UNDER SECRETARY OF DEFENSE
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FEB - 6 2004

PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Domestic Abuse Identification and Assessment Training for Health Care Providers

References: (a) DoD Directive 6400.1, "Family Advocacy Program," June 23, 1992
(b) DoD 6400.1-M, "Family Advocacy Program Standards and Self-Assessment Tool," August 1992
(c) Deputy Secretary of Defense Memorandum, "Domestic Violence," November 19, 2001

This directive-type memorandum assigns responsibilities and prescribes training requirements, under the authority of reference (a) and consistent with references (b) and (c), regarding domestic abuse (as defined in Attachment 1) for DoD health care providers.

Health care providers have a critical role in identifying and assessing victims of domestic abuse. They may be the first individuals to come into contact with a victim after a domestic abuse incident. It is essential that all health care providers understand domestic abuse and are aware of their role in responding to and reporting incidents.

Each military department shall require all health care providers to receive training that covers subjects listed in the outline at Attachment 2 as appropriate for their responsibilities. Certain core topics shall be addressed in all training: dynamics of domestic abuse, identification and assessment of abuse, documentation of injuries, and victim safety strategies when interacting with the abuser. The military departments shall issue training policy and procedures to ensure compliance with this memorandum. The Office of the Assistant Secretary of Defense (Health Affairs) and the Office of the Deputy Under Secretary of Defense (Military Community and Family Policy/Family Advocacy Program) shall, upon request, provide consultation and coordination on curriculum development based on the attached outline.

This memorandum is effective immediately. It shall be converted into a DoD issuance within 180 days.

David S. C. Chu

Attachments:
As stated

ATTACHMENT 1

DEFINITIONS

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

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

Health care provider is someone who provides direct health care services to military health system beneficiaries in military medical treatment facilities.

ATTACHMENT 2

DOMESTIC ABUSE TRAINING OUTLINE FOR HEALTH CARE PROVIDERS

I. What is Domestic Abuse?

- Defining domestic abuse
  - DoD definition
  - Examples of the range of domestic abuse incidents
  - Isolated incidents
  - Patterns of behavior
  - Safety and lethality factors
  - Tactics of abusers (isolated incident as well as more chronic and potentially lethal)
  - Impact on the victim (isolated incident as well as more chronic and potentially lethal)
  - Effects on children

- Common misconceptions about domestic abuse
  - Causes vs. risk factors or disinhibitors
    - Stress
    - Alcohol
    - Deployment
  - Misconception - Females in the military are as violent as males in relationships
  - Misconception - Military rates of domestic violence are higher than civilian rates

- Beliefs, attitudes, culture issues

II. DoD/Service Policy

III. General Overview of FAP

IV. Identification and Assessment

- Guiding principles
  - Victim safety
  - Respect for victims and protecting their autonomy
  - Holding abusers accountable by taking action
  - Acknowledging the need to make changes in the health care system response to domestic abuse

- Barriers to an effective response

- Presentation of domestic abuse victims in the health care setting
    - Injuries
    - Medical presentations
    - Obstetrical or gynecological presentations
    - Psychiatric presentations
    - What to do when the abuser is present

- Identification of abuse
    - Routine screening
    - How to ask
    - What to do if the practitioner suspects abuse but the patient does not acknowledge abuse

- Learning that your patient is an abuser
    - Medical records or written referrals as a source of information for practitioners
    - Reports from victim or children
    - Reports by third parties
    - Self-reports
    - Observation of behaviors
    - Observation of the effects of abusive behavior on the abuser or victim

- Assessment
    - Addressing immediate safety needs/coordinating with the Victim Advocate and FAP
    - Chief complaint/medical history
    - Physical exam and preservation of evidence
    - Expanded primary care assessment
    - Suicide and homicide assessment
    - Mental health assessment

V. Documentation of Injuries
- Medical record
- Body map
- Photographs
- Labs, x-ray, imaging

VI. Intervention
- Providing information about domestic abuse
- Contacting FAP/reporting requirements
- Referrals
- Understanding the role and responsibilities of DoD law enforcement and criminal investigative organizations in domestic abuse situations
    - Potential criminal investigations

VII. Victim Safety Strategies when Interacting with the Abuser

- Keeping victim information confidential
- Never talking to the abuser about domestic abuse in front of the victim
- Taking care in how domestic abuse is discussed with the abuser
- Responding appropriately when the abuser displays anger, resists or rejects the discussion

VIII. Legal Obligations

- Applicable state laws requiring reporting
- Duty to warn

IX. Crisis Intervention when Patient is the Abuser

- Duty to warn
- Legal recourses and mandatory reporting
- Separation strategies
- Strategies to diffuse the crisis

X. Other Interventions when the Patient is the Abuser

- Discussing options
- Making appropriate referrals
- Follow-up process

XI. Safety Strategies for the Staff

- Coordination with security personnel
- Incorporating staff safety issues into regular trainings

XII. Resources/Coordinating Efforts