



Department of Defense MANUAL

NUMBER 6400.01-M, Volume 3

USD(P&R)

SUBJECT: Family Advocacy Program (FAP), Volume 3, Clinical Case Staff Meeting and Incident Determination Committee

References: See Enclosure 1

1. PURPOSE

a. Manual. In accordance with the authority in DoD Instruction 6400.01 (Reference (a)), DoD Manual 6400.01-M reissues DoD 6400.1-M (Reference (b)) and implements policy, assigns responsibilities, and provides procedures for addressing child abuse and domestic abuse in military communities.

b. Volume. This Volume of this Manual prescribes procedures for determining whether allegations of child abuse and allegations of domestic abuse meet criteria for entry into the Service FAP Central Registry.

2. APPLICABILITY. This Volume applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as the "DoD Components").

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoD policy according to Reference (a) and DoD Instruction 6400.06 (Reference (c)) to:

a. Apply uniform program standards and critical procedures for DoD-wide implementation of the FAP that reflect, to the maximum extent practicable, a coordinated community response to child abuse and domestic abuse.

b. Ensure appropriate clinical consultation for the delivery of assessment, supportive services and rehabilitative treatment in child abuse and domestic abuse cases, and utilize uniform criteria for determining whether allegations of child abuse and domestic abuse are entered into the FAP Central Registry.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. RELEASABILITY. UNLIMITED. This Volume is approved for public release and is available on the Internet from the DoD Issuances Web Site at <http://www.dtic.mil/whs/directives>.

8. EFFECTIVE DATE. This Volume is effective immediately. The DoD Components shall forward copies of implementing guidance within 120 days of the date of this Volume.

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(Personnel & Readiness)

Enclosures

1. References
 2. Responsibilities
 3. Procedures
- Glossary

TABLE OF CONTENTS

REFERENCES	4
PROCEDURES.....	5
PURPOSE.....	6
CCSM	7
Safety Planning, Supportive Services, and Clinical Treatment	7
CCSM Attendees	7
Agenda	8
CCSM Discussions	8
Confidentiality of CCSM Discussions.....	9
IDC.....	10
Purpose.....	10
Composition.....	11
Training.....	12
Notice of IDC Meeting	12
Quorum	12
Deliberations	12
Record of Deliberations	14
Confidentiality of IDC Deliberations.....	14
Review of IDC ISDs	14
CRITERIA FOR IDC DETERMINATION OF REPORTS OF CHILD ABUSE AND DOMESTIC ABUSE	15
Child Physical Abuse.....	15
Child Sexual Abuse.....	18
Child Emotional Abuse.....	20
Child Neglect	22
Spouse or Intimate Partner Physical Abuse	24
Spouse or Intimate Partner Sexual Abuse.....	26
Spouse or Intimate Partner Emotional Abuse	29
Neglect of Spouse	31
GLOSSARY	33
ABBREVIATIONS AND ACRONYMS	33
DEFINTIONS	33

ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 6400.01, "Family Advocacy Program (FAP)," _____
- (b) DoD Manual 6400.1, "Family Advocacy Program Standards and Self-Assessment Tool," August 20, 1992
- (c) DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," August 21, 2007
- (d) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007
- (e) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- (f) Chapter 47 of title 10, United States Code
- (g) DoD Instruction 6400.03, "Family Advocacy Command Assistance Team (FACAT)," _____
- (h) DoD Manual 6400.01-M-V2, "Manual for Child Maltreatment and Domestic Abuse Incident Reporting System," _____

ENCLOSURE 2

RESPONSIBILITIES

1. DEPUTY UNDER SECRETARY OF DEFENSE (MILITARY COMMUNITY AND FAMILY POLICY (DUSD(MC&FP))). The (DUSD(MC&FP)), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

a. Sponsor FAP research and evaluation projects relevant to the assessment, treatment, and risk management of child abuse and domestic abuse and, as appropriate, authorize FAP participation in any such research and evaluation projects sponsored or conducted by other federal agencies.

b. Review research every 3 to 5 years and disseminate relevant progress and findings to the DoD Components, using all available Web-based applications.

c. Annually review the findings of the fatality reviews conducted by the Services and disseminate findings relevant to the assessment, treatment, and risk management of child abuse and domestic abuse.

d. Review this Volume every 2 years and update it as needed at least every 5 years.

e. Assist the DoD Components in identifying tools to assess outcome measures (treatment progress and risk reduction).

f. Assist the DoD Components in developing and using pre- and post-treatment measures of effectiveness.

g. Promote DoD Components' training in the assessment, treatment, and risk management of domestic abuse.

2. HEADS OF THE DoD COMPONENTS. The Heads of the DoD Components shall issue policies and procedures to implement the FAP clinical case staff meeting and incident determination committee policies herein. No such policies or procedures may contain additions, deviations, or deletions from the policies, procedures, criteria, and exclusions contained herein without prior approval by the DUSD(MC&FP).

ENCLOSURE 3

PROCEDURES

1. PURPOSE. This Volume provides guidance for:

a. Management of the FAP CCSM, which provides clinical consultation for:

(1) Plans for supportive services and, as appropriate, treatment for victims of child abuse or domestic abuse, who are eligible for treatment in a military medical treatment program facility.

(2) Ongoing coordinated case management, including risk assessment and ongoing monitoring of child abuse and domestic abuse victims' safety, between military and civilian agencies.

(3) Plans for clinical intervention and appropriate treatment for alleged abusers who are eligible for treatment in a military medical treatment facility.

b. Management of the IDC in evaluating, for the purpose of making entries into a Service FAP Central Registry of child abuse and domestic abuse reports, allegations of:

(1) Child abuse allegedly committed by Service members or their family members or caregivers in the military community.

(2) Domestic abuse allegedly committed by Service members or their family members, or by current or former intimate partners of the opposite sex with whom a Service member shares a child in common, or by current or former intimate partners of the opposite sex with whom a Service member shares or has shared a common domicile.

c. The criteria to be used by the IDC in making incident status determinations (ISDs) of allegations of abuse in order to promote consistency in:

(1) ISDs within and across DoD Components;

(2) Data reported by DoD Components to the child abuse and domestic abuse incident reporting system;

(3) Statistical data analysis;

(4) Standards of behavior expected of Service members, their family members, and other caregivers in the military community; and

(5) Recognition and reporting of suspected abusive behavior in others.

2. CCSM

a. Safety Planning, Supportive Services, and Clinical Treatment

(1) FAP planning for and delivery of the following shall begin before the case is presented at the CCSM:

(a) Safety planning and supportive services to a victim who is eligible to receive treatment in a military medical treatment facility;

(b) Protective measure recommendations to the commander regarding an alleged abuser for a victim who is eligible to receive treatment in a military medical program. Such measures include a military protection order, weapons removal, relocation, escort assignment, restrictions, bar to the installation, removal of child(ren), etc.

(c) Clinical treatment to a victim and to the alleged abuser, as appropriate, who are eligible to receive treatment in a military medical treatment facility.

(2) Those attending the CCSM support the delivery of supportive services and clinical treatment, as appropriate, by providing clinical consultation on child abuse and domestic abuse cases to the FAP case manager. Such clinical consultation shall be directed to:

(a) Ongoing safety planning for the victim;

(b) The planning and delivery of supportive services and clinical treatment, as appropriate, for the victim and other family members, and the results of such services and treatment;

(c) The planning and delivery of rehabilitative treatment for the alleged abuser, as appropriate, and the results of such treatment; and

(d) Case management, including risk assessment and ongoing safety planning and protective measure recommendations.

(3) Usually, a case shall not be presented to the CCSM until the FAP assessments of the victim, alleged abuser, and all other family members have been completed.

b. CCSM Attendees

(1) The FAP Manager (FAPM) shall chair the CCSM in accordance with DoD Component implementing policy.

(2) Attendance at CCSMs is limited to those with clinical expertise in child abuse and domestic abuse in accordance with DoD Component implementing policy. The FAPM shall

exercise discretion in inviting other military or civilian medical, mental health, or clinical social services providers who may add value to the clinical case discussions, including:

(a) In child abuse incidents only, a representative from the civilian child protective services (CPS) agency; and

(b) In domestic abuse incidents only, for the discussion of recommended safety planning, supportive and treatment services for the victim, a domestic abuse victim advocate.

c. Agenda. The agenda of CCSMs shall include, in accordance with DoD Component implementing policy:

(1) A review of newly reported child abuse and domestic abuse incidents, and whether or not the incidents have been presented to the IDC.

(2) Currently open cases, including open cases transferred from another installation. Currently open cases shall be reviewed:

(a) At least monthly for incidents of child sexual abuse;

(b) At least quarterly for all other incidents; and

(3) Currently open cases recommended for termination of services and case closure.

d. CCSM Discussions. Persons attending the CCSM shall provide clinical consultation to the FAP case manager as needed for each incident to ensure thorough discussion of:

(1) The safety plan and protective measures in place.

(2) The severity of harm.

(3) The results of risk assessments and psychosocial history, what, if any, additional assessments should be conducted, and the assignment of a risk level.

(4) Clinical intervention, as appropriate, to address the needs of each victim and any other family members for supportive services.

(5) The success of such intervention and supportive services in protecting and assisting the victim, potential changes to or enhancement of such intervention and supportive services, and the appropriateness of terminating such intervention when clinically indicated.

(6) Clinical intervention to address the behavior of each alleged abuser, in accordance with FAP published guidance.

(7) The success of such clinical intervention in assisting the alleged abuser in changing his or her behavior, changes to or enhancement of treatment provided to each alleged abuser, and the appropriateness of terminating treatment when clinically indicated.

(8) Coordination of military and civilian service providers for such assessments, supportive services, treatment, and clinical intervention.

(9) With respect to victim safety:

(a) The current Victim Impact Statement (VIS) describing the impact of the abuse on the victim, including financial, social, psychological, and physical harm suffered by the victim, if any.

(b) The victim's safety plan.

(c) Steps taken by military or civilian authorities to ensure the victim's safety and the safety of any children cared for in the home.

(d) The effect of any new incidents of abuse since the last CCSM discussion of the case on the risk of further abuse or risk of increased severity to the victim.

(e) Recommended changes to the victim's safety plan.

(10) Coordination with the chain of command and other community or collateral contacts, such as the CPS agency, schools, law enforcement, victim advocates, etc.

(11) Recommendations for continued child placement in foster care (for FAPs overseas that are acting as a CPS agency).

(12) Recommendations for command intervention.

e. Quorum. The participation by two credentialed clinical social services providers is required to achieve a quorum.

f. Record of CCSM Discussions. Notes of CCSM discussions shall be documented in the FAP record.

e. Confidentiality of CCSM Discussions

(1) The FAP case manager may disclose the results of the CCSM discussion pertaining to:

(a) The victim or non-abusing parent of a child victim to such victim or non-abusing parent, and to others only as authorized by procedures set forth in DoD Directive 5400.11 and DoD Regulation 6025.18-R (References (d) and (e), respectively), but may not otherwise disclose the results of the CCSM discussion pertaining to the victim to any other person.

(b) The alleged abuser to such alleged abuser, and to others only as authorized by procedures set forth in References (d) and (e), but may not otherwise disclose the results of the CCSM discussion pertaining to the alleged abuser to any other person.

(2) The FAP case manager shall not reveal the identity of any person at the CCSM who made specific comments. The FAP case manager shall not disclose any other information from the CCSM discussion to any other person except as authorized by procedures set forth in References (d) and (e).

(3) Any other person who attended a CCSM who also directly provides clinical services to the victim, the alleged abuser, a child cared for in the home or, in a child abuse case, the non-abusing parent may, as appropriate and at his or her discretion, disclose the relevant results of the CCSM discussion pertaining solely to such person receiving the clinical services. Such disclosure shall not reveal the identity of any person at the CCSM who made specific comments. The person making the disclosure shall not disclose any information from CCSM discussions to any other person except as authorized by procedures set forth in References (d) and (e).

(4) Any person who attended a CCSM but who does not directly provide clinical services to the victim, the alleged abuser, or any child cared for in the home, shall not disclose any information from the CCSM discussions except as authorized by procedures set forth in References (d) and (e).

(5) Information disclosed at the CCSM that is protected from disclosure under Reference (d) or (e) shall not be disclosed except as authorized by procedures set forth in Reference (d) and (e), respectively.

3. IDC

a. Purpose. The purpose of the IDC is to decide which referrals for suspected child abuse or domestic abuse meet the DoD criteria that define such abuse, requiring entry into the Service FAP Central Registry. This decision is known as the incident status determination (ISD). Referrals presented to the IDC shall include incidents of alleged abuse or neglect in which the victim has died in connection with such alleged abuse or neglect.

(1) With respect to child abuse incidents, an ISD may differ from a case substantiation decision made by a civilian CPS agency. Such differences may occur because the DoD criteria that define the type of abuse may be more or less inclusive than the criteria used by the civilian CPS agency and because the IDC may have different or more information than the civilian CPS agency.

(2) An IDC meeting is not a disciplinary proceeding under the Uniformed Code of Military Justice (UCMJ) and the requirements for due process for UCMJ disciplinary proceedings are inapplicable to IDC meetings and actions.

(a) A commander may not take administrative or disciplinary action against a Service member based solely upon an ISD for an act of child abuse or domestic abuse allegedly committed by that Service member.

(b) When making an initial disposition under Rule 306 of the Rules for Courts-Martial under Chapter 47 of title 10, United States Code (Reference (f)) with respect to an act of child abuse or domestic abuse that is an offense under the UCMJ or State or Federal law, a commander may consider information presented to the IDC.

(c) Information presented to an IDC may be introduced into evidence in a disciplinary proceeding under the UCMJ if such information otherwise meets the requirements of the rules of evidence applicable to the proceeding in question.

b. Composition

(1) The deputy to the installation commander or deputy to the garrison commander, in accordance with DoD Component implementing policy, shall chair the IDC. In the deputy's absence, the IDC may be chaired by an alternate, not lower than a person who reports directly to such deputy, in accordance with DoD Component implementing policy.

(2) The chairperson of the IDC shall appoint core members and alternate members of the IDC in writing, in accordance with DoD Component implementing policy. Core IDC members shall have one vote. Core IDC members shall be limited to:

- (a) The IDC chairperson.
- (b) The Senior enlisted noncommissioned officer advisor in the installation command.
- (c) A representative from the installation Staff Judge Advocate office.
- (d) A representative from the military criminal investigative office (MCIO) detachment.
- (e) A representative from the office of the Provost Marshal (PMO)/Security Forces Investigation (SFOI).
- (f) The FAPM.

(3) The commander, or alternate authorized by authority and designated within the chain command, of an active duty sponsor, of an alleged abuser, or of an active duty victim may attend the meeting for that portion in which the incident(s) involving the alleged abuser or victim of his or her command is presented, in accordance with DoD Component implementing policy. Each such commander or alternate shall have one vote with respect to that incident. If both active duty members have been identified as victims, both commanders, or their alternates, may attend the

presentation and vote on both incidents. The qualifications for an alternate shall be determined by the DoD component.

(4) If additional information is required to determine whether an incident meets the appropriate criteria under section 4 of this enclosure, the IDC chairperson may invite a non-voting guest to attend and present relevant information in accordance with DoD Component implementing policy.

(5) Attendance at the IDC is limited to individuals with an authorized “need to know” as outlined in 3.b.(2), or who have relevant information to present. Unless specifically authorized by DoD Component implementing policy, no other individual is permitted to attend the IDC. No active duty Service member or family member who is an alleged abuser or victim is authorized to attend the IDC, nor is an attorney for such individuals permitted to attend the IDC.

c. Training

(1) The IDC chairperson or alternate chairperson shall complete IDC training prior to participating in an ISD.

(2) The FAPM shall ensure that all IDC members and alternate members are trained prior to voting at an IDC and at least annually in accordance with DoD Component implementing policy.

d. Notice of IDC Meeting

(1) The IDC shall meet at the call of the chairperson in accordance with DoD Component implementing policy.

(2) The FAPM shall serve as the IDC coordinator and shall oversee the compiling and distribution of the agenda for each meeting in accordance with DoD Component implementing policy.

e. Quorum. No IDC may consider an incident or make an ISD with less than the quorum established by DoD Component implementing policy.

f. Deliberations

(1) Relevant Information. The IDC shall only discuss that information related and pertinent to the current specific allegation(s), and the criteria each type of alleged abuse requires as set forth in section 4 of this enclosure. Such information need not meet the requirements for admissibility under the Military Rules of Evidence under Reference (f).

(a) Any information otherwise protected from disclosure under References (d) and (e) shall be disclosed to the IDC in accordance with procedures set forth in References (d) and (e).

(b) The FAPM shall introduce the case. The commander of the sponsor shall open the discussion of the incident by presenting the information that the command has received about the incident. When a law enforcement response or criminal investigation has occurred with respect to the incident, the PMO/SFOI or MCIO shall present information for the criteria relevant to the incident. Each IDC member and guest may present additional information relevant to determining whether the incident met the appropriate criteria as listed in section 4 of this enclosure, in accordance with DoD Component implementing policy.

(2) ISD Voting. The IDC shall make ISDs within the time period specified by the DoD Component implementing policy.

(a) Core members or their alternates, and all involved active duty members' commanders or their alternates, shall participate in ISD voting, in accordance with DoD Component implementing policy. Each voting member shall cast a vote based on the totality of the available information and on a "preponderance of the information" standard.

(b) The decision whether the incident meets the specified criteria shall be made by a majority vote of the voting members in attendance, in accordance with DoD Component implementing policy. For purposes of whether or not to enter the reported incident into the Central Registry, recantation by the victim shall not, in and of itself, be used to conclude that abuse did not occur.

(c) Each type of abuse has two possible criteria:

1. Part A: An act or failure to act.

2. Part B: Physical injury or harm or reasonable potential for physical injury or harm, or psychological harm or reasonable potential for psychological harm, or stress-related somatic symptoms resulting from such act or failure to act.

(d) There may be a Part C containing one or more exclusions that negate Parts A and B criteria.

(3) Voting for Part A. Each voting member shall vote "meets" or "does not meet" criteria for Part A for each type of abuse set forth in section 4 of this enclosure, in accordance with DoD Component implementing policy.

(a) If the vote indicates that the IDC determined that the incident did not meet the specified criteria for Part A for the type of abuse, the ISD shall be determined as "did not meet criteria." No further IDC discussion or deliberation concerning the incident is required.

(b) If the vote indicates that the IDC determined that the incident met the specified criteria for Part A the IDC shall consider the Part B criteria. If there are no Part B criteria the ISD shall be determined as "meets criteria" and no further IDC discussion or deliberation concerning the incident is required.

(4) Voting for Part B. If the IDC determined that the incident met the specified criteria for Part A for each type of abuse, each voting member shall vote “meets” or “does not meet” criteria for Part B, in accordance with DoD Component implementing policy.

(a) If the vote indicates that an incident met the criteria for Part A but did not meet the specified criteria for Part B for the type of abuse, the ISD shall be determined as “did not meet criteria.” No further IDC discussion or deliberation concerning the incident is required.

(b) If the vote indicates that an incident met the criteria for both Part A and Part B for the type of abuse, the ISD shall consider the Part C criteria. If there are no Part C criteria the ISD shall be determined as “meets criteria” and no further IDC discussion or deliberation concerning the incident is required.

(5) Voting for Part C. If the IDC determined that the incident met criteria for Parts A and B, each voting member shall vote “meets” or “does not meet” the specified criteria for any Part C exclusions. If the vote indicates that the incident does not meet the specified criteria for any Part C exclusion, then the ISD shall be determined as “meets criteria.” If the vote indicates that the incident meets the specified criteria for a Part C exclusion, then the ISD shall be determined as “does not meet criteria.”

g. Record of IDC Deliberations

(1) Minutes of the IDC deliberations shall be recorded in accordance with DoD Component implementing policy.

(2) The FAPM shall sign and record the ISD in the FAP record of the incident in accordance with DoD Component policy. The ISD shall be recorded in the FAP record but shall NOT be recorded in the medical record of any Service member or family member.

(3) The FAPM shall ensure that the ISD and an explanation of the FAP process for reviewing the ISD is communicated to the unit commander of each active duty member involved in an ISD and to the family member or other person who is an alleged abuser, victim, or parent of a victim.

h. Confidentiality of IDC Deliberations

(1) IDC members and guests at an IDC meeting shall not disclose the deliberations or individual votes in making ISDs to other individuals.

(2) Information disclosed within the IDC meeting that is protected from disclosure under References (d) and (e) shall not be disclosed by those attending the meeting to others.

i. Reconsideration of IDC ISDs. When the alleged abuser, victim, or a parent on behalf of a child victim, requests reconsideration of the IDC ISD, the FAPM shall respond to the request in accordance with DoD Component implementing policy.

4. CRITERIA FOR IDC DETERMINATION OF REPORTS OF CHILD ABUSE AND DOMESTIC ABUSE

a. Child Physical Abuse. The non-accidental use of physical force on the part of a child's caregiver.

(1) Child Physical Abuse Part A. Physical force includes, but is not limited to at least one of the following:

- (a) Hitting with open hand or slapping, including spanking
- (b) Dropping
- (c) Pushing or shoving
- (d) Grabbing or yanking limbs or body
- (e) Poking
- (f) Hair-pulling
- (g) Scratching
- (h) Pinching
- (i) Restraining or squeezing
- (j) Shaking
- (k) Throwing
- (l) Biting
- (m) Kicking
- (n) Hitting with fist
- (o) Hitting with a stick, strap, belt, electrical cord, or other object
- (p) Scalding or burning
- (q) Poisoning
- (r) Stabbing

- (s) Applying force to throat
- (t) Strangling or cutting off air supply
- (u) Holding under water
- (v) Brandishing or using a weapon

(2) Child Physical Abuse Part B. Significant impact on the child involving ANY of the following:

- (a) A more than inconsequential physical injury, involving any of the following:
 - 1. Any injury to the face or head
 - 2. Any injury to a child under 2 years of age
 - 3. A more-than-superficial bruise. The bruise was a color other than very light red or had a total area exceeding that of the victim's hand or was tender to a light touch.
 - 4. A more-than-superficial cut or scratch. The cut or scratch was bleeding and required pressure to stop the bleeding.
 - 5. Bleeding internally or from mouth or ears
 - 6. A welt (a bump or ridge raised on the skin)
 - 7. Loss of consciousness
 - 8. A burn
 - 9. Loss of functioning, including but not limited to a sprain, broken bone, detached retina, or a loose or chipped tooth
 - 10. Damage to an internal organ
 - 11. Disfigurement, including but not limited to scarring
 - 12. Swelling lasting at least 24 hours
 - 13. Pain felt in the course of normal activities AND at least 24 hours after the physical injury was suffered. If the child is unable to report orally or in writing about pain or is inaccessible to clinical authorities for assessment of pain, the criterion of harm is met if the nature of the injury would typically result in such a level of pain
 - 14. Death

(b) Reasonable potential for more than inconsequential physical injury, given the:

1. Inherent dangerousness of the act
2. Degree of force used
3. Physical environment in which the acts occurred

(c) A more than inconsequential fear reaction: fear (verbalized or displayed) of bodily injury to self or others, AND at least one of the following signs of fear or anxiety lasting at least 48 hours:

1. Persistent intrusive recollections of the incident, including recollections as evidenced in the child's play.

2. Marked negative reactions to cues related to the incident, including the presence of the alleged abuser, as evidenced by:

- a. Avoidance of cues
- b. Subjective or overt distress to cues
- c. Physiological hyperarousal to cues

3. Acting or feeling as if incident is recurring.

4. Marked symptoms of increased arousal, including any of the following:

- a. Difficulty falling or staying asleep
- b. Irritability or outbursts of anger
- c. Difficulty concentrating

d. Hypervigilance (i.e., acting overly sensitive to sounds and sights in the environment; scanning the environment expecting danger; feeling keyed up and on edge)

5. Exaggerated startle response

(3) Part C: Exclusion From Child Physical Abuse Part A. Any non-accidental act of physical force shall NOT be considered to meet the criteria for Part A if it is determined to be:

(a) An act committed to protect the caregiver from imminent physical harm. The act must include ALL of the following:

1. The act occurred while the child was in the act of using physical force. “In the act” begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the caregiver to hit him or her, and ends when the use of force is no longer imminent.

2. The sole function of the act was to stop the child’s use of physical force, and did not include punishment for the child’s use of physical force.

3. The act used only that force that was minimally sufficient to stop the child’s use of physical force.

(b) An act committed during developmentally appropriate physical play with the child, including, but not limited to, horseplay, wrestling, and tackle football.

(c) An act committed to protect the child or another person from imminent physical harm, including, but not limited to, grabbing the child to prevent the child from being hit by a car, taking a weapon from a suicidal child, or physically intervening to prevent the child from inflicting injury on another person. However, this does not include non-accidental use of physical force as punishment for the child’s behavior that may have subjected the child or another person to the risk of imminent harm.

b. Child Sexual Abuse. Sexual activity by a caregiver with a child for the purpose of sexual gratification of the child, the alleged abuser, or any other person.

(1) Child Sexual Abuse Part A

(a) Sexual Exploitation Without Direct Contact. Forcing, tricking, enticing, threatening, or pressuring a child to participate in an act for the sexual gratification of the child, the alleged abuser, or any other person without direct physical contact between the child and the alleged abuser. Sexual gratification means providing sexual arousal or pleasure or appealing to prurient interest but does NOT require overt evidence of arousal such as an erection, vaginal lubrication, ejaculation, or orgasm. Sexual exploitation acts include, but are not limited to:

1. Exposing the child’s genitals or anus or, if the child is a female, the child’s breasts.

2. Exposing the alleged abuser’s genitals or anus or, if the alleged abuser is a female, the alleged abuser’s breasts, to the child.

3. Having the child masturbate or watch any other person masturbate.

4. Having the child participate in sexual activity with a third person, including child prostitution.

5. Having the child pose, undress, or perform in a sexual fashion, including posing or performing for child pornography.

6. Exposing the child to child pornography, adult pornography, or a live sexual performance.

7. Engaging in voyeurism (“peeping”) or other prurient watching of a child’s genitals or anus or, if the child is a female, the child’s breasts without the child’s knowledge.

(b) Rape or Intercourse. The caregiver’s use of force, emotional manipulation, trickery, threatening, or taking advantage of the child’s youth or naïveté to engage in penetration of the vagina, however slight:

1. By the penis; or

2. By a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person.

(c) Sodomy. The caregiver’s engaging in any of the following:

1. Placing the alleged abuser’s sexual organ in the mouth or anus of a child, however slight the penetration; or

2. Taking into the alleged abuser’s mouth or anus the sexual organ of a child, however slight the penetration.

(d) Molestation. Physical contact of a sexual nature not involving rape, intercourse, or sodomy between the child and the caregiver, including, but not limited to any of the following:

1. The fondling or stroking of the genitals or buttocks, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person.

2. The fondling or stroking of a female’s breast, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person.

3. The attempted penile penetration of the vagina, anus, or mouth.

4. The attempted penetration of the vagina, with a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person.

(2) Child Sexual Abuse Part B. Any act of child sexual abuse that meets the criteria of Part A shall be considered to have a significant impact on the child, which is the criterion for part B. No voting is required for Part B.

(3) Part C: Exclusion From Child Sexual Abuse. There are NO exclusions from any act of child sexual abuse. No voting is required for Part C.

c. Child Emotional Abuse. A non-accidental act or acts, including the following and any other act not listed of similar severity, but excluding an act that meets the criteria of child physical abuse or child sexual abuse:

(1) Child Emotional Abuse Part A

(a) Berating, disparaging, degrading, scapegoating, or humiliating the child, or other similar behavior directed toward the child.

(b) Threatening the child, including but not limited to indicating or implying future physical abuse, abandonment, or sexual abuse.

(c) Harming or indicating that the caregiver will harm a person or thing that the child cares about, such as:

1. A loved one, including but not limited to a relative or friend of the child.

2. A pet.

3. Real or tangible property.

(d) Abandoning or indicating that the caregiver will abandon a person or thing that the child cares about, such as:

1. A loved one, including but not limited to a relative or friend of the child.

2. A pet.

3. Tangible property.

(e) Restricting the child's movement by:

1. Fastening the child's arms or legs together,

2. Binding the child to a chair, bed, or other object, or

3. Confining a child to an enclosed area, such as a closet.

(f) Coercing the child to inflict pain on himself or herself, including, but not limited to:

1. Ordering the child to kneel on split peas, rice, or similar substance for long periods.

2. Ordering the child to ingest a highly spiced food, spice, or herb.

(g) Disciplining the child through non-physical means, or with the non-accidental use of force that does not meet the criteria of child physical abuse, when such discipline is excessive because there is disproportion between the:

1. Frequency of punishment and the infrequency of the child's bad behavior.

2. Severity of punishment and the undesirability of the child's bad behavior.

3. Duration of punishment and the undesirability of the child's bad behavior.

(2) Child Emotional Abuse Part B. Significant impact on the child involving ANY of the following:

(a) Psychological harm, including either:

1. More-than-inconsequential fear reaction, as set forth in section 4.a.(2)(c) of this enclosure; or

2. Significant psychological distress related to the act, including one or more psychiatric disorders at or near diagnostic thresholds as defined by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

(b) Reasonable potential for psychological harm, including either when:

1. The act or pattern of acts creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic threshold, related to or exacerbated by the act(s) when taken into consideration with the child's level of functioning and any risk and resilience factors present; or

2. The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged emotional abuse.

(c) Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

(3) Part C: Exclusion From Child Emotional Abuse. The following shall NOT be considered to meet the criteria for Part A:

(a) Any generally accepted caregiving practice such as:

1. Confining a small child in a child car seat or safety harness, or
2. Swaddling an infant.

(b) Any generally accepted disciplinary practice proportionate to the seriousness of the child's behavior that involves:

1. Restriction of a child's normal privileges (e.g., "grounding" a child), or
2. Restricting a child to his or her room for a period of time.

d. Child Neglect. The negligent treatment of a child through egregious acts or omissions below the lower bounds of normal caregiving, which shows a striking disregard for the child's well-being, under circumstances indicating the child's welfare has been harmed or threatened by the deprivation of age-appropriate care. Defiance of base guidance may be cause for referral to FAP for services, but it is not necessarily neglectful unless the alleged act or omission meets the criteria for Part A and Part B.

(1) Child Neglect Part A. Any of the following:

(f) Abandonment. The absence of the caregiver with no intent to return or the absence of the caregiver from the home for more than 24 hours without having arranged for an appropriate surrogate caregiver. Any act of child abandonment that meets the criteria of Part A child neglect shall be considered to have a significant impact on the child, which is the criterion for Part B. No voting is required for Part B for abandonment.

(b) Lack of Supervision. Egregious absence or inattention, taking into account the child's age and level of functioning.

(c) Exposure to Physical Hazards. Inattention to the child's safety by exposing the child to physical dangers or home hazards including, but not limited to:

1. Exposed electrical wiring;
2. Broken glass;
3. Non-secured, loaded firearms in the home;
4. Illegal drugs in home;
5. Dangerous or unhygienic pets;
6. Asking the child to perform dangerous activities;

7. Driving a vehicle while intoxicated, with the child in the vehicle;

8. Hazardous chemicals;

9. Unhygienic living conditions dangerous to health;

10. Caregivers known to be abusive or neglectful;

11. An act of domestic violence close enough to the child to have created a risk of injury to the child.

(d) Educational Neglect. When education is compulsory by law, any of the following:

1. Knowingly allowing the child to have extended or frequent absences from school.

2. Neglecting to enroll the child in appropriate home schooling or public or private education.

3. Preventing the child from attending school for other than justifiable reasons.

(e) Neglect of health care. Refusal or failure to provide appropriate health care, including but not limited to failure to obtain appropriate professionally indicated medical, mental health, or dental services, procedures, or medications, although the caregiver was financially able to do so or was offered other means to do so. It includes withholding of medically indicated treatment for a child with life-threatening conditions.

(f) Deprivation of Necessities. The failure to provide age-appropriate nourishment, shelter, and clothing to the child. It includes non-organic failure to thrive as determined by a competent medical authority.

(2) Child Neglect Part B. Significant impact on the child involving ANY of the following:

(a) More-than-inconsequential physical injury as set forth in 4.a.(2)(a) of this enclosure and including heat exhaustion or heat stroke.

(b) Reasonable potential for more than inconsequential physical injury given the:

1. Act(s) or omission(s); and

2. The child's physical environment.

(c) Psychological harm, as set forth in paragraph 4.b.(2)(a).

(d) Reasonable potential for psychological harm, as set forth in paragraph 4.b.(2)(b) of this enclosure.

(e) Stress-related somatic symptoms, as set forth in paragraph 4.b.(2)(c) of this enclosure.

(3) Part C: Exclusion From Child Neglect. The following shall NOT be considered to meet the relevant criteria for Part A:

(a) Unattended Older Child in a Vehicle. A caregiver's leaving a child age 10 or older unattended in a vehicle for a brief period of time in a safe area DOES NOT meet the Part A criterion for lack of supervision.

(b) Unforeseen Lack of Supervision or Exposure to Physical Hazards. When lack of supervision or exposure to physical hazards occurs, but a person who is not the caregiver is directly responsible for such lack of supervision or exposure to physical hazards, such lack of supervision or exposure to physical hazards does not meet the Part A criterion IF the IDC concludes that a reasonably competent caregiver would not have foreseen such lack of supervision or exposure to physical hazards by such other person.

(c) First Time Exclusion. The Part A criteria for lack of supervision or exposure to physical hazards are not met if ALL of the following criteria are met:

1. The impact on the child meets the criteria for potential harm, but NOT for actual harm.

2. The caregiver has no other significant risk factors for neglect (e.g., low self-esteem, high impulsivity, lack of social support, high daily stress, substance abuse diagnosis).

3. Two-thirds of the voting members determine the neglect to have barely met criteria.

4. There has been no previous incident of problematic caregiving, as evidenced by both of the following:

a. The caregiver has not come to the attention of any community helper (including, but not limited to, teachers, security forces, medical professionals, civilian authorities) for potential child maltreatment or extreme parenting practices; AND

b. The caregiver has not been reported to the FAP or a civilian CPS agency previously for allegations of child abuse or child neglect.

e. Spouse or Intimate Partner Physical Abuse. The non-accidental use of physical force against a current or former spouse or current or former intimate partner of the opposite sex.

(1) Spouse or Intimate Partner Physical Abuse Part A. Such physical force includes but is not limited to at least one of the acts set forth in paragraph 4.a.(1) of this enclosure.

(2) Spouse or Intimate Partner Physical Abuse Part B. Significant impact on the spouse or intimate partner involving ANY of the following:

(a) Any physical injury, including, but not limited to:

1. Pain that lasts at least 4 hours,
2. A bruise,
3. A cut,
4. A sprain,
5. A broken bone,
6. Loss of consciousness,
7. Death.

(b) Reasonable potential for more than inconsequential physical injury given:

1. The inherent dangerousness of the act.
2. The degree of force used.
3. The physical environment in which the acts occurred.

(c) More than inconsequential fear reaction as set forth in subparagraph 4.a.(2)(c) of this enclosure, but excluding “intrusive recollections as evidenced in the child’s play.”

(3) Part C: Exclusion From Spouse or Intimate Partner Physical Abuse. Any non-accidental use of physical force act that meets any of the following situations shall NOT be considered to meet the criterion for Part A. These exclusions do not include subsequent non-accidental use of physical force against the spouse or intimate partner that was not protective.

(a) The act was committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who was in the act of using physical force. The act must include ALL of the following:

1. The act occurred while the spouse or intimate partner was in the act of using physical force. “In the act” begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the alleged abuser to hit him or her, and ends when the use of force is no longer imminent.

2. The sole function of the act was to stop the spouse or intimate partner's use of physical force.

3. The act used only that force that was minimally sufficient to stop the spouse or intimate partner's use of physical force.

(b) The act was committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who had previously threatened the alleged abuser with more than inconsequential physical injury. This requires that:

1. The act followed the spouse or intimate partner's verbal or nonverbal threat to imminently inflict more than inconsequential physical injury on the alleged abuser; AND

2. The IDC determined that there was at least one previous incident of the spouse or intimate partner inflicting more than inconsequential physical injury on the alleged abuser. "More-than-inconsequential physical injury" shall have the meaning set forth in paragraph 4.a.(2)(a) of this enclosure, but excluding "any injury to a child under 2 years of age."

(c) The act was committed to protect the spouse or intimate partner or another person from imminent physical harm, including, but not limited to:

1. Grabbing or pushing the spouse or intimate partner to prevent him or her from being hit by a vehicle.

2. Taking a weapon away from a suicidal spouse or intimate partner.

3. Stopping the spouse or intimate partner from inflicting physical abuse on a child as set forth in paragraph 4.a.(1) of this enclosure.

(d) The act was committed during physical play with the spouse or intimate partner, including, but not limited to, horseplay, wrestling, and tackle football.

f. Spouse or Intimate Partner Sexual Abuse. A sexual act with the spouse or intimate partner without the consent of the spouse or intimate partner or physical contact of a sexual nature against the expressed wishes of the spouse or intimate partner. Corroboration of the report of the spouse or intimate partner is NOT required to meet the Part A criteria for spouse or intimate partner sexual abuse. A sexual act is:

(1) Contact between the penis and the vulva, or the penis and the anus, involving penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus; or

(3) Penetration of the anal or genital opening by a hand, finger, or other object.

(4) Spouse or Intimate Partner Sexual Abuse Part A. Any of the following:

(a) The use of physical force to compel the spouse or intimate partner to engage in a sex act against his or her will, whether or not the sex act is completed.

(b) The use of a physically aggressive act in paragraph 4.a.(1) of this enclosure, or use of one's body, size, or strength, or an emotionally aggressive act in paragraph 4.g.(1) of this enclosure, to coerce the spouse or intimate partner to engage in a sex act, whether or not the sex act is completed.

(c) An attempted or completed sex act involving a spouse or intimate partner who is unable to provide consent. The spouse or intimate partner is unable to understand the nature or conditions of the act, to decline participation, or to communicate unwillingness to engage in the sexual act because of illness, disability, being asleep, being under the influence of alcohol or other drugs, or other reasons.

(d) Physical contact of a sexual nature, including but not limited to, kissing, groping, rubbing, or fondling, directly or through clothing, of the spouse or intimate partner that does not meet the criteria of 4.f.(4)(a) through 4.f.(4)(c) of this enclosure, but is against the expressed wishes of the spouse or intimate partner.

(5) Spouse or Intimate Partner Sexual Abuse Part B. Any act that meets the criteria for Part A spouse or intimate partner sexual abuse shall be considered to have a significant impact on the spouse or intimate partner, which is the criterion for part B. No voting is required for Part B for spouse or intimate partner sexual abuse.

(6) Part C: Exclusion From Spouse or Intimate Partner Sexual Abuse. There are NO exclusions from any act of spouse sexual abuse or from any act of intimate partner sexual abuse that meets the criteria for Part A.

g. Spouse or Intimate Partner Emotional Abuse. A non-accidental act or acts, excluding physical abuse or sexual abuse, or threat adversely affecting the psychological well-being of a current or former spouse or current or former intimate partner.

(1) Spouse or Intimate Partner Emotional Abuse Part A. Including, but not limited to any one or more of the following:

(a) Interrogating the spouse or intimate partner.

(b) Berating, disparaging, or humiliating the spouse or intimate partner or using other similar behavior against the spouse or intimate partner.

(c) Isolating the spouse or intimate partner from his or her family, friends, or social support resources.

(d) Interfering with the spouse or intimate partner's adaptation to American culture or the military subculture.

(e) Restricting the spouse or intimate partner's access to or use of economic resources despite an obviously grave economic situation, when such restriction does not reasonably obstruct the spouse or intimate partner from recklessly incurring debts for which the alleged abuser would be responsible for repayment.

(f) Restricting the spouse or intimate partner's access to or use of appropriate military services and benefits, including, but not limited to, taking away the spouse or intimate partner's military identification card.

(g) Obstructing the spouse or intimate partner from obtaining medical, mental health, or dental services.

(h) Restricting the spouse or intimate partner's ability to come and go freely when such restriction is not intended to prevent the spouse or intimate partner from committing:

1. An act or acts injurious to the spouse or intimate partner
2. An act or acts that may injure another person

(i) Trying to make the spouse or intimate partner believe that he or she is mentally ill, and/or trying to make others think that the spouse or intimate partner is mentally ill.

(j) Threatening to harm the spouse or intimate partner directly or indirectly, including, but not limited to, by threatening to:

1. Inflict physical abuse or sexual abuse on the spouse or intimate partner.
2. Harm the spouse or intimate partner's children, pets, or people that the spouse or intimate partner cares about.
3. Damage or destroy the spouse or intimate partner's property.

(k) Harming the spouse or intimate partner's children, pets or property.

(l) Stalking the spouse or intimate partner.

(m) Obstructing the spouse or intimate partner's access to protective assistance, including but not limited to assistance from:

1. A military domestic violence victim advocate or the Family Advocacy Program;
2. The military command;

3. A military or civilian law enforcement agency;
4. An attorney;
5. A civilian court of competent jurisdiction;
6. A civilian domestic violence program of shelter, support, or other assistance.

(2) Spouse or Intimate Partner Emotional Abuse Part B. Significant impact on the spouse or intimate partner involving ANY of the following:

(a) Psychological harm, including ANY of the following:

1. More than inconsequential fear reaction (fear, verbalized or displayed) as set forth in paragraph 4.a.(2)(c) of this enclosure, but excluding “intrusive recollections as evidenced in the child’s play;”
2. Significant psychological distress as set forth in subparagraph 4.c.(2)(a)2. of this enclosure;
3. Fear of an emotionally abusive act that significantly interferes with the spouse or intimate partner’s ability to carry out any of five major life activities: employment, education, religious faith, obtaining necessary medical or mental health services or following prescribed treatment, or contact with family or friends;
4. Stress-related somatic symptoms as set forth in subparagraph 4.b.(2)(c). of this enclosure.

(3) Part C: Exclusion From Spouse or Intimate Partner Emotional Abuse. There are NO exclusions from any act of spouse or intimate partner emotional abuse that meets the criteria for Part A.

h. Neglect of Spouse. A type of domestic abuse in which the alleged abuser withholds necessary care or assistance for his or her current spouse who is incapable of self-care physically, psychologically, or culturally, although the caregiver is financially able to do so or has been offered other means to do so.

(1) Neglect of Spouse Part A. The IDC must determine that ALL of the following conditions are present:

(a) The alleged abuser withholds, or withholds the spouse’s access to, any of the following:

1. Appropriate, medically indicated health care, including but not limited to appropriate medical, mental health, or dental care;

2. Appropriate nourishment, shelter, clothing, or hygiene; or

3. Caregiving for more than 24 hours without having arranged for an appropriate surrogate caregiver.

(b) The alleged abuser is able to provide care, or access to care, specified in paragraph 4.h.(1)(a) of this enclosure or has been offered assistance to do so.

(c) The spouse is incapable of self-care due to substantial limitations in one or more of the following areas:

1. Physical, including but not limited to quadriplegia,

2. Psychological or intellectual, including but not limited to vegetative depression, very low intelligence, or psychosis, or

3. Cultural, including but not limited to the inability to communicate in English or the inability to manage activities of rudimentary daily living in American culture.

(2) Neglect of Spouse Part B. Deprivation-related significant impact involves either of the following:

(a) More-than-inconsequential physical injury, as set forth in subparagraph 4.a.(2)(a) of this enclosure, but excluding “any injury to a child under 2 years of age” AND including heat exhaustion or heat stroke.

(b) Reasonable potential for more than inconsequential physical injury, given:

1. The reason(s) the spouse is incapable of self-care;

2. The care required for the spouse’s condition(s); and

3. The more-than-inconsequential injury that the spouse could suffer if appropriate access to care is withheld.

(3) Part C: Exclusion from Neglect of Spouse. There are NO exclusions from any act of spouse neglect that meets the criteria for Part A.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CCSM	Clinical Case Staff Meeting
CPS	Child Protective Services
FAP	Family Advocacy Program
FAPM	FAP Manager
IDC	Incident Determination Committee
IS	incident status
ISD	incident status determination
UCMJ	Uniform Code of Military Justice

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this Volume.

abusive sexual contact of a spouse or intimate partner. A type of domestic violence by causing the spouse or intimate partner to engage in sexual contact (1) by threatening or placing the spouse or intimate partner in fear (other than by threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping) or (2) causing bodily harm; or by engaging in sexual contact with an intimate partner who is substantially incapacitated or substantially incapable of appraising the nature of the sexual contact, declining participation in the sexual contact, or communicating unwillingness to engage in the sexual contact; or by engaging in sexual contact with a spouse who is substantially incapacitated or substantially incapable of appraising the nature of the sexual contact, declining participation in the sexual contact and the purpose is to abuse, humiliate, or degrade the spouse.

aggravated sexual assault of a spouse or intimate partner. A type of domestic violence by causing a spouse or intimate partner to engage in a sexual act by: (a) threatening or placing the spouse or intimate partner in fear (other than by threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping); (b) causing bodily harm; or by engaging in a sexual act with an intimate partner who is substantially incapacitated or substantially incapable of appraising the nature of the sexual act, declining participation in the sexual act, or communicating unwillingness to engage in the sexual act; or by engaging in a sexual act with spouse who is substantially incapacitated or substantially incapable of appraising the nature of the sexual act, declining participation in the sexual act and the purpose is to abuse, humiliate, or degrade the spouse.

aggravated sexual contact of a spouse or intimate partner. A type of domestic violence by causing a spouse or intimate partner to engage in sexual contact by: (a) using force; (b) causing grievous bodily harm to any person; (c) threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping; (d)

rendering the spouse or intimate partner unconscious; or (e) administering by force or threat of force or without the knowledge or permission of the spouse or intimate partner a drug, intoxicant, or other similar substance that substantially impairs the ability of the spouse or intimate partner to appraise or control conduct.

alleged abuser. See Reference (a).

case. See Reference (c).

child. See Reference (a).

child abuse. See Reference (a).

child pornography. A visual, audio, or written prurient depiction of a child engaged in explicit sexual conduct, real or simulated, or the lewd exhibition of the child's genitals intended for the sexual gratification of a user of the depiction.

child prostitution. An act of engaging or offering the services of a child to a person to perform sexual acts for money or other consideration with that person or any other person.

child sexual abuse. See DoD Instruction 6400.03 (Reference (g)).

clinical case management. See Reference (c).

CCSM. See Reference (c).

clinical intervention. See Reference (c).

deprivation of necessities. A type of neglect including the failure to provide appropriate nourishment, shelter, and clothing.

domestic abuse. See Reference (b).

domestic violence. See Reference (b).

educational neglect. A type of child neglect including knowingly allowing the child to have extended or frequent absences from school, neglecting to enroll a child in home schooling or public or private education, or preventing the child from attending school for other than justified reasons.

emotional abuse of a child. A type of child abuse including non-accidental acts resulting in an adverse effect upon the child's psychological well-being. Emotional abuse includes intentional berating, disparaging, or other verbally abusive behavior toward the child, and excessive disciplinary acts that may not cause observable physical injury.

emotional abuse of a spouse or intimate partner. A type of domestic abuse including acts or threats adversely affecting the psychological well-being of a current or former spouse or intimate

partner, including those intended to intimidate, coerce, or terrorize the spouse or intimate partner. Such acts and threats include those presenting likely physical injury, property damage or loss, or economic injury.

exploitation. See Reference (g).

FAP. See Reference (a).

FAPM. An individual designated by the installation commander or garrison commander, in accordance with DoD Component implementing guidance, to manage, monitor, and coordinate the FAP clinical supervision and case management at the installation level.

family member. See DoD Manual 6400.01-M-V2 (Reference (h)).

force. With respect to “rape of or intercourse with a child,” “rape of a spouse or intimate partner,” and “sodomy of a spouse or intimate partner,” the term “force” means action to compel submission of the child, spouse, or intimate partner or to overcome or prevent the resistance of the child, spouse, or intimate partner by: (1) the use or display of a dangerous weapon or object; (2) the suggestion of possession of a dangerous weapon or object that is used in a manner to cause the child, spouse, or intimate partner to believe it is a dangerous weapon or object; or (3) physical violence, strength, power, or restraint applied to the child, spouse, or intimate partner sufficient that the child, spouse, or intimate partner could not avoid or escape the sexual conduct.

incident. See Reference (h).

IDC. See Reference (a).

IS. See Reference (a).

lack of supervision. A type of child neglect characterized by the absence or inattention of the parent, guardian, foster parent, or other caregiver that deprives the child of appropriate care, resulting in injury, psychological harm, or serious threat of injury or psychological harm to the child.

medical neglect. A type of child neglect in which a parent or guardian refuses or fails to provide appropriate, medically necessary health care (medical, mental health, dental) for the child although the parent or guardian is financially able to do so or was offered other means to do so. The term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to a child when, in the treating physician’s or physicians’ reasonable medical judgment:

1. The child is chronically and irreversibly comatose;
2. The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child’s life-threatening conditions, or otherwise be futile in terms of the survival of the child, or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

molestation. See Reference (g).

neglect. The negligent treatment of a person through acts or omissions by an individual responsible for the victim's welfare under circumstances indicating the victim's welfare is harmed or threatened.

child neglect. The negligent treatment of a child through acts or omissions by an individual responsible for the child's welfare under circumstances indicating the child's welfare is harmed or threatened. Includes abandonment, deprivation of necessities, educational neglect, lack of supervision, medical neglect, and/or non-organic failure to thrive.

spousal neglect. A type of domestic abuse in which an adult fails to provide necessary care or assistance for his or her spouse who is incapable of self-care physically, emotionally, or culturally.

non-organic failure to thrive. A type of child neglect evidenced by the failure of an infant or young child to adequately grow and develop to or above the third percentile in height and weight when no organic basis for this deviation is found.

physical abuse. The non-accidental use of physical force such as grabbing, pushing, holding, slapping, choking, punching, kicking, sitting or standing upon, lifting and throwing, burning, immersing in hot liquids or pouring hot liquids upon, hitting with an object (such as a belt or electrical cord), and assaulting with a knife, firearm, or other weapon that causes or may cause bodily injury. Does not include discipline administered by a parent or legal guardian to his or her child provided it is reasonable in manner, and moderate in degree and otherwise does not constitute cruelty.

preponderance of the information. The information that supports the report as meeting the relevant criteria that define abuse or neglect, requiring entry into the Service FAP Central Registry data base, is of greater weight or more convincing than the information that indicates that the criteria that define abuse or neglect were not met. The voting member need not be certain that the information meets the criterion but may vote to "concur" if he or she is only 51 percent sure that it does (i.e., he or she may vote to "concur" even if there is reasonable doubt).

rape of or intercourse with a child. See Reference (g).

rape of a spouse or intimate partner. A type of domestic violence by causing the spouse or intimate partner to engage in a sexual act by: (a) using force; (b) causing grievous bodily harm to any person; (c) threatening or placing the spouse or intimate partner in fear that any person will be subjected to death, grievous bodily harm, or kidnapping; (d) rendering the spouse or intimate partner unconscious; or (e) administering by force or threat of force or without the knowledge or permission of the spouse or intimate partner a drug, intoxicant, or other similar

substance that substantially impairs the ability of the spouse or intimate partner to appraise or control conduct.

reasonable medical judgment. A medical judgment made by a reasonably prudent physician knowledgeable about the case and the treatment possibilities for the medical conditions involved.

sexual abuse of a spouse or intimate partner. Includes “abusive sexual contact with a spouse or intimate partner,” “aggravated sexual assault of a spouse or intimate partner,” “aggravated sexual contact of a spouse or intimate partner,” “rape of a spouse or intimate partner,” “sodomy of a spouse or intimate partner,” and “wrongful sexual contact of an intimate partner.”

sexual act. Either contact between the penis and the vulva upon penetration, however slight, or the penetration, however slight, of the genital opening of another by a hand or finger or by any object, with an intent to abuse, humiliate, harass, or degrade any person or to arouse or gratify the sexual desire of any person.

sexual contact. The intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks, of another person, or intentionally causing another person to touch, either directly or through the clothing, the genitalia, anus, groin, breast, inner thigh or buttocks, of any person, with an intent to abuse, humiliate, or degrade any person or to arouse or gratify the sexual desire of any person.

sodomy of a child. See Reference (g).

sodomy of a spouse or intimate partner. A type of domestic violence involving the taking into the alleged abuser’s mouth or anus, by means of physical force, the sexual organ of a spouse or intimate partner; or placing the alleged abuser’s sexual organ, by means of physical force, in the mouth or anus of a spouse or intimate partner. Penetration, however slight, is sufficient to complete the act.

wrongful sexual contact of an intimate partner. A type of domestic violence by engaging in sexual contact with an intimate partner without legal justification or lawful authorization.