure the command and FAP are advised of the known or suspected abuse. FAP will not be able to tell you if a report concerning the incident has already been made. For instances when the ombudsman has a question about the details of the report, or questions whether the incident is “reportable”, he/she 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.

1. 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. A Reservist is considered to be activated or mobilized under the following circumstances:

- In the Navy, and potentially in other branches as well, this means that 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.
- If made the subject of Article 15 or Article 30 proceedings, and called to active duty for the purpose of dealing with these proceedings (e.g. trial by court-martial).

If a Navy Reservist is not serving in the capacity of his/her 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, please note: if the commanding officer has stated that he/she wants to know this information no matter the status of the Navy Reservist, then this falls into the category of whatever the commanding officer wants to know—the fifth reportable category. Under these circumstances, the ombudsman will inform the CO or POC of the incident and 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 his/her requirement.

E. VICTIM REPORTING OPTIONS

Effective May 2006, new Department of Navy (DoN) guidance allowed adult victims of domestic abuse an 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.

Due to reporting requirements per OPNAVINST 1750.1F, an ombudsman will never be involved with a restricted report.

Ombudsmen should refer questions about restricted vs. unrestricted reporting to the FAR, who will respond in full to the victim.

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 that an informed decision can be made. The victim can utilize advocacy and counseling to explore his/her options and can take their time in deciding when or if he or she wants to involve others. A victim always has the option to change a restricted report to an unrestricted report.

Both options have benefits and limitations.

For example, in an unrestricted report, the command's involvement helps to insure that maximum safety measures can be put into place to address current abuse and reduce the likelihood of future abuse (example: 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 (shelter). When the command is not involved in the process, options to secure the victim's safety are limited. Also, 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, this 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 has reported an incident of spousal abuse to an ombudsman, there is no longer has the option for a restricted report. In many cases, the victim begins by discussing his/her dissatisfaction with the marital relationship or alludes to a "big fight" without going into specifics about the incident. The ombudsman is responsible for informing the reporter of his/her mandate to report abuse. When possible, the ombudsman should attempt to help the victim limit disclosure and encourage him/her to call FAP directly 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 the ombudsman is required to report allegations of abuse.

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

F. MYTHS & FACTS ABOUT ABUSE AND FAP

Most people have some misconceptions and biases as it relates to abuse and also to the Family Advocacy Program.

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).

Indicate if the statement is true (T) or false (F):

- _____ 1. Victims typically do something to cause the abuse.
- _____ 2. Military Protection Orders serve to protect the ‘alleged’ victim from further abuse and also serves to provide the offender from additional allegations.
- _____ 3. As mandated reporters, ombudsmen are required to investigate allegations of abuse.
- _____ 4. The ombudsman is required to discuss and offer ‘restricted & unrestricted’ reporting options with the victim.
- _____ 5. Ombudsmen are required to contact the service member’s command directly to make an advisement that an allegation has been made
- _____ 6. It is necessary to get all of the details of the incident before contacting the Base Commander and FAP so you 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 w/ relational problems. In more extreme cases, an offender thinks he/she has the right to use assault, intimidation and other control tactics to force family members to comply with his/her demands.
2. TRUE—Military Protective Orders 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, advise the victim or reporter that he/she is required, as an ombudsman, 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 fully assess the situation.
4. FALSE—The ombudsman is not authorized to discuss or provide this option. The ombudsman is a mandated reporter, meaning his/her reports constitute an unrestricted report. Only FAP clinicians, victim advocates and healthcare providers are authorized to both explain and to offer restricted and unrestricted reporting options.
5. TRUE— As mandated reporters, ombudsmen must follow protocol as outlined in OPNAVINST 1750.1F, Enclosure (7). 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 impact 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—AP’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 accompany him/her 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

There are five case scenarios with possible solutions for discussion.

Case Scenario #1

While supervising their children at the park, the ombudsman and Mrs. G. entered into a conversation. Mrs. G reported that she and the service member had “a really bad fight” on the previous evening. She stated that the argument was so loud that it awakened her 3 year old son.

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What should the ombudsman do with this information?

- Suggest Mrs. G come to her house the next time SM picks a fight with her.
- Suggest she pack up her belongings and leave SM.
- Do nothing. All couples “fight”.
- Inform Mrs. G that FAP has services to help couples communicate better.
- Interview Mrs. G further to see what “fight” means.

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

Case Scenario #2

Samantha, a new ombudsman observes a neighbor spank her 2 year old on his diapered bottom after the child puts sand in his mouth. She has observed the mother 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.

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What options does Samantha have in this situation?

- Provide the mother a book on alternatives to spanking.

- b. Contact FAP or CPS to express her concerns.
- c. Offer to adopt the child.
- d. Contact FAP to request the NPSP/ HV provide a parenting training and overview of services for her family group.

Answer: b and d—Physical punishment 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. That said, physical punishment is not the most effective means for teaching a child more appropriate behavior. 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 and/or do not understand typical development behaviors in children. For example, it is developmentally appropriate for 2 year olds to explore objects by putting them in their mouth. It is appropriate for a parent to discourage this by removing the object and giving the child something else to focus on. It is important to know your own thoughts and feelings about corporal punishment. When in doubt, you can call FAP or CPS anonymously and seek information. It is always a good idea to provide a parent an opportunity to learn more effective parenting skills. You don't have to be a parent to be concerned about children.

Case Scenario #3

The ombudsman overhears Mrs. J. confide to a neighbor a detailed account of being struck last evening, by her husband, causing several bruises on her arm and a minor cut on her lip. The ombudsman observed the injuries referenced by Mrs. J. There have been rumors that Mrs. J. is involved in an affair. Her husband is known as a good provider, father and Sailor.

What is the ombudsman's responsibility in this situation?

- a. Ignore what she has seen and heard because Mrs. J. deserved what she got.
- b. Inform Mrs. J. that she was not "eaves dropping" but did overhear the conversation and is concerned about her safety and is mandated to report the incident. If possible, assist the victim in calling FAP.
- c. First ask Mrs. J. if it's true that she is having an affair and then decide what to do.
- d. Talk to the service member and ask that he not strike his wife again, because you would have to report the next incident.

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- e. Suggest to Mrs. J. that she call FAP and report the incident. Leave it up to the victim.

Answer: b—Ombudsmen are mandated reporters of all known or suspected child and spouse abuse incidents. It can be very uncomfortable to insert one’s self in another person’s marital and family affairs. Ombudsmen must be very clear about when, why, and how they become involved in the conflicts of neighbors. Mandated reporting keeps the command abreast of the 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

Mrs. Jones has 4 children, ages 3–7 years old. Ms. Smith, the ombudsman, has repeatedly observed the Jones children playing unsupervised despite having provided the parents with the base child supervision policy. While looking out of the window, the ombudsman observed the 7-year-old searching and calling out for the 3-year-old. She suspects the 3-year-old is lost. She observes no adult in the area assisting the 7-year-old in the search.

What are her options?

- a. Ask the child if the sibling is missing and if she needs help locating the child.
 - i. If the child says “yes,” assist in the search.
 - ii. If the child says “yes” contact base security for assistance.
- b. Knock at the neighbor’s door and provide the parent(s) another child supervision information sheet.
- c. Turn up the television so she’s not disturbed.

Answer: a, b, c, and d—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 very serious issue and one of the most common issues faced by ombudsmen. 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, differences in cultural and social experience may cause parents to ignore what may seem to be overly restrictive and intrusive rules and

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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 ombudsman's next door neighbor, an active duty Sailor at her husband's command, knocked on her door late one night in tears, with a swollen eye and bloodied lip. She said her husband beat her and it wasn't the first time. She is willing to talk to the 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 health care provider (HCP).
- b. Since the Sailor told the ombudsman what happened, she can no longer file a restricted report. The ombudsman is mandated to report this to the Commanding Officer and the Family Advocacy Program.

Answer: Both responses apply to this situation, however, the (b) response is required.

Let's change the scenario around a little:

An ombudsman's next door neighbor, an active duty Sailor at her husband's command, called her one night and said that she had a friend who was being beaten by her husband and wanted to know what to do. The friend didn't want her command to know what was going on.

- A) The ombudsman could give her the phone number 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 health care provider (HCP). The ombudsman could inform her that her "friend" could call FAP directly to discuss her reporting options in more detail.
- B) The ombudsman could prod for more information until her neighbor gave her 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.

Instructor's Note: We will now transition into SAVI. You may want to offer a quick break between modules, depending on your time frame.

Sexual Assault Victim Intervention (SAVI)

VI. Introduction and Purpose

Sexual assault prevention and response is a high visibility area in the Services and a priority for the Navy. It is a criminal act, incompatible with the Department of Navy's core values, high standards of professionalism, and personal discipline. The Navy has traditionally done its best to take care of Sailors. However, in 1990, as part of their update report on the Progress of Women in the Navy, the Navy Women's Study Group (NWSG) 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 Victim Intervention (SAVI) 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 are committed to ensuring that the critical goals of the SAVI Program are met by all shore and afloat commands.

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

VII. Learning Objectives

At the completion of this training participants will be able to:

- Describe the difference between sexual assault prevention and awareness and sexual assault victim response.
- Explain the details of confidentiality and the reporting options.

- Recognize how the carefully structured SAVI processes protect and maintain victims' privacy.
- Understand how ombudsmen can support sexual assault response efforts.

VIII. Materials and Equipment

- PowerPoint presentation.

Note: Be sure to run through 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.

- On-screen projector.
- Flipchart and Easel with markers or white board with markers.

Note: If you are able to plan additional time for the training, you may want to ask the installation SARC, the SAVI POC or an active SAVI Victim Advocate to speak about the SAVI program and victim response at your command.

IX. Outline

- A. VICTIMS OF SEXUAL ASSAULT.
(Exercise: Circles of Privacy)**
- B. THE SAVI PROGRAM.**
- C. SAVI ROLES AND RESPONSIBILITIES.**
- D. CONFIDENTIALITY AND REPORTING OPTIONS.**
- E. OMBUDSMAN ROLE IN SEXUAL ASSAULT VICTIM RESPONSE.**
- F. SUMMARIZE AND CONCLUDE.**

X. References

SECNAVINST 1752.4

OPNAVINST 1752.1A

DoD Directive 6495.01

DoD Instruction 6495.02

OPNAVINST 1750.1F

XI. Content

A. VICTIMS OF SEXUAL ASSAULT

WELCOME participants.

INTRODUCE yourself.

INTRODUCE the training by saying, “The purpose of this training is to provide a more thorough description of SAVI goals and response efforts so you understand how sexual assault victim response is handled by SAVI personnel and how you can support these efforts.”

PROVIDE logistic information if training is not part of a regularly scheduled Ombudsman Assembly Meeting.

- Restroom locations.
- Smoking area.
- Refreshment/vending machines.
- Emergency telephone number.

Exercise: Privacy 5 minutes

ASK participants to look at the slide presented and explain that the inner-most circle, circle 1, represents the people you feel closest to, family and/or friends. The middle circle, circle 2, represents people you know and see regularly but are not particularly good friends with—some neighbors, colleagues, etc. The outer-most circle, circle 3, represents strangers.

Have participants number a piece of paper from 1 to 10. It can be a very small piece of paper and they can hide it from others. They will not discuss their responses publicly.

EXPLAIN that you are going to rapidly, without pause, read a numbered list of actions (e.g., “Number 1, pinched your boss. Number 2, eat child’s

Valentine’s Day candy,” etc.). From the numbered list of phrases you read, they should choose and write 1, 2, or 3 for the circle that represents with whom they would feel comfortable discussing the issue or situation. Some may not apply to them, but if they did, with whom would they speak about them? Ask them to try to assign a number to each phrase.

Caveat: Even hearing some of these may make some participants blush, but that’s an important part of the activity.

READ the following list of phrases aloud:

1. Steal something
2. For whom you vote
3. How often you masturbate
4. Racial prejudice
5. Sexual experience
6. Have an abortion
7. Cheat on partner
8. Marital problems
9. Your weight
10. Incest/assault

If your group is small enough, after you have finished reading the list, briefly discuss how they felt doing 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?

EXPLAIN that the purpose of this activity was to help them appreciate the courage it may take for a victim of sexual assault to disclose the assault.

EXPLAIN that rather than begin with an overview of SAVI and SAVI personnel (you’ll get to that), the most important person in the SAVI program is the victim of sexual assault, so it makes sense to begin with her or him. SAVI is a victim-centric program and providing support for SAVI efforts—for victims—means understanding the potentially extraordinarily fragile state of a person calling to report a sexual assault.

Present the following information:

Sexual assault response efforts fall into two categories: victim intervention and offender accountability. The first of these is covered by the Navy Sexual Assault Victim Intervention program, or SAVI, along with Sexual Assault Response Coordinators (SARCs), trained Victim Advocates, and medical healthcare providers. Commanders, NCIS, law enforcement, and Legal 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 all other crimes, often have strong feelings of guilt and shame associated with the assault, the victim intervention responders including all SAVI personnel, medical personnel, and mental health personnel, offer support without question.

All SAVI personnel are trained to assist victims when, how, and to the extent the victim wishes. SAVI Victim Advocates, or VAs, are the first responders for victims of sexual assault.

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

Barriers to Reporting

Present the following information:

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: to talk about the details of the assault, to have family and friends hear the details, the perception that they themselves permitted the assault, that they themselves were somehow complicit in the assault, that command may think them weaker, and so on.

Victims in some cases have additional fears: victims of male against male sexual assault may fear that others might think they are homosexual. Male victims are often acutely ashamed that 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 are then ashamed that the assault is somehow their fault.

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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, he or she did not cause or deserve the assault.

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These three slides, slides 3 through 5, present reasons that military victims of sexual assault have given for not reporting their assault, or for delaying the report. The first two, slides 3 and 4, come from a survey conducted by the Department of Defense Care for Victims of Sexual Assault Task Force. Slide 5 information comes from the Navy IG Sexual Assault Study.

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Victims of sexual assault are:

- Three times more likely to experience major depression than are victims of non-violent crimes.
- Six times more likely to experience PTSD.
- Four times more likely to contemplate suicide.
- Thirteen times more likely to attempt suicide.
- Five times more likely to use prescription drugs non-medically.
- Six times more likely to use hard drugs or cocaine.
- Five times more likely to have resulting alcohol problems.

These slides underscore the importance of maintaining victim privacy. When a victim does choose to seek help following a sexual assault, she or he must be able to depend upon accurate information and a respect for her or his decisions in the response process. The individuals best trained to provide them with information and appropriate referrals are the on-call SAVI Victim Advocates who are available 24/7 to respond to victims of sexual assault, and the Sexual Assault Response Coordinators (SARCs). It is a victim's choice as to which services and resources she/he utilizes.

B. THE SEXUAL ASSAULT VICTIM INTERVENTION (SAVI) PROGRAM

Present the following information:

In 1996, the Department of the Navy 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 absolutely 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 SAVI program with three components:

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

Following the release of a report from the DoD Care for Victims Task Force in April 2004, the SAVI program and policies provided a model for DoD and the Services as they established a DoD-wide Sexual Assault Prevention & 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, or SARC.
- The Sexual Assault Case Management Group, facilitated by the SARC.

These are the four standardized, cross-Service elements of Sexual Assault Prevention and Response (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 response to DoD policy, Navy Victim Advocate training was completely rewritten and vetted with the Pennsylvania Coalition Against Rape (PCAR) and National Organization for Victim Assistance (NOVA), and expanded to a professional standardized interactive 30-hour curriculum.

Present the following information:

C. SAVI ROLES & RESPONSIBILITIES

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

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.

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(Optional information on SARCs): The key position within SAVI is the installation Sexual Assault Response Coordinator (SARC), responsible for the SAVI 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. 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 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. SARCS:

- Train Victim Advocates and assign VAs 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.
- Ensure monthly status updates to victim.
- Provide regular updates to installation Commanding Officer.

(Left click to reveal next level) **Victim Advocates** are primarily concerned with victim advocacy and intervention, but have mandatory responsibilities in record keeping and often play a role in installation and command sexual assault awareness activities.

(Optional information on Victim Advocates): The Victim Advocate is the central SAVI role in victim response. 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 VA, the VA will provide support services until the case is concluded or the victim no longer feels the need. VAs may accompany victims during medical exams and through investigative, legal, and judicial proceedings if the victim chooses. VAs help victims identify and use available resources to empower victims and keep them safe.

As part of their role, VAs advocate for the victims they are supporting at the monthly Sexual Assault Case Management Group meetings, providing SARCs with information about the services victims choose. VAs also frequently participate in sexual assault prevention and awareness efforts on commands.

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

- Secures basic needs of victim.
- Provides emotional support and assistance to victims.
- Provides information and options to victims.
- Reduces re-victimization.
- Accompanies victims to medical, investigative, and legal appointments if victims choose.
- Ensures victim receives VWAP or victim rights notification.
- Offers covered communication for restricted reporting.
- Secures transportation if needed.

(Left click to reveal next level) **The SAVI Command Liaison** is involved only with victim advocacy, acting as a victim's direct link to command leadership.

(Optional information on SAVI Command Liaison): Assigned only when there is a report of sexual assault, the SAVI Command Liaison is the victim's link to the command, ensuring that the command is meeting victims' needs whenever possible and providing victims with ongoing information about their cases. 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.

SAVI Command Liaison's responsibilities include but are not limited to:

- Victim's liaison for command issues.
- Direct link between victim and Commanding Officer.
- Generally known only to command, SARC, and specific victim.
- Promotes responsive management of sexual assault cases.
- Ensures victim is not re-victimized by command response.

(Left click to reveal next level) **The SAVI Data Collection Coordinator**, though not directly involved with the victim at any time, is actively involved in victim response. Also, because the SAVI Data Collection Coordinator ensures accurate collection of data about cases of sexual assault, the DCC works with the SARC to ensure that this SAVI program goal is met.

(Optional information on SAVI Data Collection Coordinator): 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.

- Collects data through coordinated effort with all agencies assisting victim.
- Ensures timely filing of Initial, Continuation, and Final SITREPs.

(Left click to reveal next level) **The SAVI POC** is the only SAVI 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 SAVI.

(Optional information on SAVI POC): As the senior trained SAVI representative and designated SAVI Point of Contact at a command, the SAVI Command POC manages command sexual assault awareness and prevention education. Unless the SAVI POC is also trained as a Victim Advocate, the POC will normally have no interaction with victims. The SAVI Command POC is responsible for facilitating awareness and prevention training, maintaining current information on military and civilian victim resources, and providing oversight of command compliance with SAVI program requirements. The SAVI POC:

- Provides information about SAVI 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 three SAVI roles, ombudsmen will only be involved with the second, sexual assault victim intervention, 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 SAVI command roles, and know how to help a victim report a sexual assault.

D. CONFIDENTIALITY AND REPORTING OPTIONS

Present the following information:

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Although the Navy is committed to the accountability and prosecution of sexual assailants, 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 impact in bringing victims forward.

With this in mind, the Navy and DoD offers two reporting options for **active duty** victims of sexual assault:

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

Applicability:

- Any military medical beneficiary.
- Active duty Sailors.
- Military spouses.
- Intimate partners.

Benefits:

- Protection of victims.
- Reduced threat of attacks on others.
- Accountability of assailant.
- Special consideration of duty status for victims.

Limitations:

- Victims cannot change to restricted reporting.
- Victims may consider investigation or legal process too intrusive .
- Assault will become known and discussed among those with a need to know.
- Investigation and court proceedings could be lengthy.
- Offender may not be convicted.

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

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Restricted Reporting

Applicability

Restricted Reporting is available to active duty military personnel only. This means that a victim can receive services without informing the Command of the sexual assault for triggering an investigation. Cases referred to FAP may also be eligible for restricted reporting through FAP.

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

- Sexual Assault Response Coordinator (SARC).
- Victim Advocate (VA).
- Healthcare provider (HCP).

Military Chaplains have strict “privilege.” Anyone disclosing an assault to a Chaplain may still opt for restricted reporting by disclosing to a SARC, VA, or HCP.

If an active duty military member reports a known or suspected sexual assault to an ombudsman, this immediately becomes an unrestricted report.

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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.

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Exceptions

- Any victim, including active duty personnel, who discloses that she/he was sexually assaulted 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.
- Likewise, when someone under age 18 is sexually abused by someone over 18 or in a position of power or authority over her/him (e.g., a teenage babysitter), this constitutes child sexual abuse and will be referred to FAP.

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 options and begin the healing process.
- Empower victims.

Limitations

- Assailants remain unpunished and at large.
- 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. Although they are not one of the reportables as required by OPNAVINST 1750.1F, many commanding officers will identify them as a reportable issue. Please be sure that you and your commanding officer have discussed this **BEFORE** you need to know. When sexual assault is determined to be a reportable item to the command, ombudsmen should report all known and suspected sexual assaults to the command. The command is then responsible for reporting the incident to law enforcement/NCIS and assigning a trained Victim Advocate to support the victim.

It is not up to the ombudsman to determine if a sexual assault has occurred. If a victim seeks advice from or reports directly to an ombudsman, the ombudsman needs to be clear about her/his responsibility in reporting. If the CO *has* identified it as a reportable, she/he needs to inform the victim that she/he is required to report all such incidents to the command.

If an ombudsman would like additional consultation about the program, the process, or reports, she/he should consult with the installation Sexual Assault Response Coordinator (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. Ombudsmen should know who the SARC is, how to contact the SARC, and feel comfortable consulting with the SARC whenever necessary.

If the Commanding Officer has not identified sexual assault as a reportable item, the ombudsman should refer victims of sexual assaults directly to the SARC, the Victim Advocate or the Health Care Provider. In this situation, the ombudsman is not required to report the known or suspected assaults to the CO.

If an ombudsman is a counselor or Social Worker, the process remains the same. She/he needs to remain in the role of the ombudsman and report it accordingly, depending upon the command's established direction.

Scenario

Commander A has identified all known or suspected sexual assaults as a reportable item per OPNAVINST 1750.1F. Two women from Command A, one an active duty Sailor and one a spouse, were sexually assaulted. They both want to receive help, but don't want the command to know what happened. The spouse called the command ombudsman to ask for information on who to call and contact information. In the course of the phone call, she told the ombudsman about the assault on both women, providing the name of the active duty Sailor. At this point, can each victim file a restricted report?

Answer: No. A spouse can never file a restricted report, and since the CO has identified this as a reportable issue, the ombudsman must inform the CO of the sexual assault on both women. The CO will then notify the appropriate personnel about the incidents. The Sailor can only file a restricted report directly to the SARC, VA or HCP. Since the command was informed of this assault via the ombudsman, the Sailor's report must now be classified as unrestricted.

If the CO had not identified all known or suspected sexual assaults as reportable, the same conclusion would apply for the Sailor. The spouse on the other hand, would have to pursue her own assistance through the appropriate channels. The ombudsman could provide her referral information to the SARC, Victim Advocate, HCP and community resources.

Please note: If the assault occurred on Navy property or was perpetrated by an active duty member, the incident must be reported to the installation Sexual Assault Response Coordinator (SARC), who will take further action per current Navy sexual assault requirements referenced in SECNAV INST 1752.3B.

F. SUMMARIZE AND CONCLUDE

CONCLUDE by REVIEWING content covered in this training:

- The potentially fragile emotional state of victims of sexual assault.
- The roles and responsibilities of SAVI personnel.
- The confidentiality policy and reporting options available to victims of sexual assault.
- How ombudsmen can support sexual assault response efforts.

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

FAMILY ADVOCACY PROGRAM (FAP)	SEXUAL ASSAULT VICTIM ADVOCATE (SAVI)
Domestic Abuse (spouse and child)	Sexual Assault
Reportable to Commanding Officer per OPNAVINST 1750.1F and a FAP representative.	Not reportable to Commanding Officer unless CO identifies it as an issue to report per OPNAVINST 1750.1F
Active duty and family member spouses may file a <i>restricted</i> report directly to FAP personnel (FAR and Domestic Violence Victim Advocate) or Health Care Personnel (HCP).	Only active duty personnel may file a <i>restricted</i> report. They must file directly with the Sexual Assault Response Coordinator (SARC), Victim Advocate (VA) or Health Care Provider (HCP).
A report made to anyone else—security, command personnel or ombudsman—is considered <i>unrestricted</i> .	A report made to anyone else—security, command personnel or ombudsman—is considered <i>unrestricted</i> .
A <i>restricted</i> report may be changed to unrestricted; an unrestricted report can not be changed to <i>restricted</i> .	A <i>restricted</i> report may be changed to unrestricted; an unrestricted report can not be changed to restricted.

OMBUDSMAN NOTE:

A report made to you **MUST** be reported to the Commanding Officer and a representative of the Family Advocacy Program (FAP) in **ALL** cases.

FAP will report suspected child abuse incidents to the responsible state child protective services agency.

OMBUDSMAN NOTE:

A report made to you must be reported to the Commanding Officer **ONLY** if he/she has identified it as a reportable issue. Otherwise, refer the victim to SARC, VA or HCP. You may make the call for the victim if requested.

If the assault occurred on Navy property or was perpetrated by an active duty member, the incident must be reported to the command and the installation Sexual Assault Response Coordinator, who will take further action per current Navy sexual assault requirements referenced in SECNAV INST 1752.3B