

[H.A.S.C. No. 117-37]

**KEEPING OUR SERVICE MEMBERS  
AND THEIR FAMILIES SAFE AND READY:  
THE MILITARY'S PREVENTION AND  
RESPONSE TO DOMESTIC VIOLENCE**

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HEARING

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

COMMITTEE ON ARMED SERVICES  
HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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HEARING HELD

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HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ARMED SERVICES,  
SUBCOMMITTEE ON MILITARY PERSONNEL,  
*Washington, D.C., Tuesday, May 25, 2021.*

The subcommittee met, pursuant to call, at 3:00 p.m., via Webex, Hon. Jackie Speier (chairwoman of the subcommittee) presiding.

**OPENING STATEMENT OF HON. JACKIE SPEIER, A REPRESENTATIVE FROM CALIFORNIA, CHAIRWOMAN, SUBCOMMITTEE ON MILITARY PERSONNEL**

Ms. SPEIER. Good afternoon. My name is Jackie Speier, I chair the Military Personnel Subcommittee, and we are now going to bring this committee hearing to order. I want to welcome everyone. This is going to be a completely virtual hearing, and we have a very important topic to talk about today.

But, first, let me welcome our new ranking member to the committee, Congressman Mike Gallagher. He has completed 4 years in the House of Representatives. Previously, he was a U.S. Marine captain, served 7 years in the Marine Corps and was deployed twice to Iraq. He also has the distinction of being the fastest man in Congress in a 3K race. I am not going to challenge [inaudible].

We are going to talk about a very, very important, serious and troubling topic today. It is the military's prevention and response to domestic violence. The startling statistics, according to the CDC [Centers for Disease Control], suggest that one in four women, and one in seven men will experience what is called quote, "severe physical violence" by spouses or intimate partners in their lifetimes. That is 25 percent of women in this country who will be battered and bruised, strangled, and stabbed, shocked, and maybe even killed. It is a scourge that we must pull out of the shadows because we know if it is 25 percent of women who are victims of severe physical violence, so, too, are the women that make up our military and military families.

The first step in curing any ill is to define a problem. And for over 20 years, Congress has asked the Department of Defense [DOD] to do just that, but it has not done it. The problem remains undefined. In fact, earlier this month the GAO [Government Accountability Office] released a study that found that despite a statutory requirement since 1999, DOD has not collected comprehensive data on the number of allegations of domestic violence, a subcategory of different types of domestic abuse that constitute of-

fenses under the Uniform Code of Military Justice, and related actions taken by commanders. And even though we know the data is inaccurate, we know that over 40,000 incidents met DOD criteria for domestic abuse between 2015 and 2019, and that 74 percent of these incidents were physical abuse. How many more were never counted by the Department? How many were never reported? For more than 20 years, no one can say.

According to the DOD annual report on child abuse and neglect and domestic abuse in the military, most of the perpetrators and victims are our most junior service members and spouses. They are the young, the inexperienced, they are away from home, many for the first time, isolated from family and friends and support systems, and, in many cases, struggling financially. Often, we know the data shows that COVID-19 pandemic has only exacerbated the isolation and the financial stressors suffered by these families. It is too easy to hide behind facts and figures.

I want to be very clear about what physical abuse is. According to the National Domestic Violence Hotline, it is an intimate partner or spouse who pulls your hair or punches or slaps or kicks or bites, chokes, or smothers you; it is a person who forbids or prevents you from eating or sleeping, who uses weapons against you, including firearms, knives, or bats; who prevents you from contacting emergency services, including medical attention or law enforcement; who harms your children, your pets; who drives recklessly or dangerously while you are in the car, or abandons you in an unfamiliar place; who traps you in your home or prevents you from leaving; who throws objects at you or prevents you from taking prescribed medication, or denies you necessary medical treatment. That is physical abuse.

There is also emotional and verbal abuse, financial abuse, stalking, sexual abuse, and sexual and reproductive coercion.

To put a human face to this epidemic, Ms. Amy Logan has bravely agreed to tell her story. Her testimony is riveting and exposes all the flaws in the military's handling of domestic violence. It also reminds all of us that there is a mother, a father, a sister, a brother, a child behind those 40,000 incidences of domestic abuse recorded by the DOD.

We can no longer ignore this. The safety and well-being of our service members and their families is at risk. So, to DOD and the services, my question is, what are you doing about it? How are you addressing the shortfalls GAO has presented? How are you educating our service members and their families about the resources that we have? How do they know who to call to get help?

I am pleased Congress has made some progress in addressing this issue. In fiscal year 2021, in NDAA [National Defense Authorization Act], the subcommittee provision to establish a thorough review of the military's response to domestic violence was included to provide Congress with additional independent findings and recommendations to address intimate partner violence.

However, much more must be done. I will specifically point out that last Congress, a provision that I offered that created a military court protective order that are enforceable across jurisdictions was unnecessarily stripped out in Congress. I am sorry, in con-

ference. Witnesses today will testify why court protective orders are so necessary.

Now, Ranking Member Gallagher, you are recognized for your opening remarks.

**STATEMENT OF HON. MIKE GALLAGHER, A REPRESENTATIVE FROM WISCONSIN, RANKING MEMBER, SUBCOMMITTEE ON MILITARY PERSONNEL**

Mr. GALLAGHER. Thank you so much, Chairwoman Speier. It is an honor to join the subcommittee, and I look forward to working together. And today's hearing addresses an issue of supreme importance of domestic violence, which, I think we can all agree, has absolutely no place in our military. And I want to welcome both panels to today's hearing. I specifically want to thank Ms. Logan for volunteering to be a witness today. I can't stress how grateful that I am for the courage and your willingness to tell your story.

As a former Marine Corps officer, I had to deal with issues involving domestic violence. In my unit, I found it important to discuss and define domestic violence with my Marines, also called intimate partner violence. It includes four types of appalling behavior: physical violence, sexual violence, stalking, and psychological aggression.

Speaking of the magnitude of the problem, the latest CDC statistics indicate that about one in four women, and nearly one in seven men, have experienced sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime, and reported some form of domestic violence-related impact. Over 43 million women and 38 million men experienced psychological aggression by an intimate partner in their lifetime. These numbers are, quite simply, staggering.

In my home State of Wisconsin, for example, domestic violence claimed 72 lives in 2019. In my hometown of Green Bay, we have a number of organizations like the Golden House and the Wise Women Gathering Place that provides safety and support for victims of domestic violence. Unfortunately, these services are always in critical demand, and demand outstrips supply.

In the military, the fiscal year 2020 Report On Child Abuse and Neglect and Domestic Abuse in the Military showed the rate of those types of incidents have decreased over the past 10 years, but the numbers, overall, are still very concerning.

Additionally, unmarried intimate partner abuse and adult sexual abuse increased at an alarming rate. There are also six intimate partner abuse fatalities in fiscal year 2020. We need to do everything we can to drive these numbers down. One case is one too many when it comes to domestic violence, in my opinion.

And, so, we also need to commit to the affected families that we will provide them with the resources they need to get through these very difficult situations.

But this is only part of the issue with the domestic violence. The other part is trying to prevent domestic violence from ever occurring in the first place. The prevention part is what I want to understand. Our service representatives on our second panel, in particular, what are we doing, and how are we getting after these issues? Do we truly understand the data, and are the services re-

porting incidents in the same manner so we know how many cases there are, and the magnitude of this issue in the military? I also want to learn about any new initiatives that may improve domestic violence abuse prevention and response.

And so on Panel 1, I look forward to hearing from our witness that is a survivor of domestic violence and understand your experiences better, and your thoughts on what can be done to improve the process. We will also hear from a military service organization on their role in domestic violence, and from the GAO, which just completed an in-depth report of domestic abuse in the military.

So thank you, again, for all being available for this hearing. I look forward to the discussion and the questions and answer.

Ms. SPEIER. The member completed his remarks. Thank you. Each witness will provide a brief opening statement, and each member will have an opportunity to question the witnesses for 5 minutes. We respectfully ask the witness to summarize their testimony in 5 minutes, and the statement will be made part of the hearing record.

Welcome. Our first panel is Ms. Amy Logan. Ms. Jessica Strong is the co-director of Applied Research, Blue Star Families. Ms. Brenda Farrell, Director of Defense Capabilities and Management Team of the Government Accountability Office. Thank you all for your time today. I look forward to hearing from you.

We will start with Ms. Logan. And, Ms. Logan, let me—before you made your opening statement, when I read that, I couldn't believe how strong you were then and are now, how you exposed what are gaping holes in our system in terms of responding to the victims [inaudible].

#### **STATEMENT OF AMY LOGAN, SURVIVOR**

Ms. LOGAN. Thank you, Madam Chair. I want to start by thanking the committee for the work you are doing around such a difficult and important issue. My hope is that in hearing my testimony, the committee considers adopting real changes in how the military handles reports of domestic violence in its ranks.

I am the ex-spouse of a soldier who was an E-9 in the United States Army. I met him toward the end of his military career, and we always lived off base. What I knew of the military and their resources was what he shared with me.

Two years into our relationship, I realized I was in an emotionally and verbally abusive marriage. Three years into our marriage, things turned physical, shortly after moving to a new city and a new installation. I was a stay-at-home mom with no family nearby, and not a lot of friends. One night, my ex-husband charged at me, grabbing my shoulders, and he knee-struck me in the leg. That night, he shattered and completely damaged my cell phone, leaving holes and dents on the floor from the impact. He told me, I would rather go to prison than let you leave with our child.

I took this as a verbal threat to my life. The police arrived after receiving a disturbance call, and my ex-husband charmed the male police officer into believing that I broke my cell phone and that we just had an argument.

The next day I went to the local magistrate's office and was told that based on the police report, I would more than likely not be



granted a restraining order. A few days after this incident, I went with our child to a women's safe shelter while my ex-husband was at work. My ex-husband tracked my location and came to the shelter. The police came, gave him a warning, and he was asked to leave.

Through this whole process, the police were called three times regarding my ex-husband, and it is my understanding that the local Army base was never notified.

During our divorce process, the brigade military and family life counselor who worked with my ex-husband attended every court hearing we had and testified on behalf of my ex-husband at our divorce hearing. This was the third person in the military who heard of the physical abuse, and higher command was still not notified of the situation. It wasn't until my divorce hearing after gaining knowledge of the history of potential abuse my ex-husband had done to other individuals, that I gained the strength to come forward to the military.

I went to the family advocate office and shared all that had happened. I requested to receive a military protection order. I was not granted one. The case review committee [CRC] met and did determine that my case met the criteria for emotional and physical abuse.

The colonel who led the committee was my ex-husband's brigade commander and his command partner. It is my understanding that the colonel did not feel that my ex-husband needed any treatment, and that my ex-husband stayed in his command the whole time.

After the CRC ruling, I filed a report with the Inspector General's Office regarding how the colonel handled my case as well as the MFLAC [Military and Family Life Counseling] actions. I remember one individual telling me, It is our job to make sure this doesn't end up on CNN.

The IG [Inspector General] Department determined that the chain of command can best address the matters presented. I was shocked. The IG Department took my complaint straight to the person my complaint was against.

I proceeded to file a Congressional Inquiry to assist in looking into my concern. From this inquiry, the commanding major general started a 15-6 investigation. I believe some changes were made, however, I do not know the full outcome.

Throughout all of these military investigations, I felt they questioned the validity of my complaint based on what I did not do instead of what was done to me.

Individuals in the military responsible for decisions regarding domestic abuse need to learn more about abuse. It is rarely ever an isolated incident. It is rare that just one form of abuse is being used. They need to understand that fear keeps you trapped and isolated. You experience what someone can do to you, and you constantly live in a state of fear. This plays a part in every decision that a victim does or does not make.

I have a few suggestions for the committee to consider. Commanders and colonels who directly work with someone accused of domestic violence should not oversee any investigation or committee regarding this issue. Soldiers who commit acts of domestic violence do not need anger management; they have a control and

an abuse issue. Any treatment plan, investigation, or committee, needs to include both talking to the alleged abuser and the alleged victim. When IG Departments communicate with the military spouse, I recommend someone be present who can explain the process. Commanders, colonels, and military personnel need to properly report all allegations and conduct proper investigations.

My story is not just my story. It represents the stories of victims and survivors who are too afraid to come forward. It represents individuals who work with victims in the military who feel they are constantly hitting roadblocks when trying to help. I hope today, this testimony can be a voice for them, too. I thank the committee for your time.

[The prepared statement of Ms. Logan can be found in the Appendix on page 40.]

Ms. SPEIER. Thank you again, Ms. Logan. That was, again, remarkable testimony and very important to us. Next, we will hear from Ms. Jessica Strong.

**STATEMENT OF JESSICA STRONG, CO-DIRECTOR OF APPLIED RESEARCH, BLUE STAR FAMILIES**

Ms. STRONG. Chairwoman Speier, Ranking Member Gallagher, and distinguished members of the Subcommittee on Military Personnel, thank you for the opportunity to testify before you today. My name is Dr. Jessica Strong, and I am the co-director of Applied Research for Blue Star Families, a national nonprofit organization dedicated to supporting military and veteran families. Blue Star Families is nationally recognized for our Annual Military Family Lifestyle Survey, which covers a wide variety of topics that impact military and veteran families.

Today, I am here to share with you what our previous surveys have revealed about intimate partner violence, or IPV. In Blue Star Families 2015, 2016, and 2017 surveys, approximately 1 percent of Active Duty spouse and service member respondents reported being hit, kicked, punched, or otherwise hurt by their significant other in the past year. However, as Ms. Logan mentioned, this physical violence is not the only, but the most obvious symptom of intimate partner violence.

Perhaps more alarming is that approximately 9 to 15 percent of our Active Duty family respondents reported that they did not feel safe in their current relationship. This is a potential warning sign of abuse.

Finally, in our 2019 survey, approximately 2 percent of both spouses and service member respondents reported they had experienced intimate partner violence within the past year. These findings corroborate data gathered by Department of Defense in 2019, which reported incidents of spouse abuse at about 1.1 percent. This seems small, but the rate is over twice that of the national population at 0.42 percent.

Many factors that are endemic to the military lifestyle face military spouses at greater risk of experiencing IPV, including economic vulnerability, social isolation, mental health concerns, and military culture itself. I will say a few words just about each.

Military spouses are uniquely vulnerable to economic abuse, wherein abusive partners use their financial power to control their

spouse's behavior. Because of that frequent relocation, limited childcare, and the service member's job demand, military spouses face significant challenges to employment. The unemployment rate for military spouses is many times that of their similar civilian peers. And of those who are employed, two-thirds of the Active Duty spouse respondents to our 2020 survey indicated they were underemployed, working in positions that are not commensurate with their education, experience, salary history, or desires. Others have simply left the workforce.

Consequently, military spouses frequently do not have a sufficient independent source of income in which to support themselves and their children, should they choose to leave their abusive partner.

Another risk factor for IPV mentioned by Ms. Logan is social isolation. This is also too often a natural byproduct of the military lifestyle. Active Duty families relocate, on average, once every 2 to 3 years. This requires families to separate from their established support systems. In fact, almost half of our families in our 2020 survey reported that isolation from family and friends was a top stressor during the military time. The COVID-19 pandemic with its associated shutdowns, restriction movement orders, and mandatory quarantines, may have intensified this concern.

A third risk factor is mental health issues such as PTSD [post-traumatic stress disorder]. These have also been repeatedly linked to IPV. While certainly not the singular cause, the prevalence of PTSD in the military may increase the incident of IPV. In our 2020 survey, 11 percent of our Active Duty service members, and 7 percent of their spouse respondents reported they had a current diagnosis of PTSD.

Finally, military culture itself may contribute to the relative prevalence of IPV due to its essential normalization of violence and predominantly masculine culture. Any plan to reduce IPV must address the underlying factors that make families vulnerable, and, therefore, must seek to, A, empower military spouses financially; B, eliminate sexist attitudes within the military; and C, combat social isolation.

We must collectively work to address the upstream causes of military spouse unemployment, including a lack of affordable childcare, the unpredictability of service member day-to-day job demand, and hiring and promotion discrimination.

Eliminating sexism from the military will require systemic cultural reform. We, therefore, encourage Congress to implement the recommendations made by the Fort Hood Independent Review Committee to alleviate instances of sexual harassment, assault, and gender discrimination across the services.

Finally, to combat social isolation, Congress ought to work with community-based military support organizations to bolster Active Duty military family members a sense of belonging to their local civilian community.

I would, again, like to thank the distinguished members of this subcommittee for their efforts to address this deeply troubling issue.

IPV is a crime, and it is neither a normal nor an acceptable by-product of military lifestyle. Blue Star Families applaud this sub-

committee's work to protect military family members from these acts of violence.

[The prepared statement of Ms. Strong can be found in the Appendix on page 53.]

Ms. SPEIER. Thank you, Ms. Strong. Your data was compelling. We want to hear from Brenda Farrell, a previous witness of our committee. She is the director of Defense Capabilities and Management Team for the GAO. Ms. Farrell.

**STATEMENT OF BRENDA FARRELL, DIRECTOR, DEFENSE CAPABILITIES AND MANAGEMENT TEAM, GOVERNMENT ACCOUNTABILITY OFFICE**

Ms. FARRELL. Madam Chair, Ranking Member Gallagher, and members of the subcommittee, thank you for the opportunity to discuss GAO's recently issued report on domestic abuse prevention and response in the military.

Domestic abuse can result in devastating personal consequences and is a significant public health issue that causes substantial societal costs. DOD has stated that domestic abuse is incompatible with military values and reduces mission readiness.

My written statement today summarizes a report issued earlier this month on domestic abuse in the military, which included 32 recommendations to DOD. DOD concurred with each of the recommendations. My statement focuses on some of the key findings in that report. Let me briefly summarize it.

My statement is divided into two parts: The first addresses the extent that DOD has met statutory requirements to collect and report data on reports of domestic abuse. DOD met a statutory requirement to collect and report data for incidents that met its criteria for domestic abuse. But as noted earlier by the chair, it was not collected and reported accurate data for the number and type of all domestic abuse allegations we are seeing. As a result, DOD is unable to assess the scope of alleged abuse and the rate of substantiation.

To address these challenges, we recommended that DOD clarify its guidance to the services for submitting data and develop a quality control process to ensure complete and accurate data on allegations of abuse.

In addition, we found that while there has been a statutory requirement since 1999, DOD has not collected comprehensive data on allegations of domestic violence, a subset of domestic abuse that constitutes criminal offenses under the Uniform Code of Military Justice, and related actions taken by commanders.

Since 2015, DOD has made an effort to aggregate these data at the Department level. However, the data collected by DOD do not cover the full scope of acts that may be considered domestic violence.

Further, nearly half of the non-pending command actions were categorized as "other," making it impossible to know if these allegations were unfounded, or if the incidents were not prosecutable for other reasons. To address these challenges, we recommended that DOD evaluate, and if needed, clarify, or adjust the responsibilities for tracking domestic violence allegations and related command actions.

The second part of my statement addresses the extent that DOD and the military services have implemented and overseen domestic abuse prevention and response activity. We found that gaps exist in key areas, including creating awareness of domestic abuse, reporting options and resources, allegation screening, victim risk assessment, and commanders' disposition of incidence. For example, we found that the military services perform limited oversight of commanders' disposition of domestic violence incidents referred to as command actions. These command actions can have significant implications for victims and alleged abusers.

For example, a commander's decision to pursue a court martial, nonjudicial punishment, administrative action, or no action, can impact victims' eligibility for transitional compensation benefits, and whether the alleged abusers are subject to the Lautenberg Amendment restricting firearms possession.

Currently, the Uniform Code of Military Justice authorizes commanders at the lowest level to determine the initial disposition for nonsexual domestic violence incidents. A DOD official told us that as of November 2020, officials were not aware of any initiatives within DOD to study risks associated with the current disposition model, or the feasibility of potential alternatives. Performing such an assessment could provide the Department and the military services with a better understanding of such risks and their resulting potential impacts.

As a result, we recommended that DOD assess the potential risks associated with its current disposition model for domestic violence incidents and the feasibility of potential alternatives that may respond to such risks. Madam Chair, that concludes my statement. I will be pleased to take questions when you or the other members are ready.

[The prepared statement of Ms. Farrell can be found in the Appendix on page 70.]

Ms. SPEIER. Thank you for your presentations. Now, I have the opportunity to ask questions of our panelists.

Let me start by asking Ms. Logan. It appears from your testimony that [inaudible] were and the resources [inaudible] an accurate statement?

Ms. LOGAN. I am sorry, Congresswoman Speier, it cut up a little bit, the question. Could you repeat that, please?

Ms. SPEIER. Of course. Based on your testimony, it appears that for that shouldn't be [inaudible] resources were misused. [Inaudible] and I am wondering is there any kind of resource that is truly there for you. [Inaudible].

Ms. LOGAN. I believe your question is in regards to resources that were shared with me and what resources I used. Is that correct?

Ms. SPEIER. Yes.

Ms. LOGAN. Okay. I am sorry. There seems to be a bit of a delay. So the living off base, and only hearing what my ex-spouse of the military, I did not know of resources. I, at that time, did not know that I can go to the family advocacy office. It wasn't until actually a counselor that my ex-husband agreed to go to, when she reached out to the family advocacy because she was concerned for my safe-

ty, when they reached out to me, then I became familiar with that resource.

The—my ex-husband's command did not share that resource with me. And, so, it was at that time that I found out about that. I was—I did not know many resources outside of that. When I did decide to bring things forward, what I knew was of my family advocate advisor, and they were a great resource. I will say that she was a great resource. But outside of that, I was not offered any other resources.

Ms. SPEIER. [Inaudible] a long time, is that correct?

Ms. LOGAN. Yes. He was in—I did not meet him until later in his career. He had been in the military, I believe, since—he went in shortly after high school, after he got his GED [General Educational Development Test], I believe. So he had been in the military for quite some time. I met him when he was an E-8 going into E-9.

Ms. SPEIER. Your testimony for other spouses as well [inaudible] term military that witness [inaudible] reported?

Ms. LOGAN. No. So around the time of our divorce, I was able to connect with some of the previous relationships, and they shared their testimony with me, and it was at that time that I found out that each one of them had experienced alleged abuse by my ex-husband. They each shared they were too afraid to bring things forward to the military. We all were told that he could lose his job, he could lose his right to carry, he could lose everything. And as Ms. Strong shared, you rely—you don't have a job, you don't know what you are going to do. And so, you are a bit afraid of bringing things forward because of that fear that they could lose their job, and then you could lose your support. At the same time, you just want it to stop, and you want help.

They—I believe one did mention something to a higher command. I do not believe—she did not bring things fully. A full—she didn't file a full complaint is my understanding. But she did mention something to a higher command. They, I believe, made him go to anger management. I believe my ex-husband laughed it off and didn't take it seriously.

[Audio malfunction.]

Ms. ESCOBAR. Madam Chair, I think we might have lost you. Is anyone else hearing the chairwoman's audio?

Mr. GALLAGHER. I cannot hear the audio.

Mr. VEASEY. I cannot hear.

Ms. ESCOBAR. Okay. So staff, could you alert the chairwoman and offer some guidance?

Ms. STRONG. She is back.

Ms. SPEIER. Actually, I have moved now to a secure location here. Thank you, Ms. Logan. Again, we will now move to Ranking Member Gallagher.

Mr. GALLAGHER. Thank you so much. Ms. Logan, again, thank you for sharing your story and, you know, the courage that that takes. Do you think our local installation commander should engage the local community to better understand the resources off base in the local community that might be available? Might that have helped in your case or in other cases?

Ms. LOGAN. I think there can be better communication between the local resources and the military resources. In, you know, civilian-wise when I brought stuff forward, too, I don't think the full resources were shared with me, too, because one of the police officers didn't fully believe my incident. But, yes, I agree there could be better communication between the two.

Mr. GALLAGHER. And then in your testimony, you indicated that you didn't charge—you didn't file charges of domestic abuse immediately after the incident. Based on what you know now, how would you advise victims in a similar situation?

Ms. LOGAN. I would advise to do so. I think, initially, as I shared, you are very scared, and you are very scared of how they might react. You are very scared. I was not shared that I could file charges of that. That was not told to me by the civilian police officers or my lawyer at the beginning. So, I would advise to do so because, you know, from my experience, I was questioned, well, why didn't you? Why didn't you? Why didn't you?

Mr. GALLAGHER. Thank you. Ms. Farrell, thank you for your testimony. A number of the recommendations in the GAO report on domestic abuse indicate, as you alluded to in your testimony, that DOD has significant issues with data, with domestic violence data in terms of reporting, collection, tracking, guidance, standardization, the quality control. As we sift through all of the recommendations, in your opinion, you know, what should be the first actions, the priority actions that DOD takes to fix these issues?

Ms. FARRELL. Thank you for that question. There is much work for DOD to do, and we hope they use the report as a roadmap to correct the deficiencies that we are pointing out. But I would think that if you tried to characterize solutions for the issues related to the data, they basically fall into two categories: guidance and accountability. As we noted, we don't know the full scope of all the allegations and the types of allegations of domestic abuse in the military because the services use different approaches to count the allegations. Two of the services, you know, count each allegation associated with a report separately. The other two count multiple allegations from that one report. So two of the services could be undercounting, and there is other coding issues with the Navy that prevent us from understanding what the type of abuse is being performed.

So clarifying the guidance to make sure you know what you want to collect. And in the case of domestic violence, putting someone in charge that can work across boundaries to obtain the information on domestic violence, because that data does exist on domestic violence. It just hasn't been going forth to the right office to manage it.

Mr. GALLAGHER. Thank you. That is very helpful. And in the short time I have left, Ms. Strong, are you aware of any programs in the civilian community that are comparable to DOD's domestic violence programs that could be used perhaps as benchmarks for success, as kind of gold standards that we might emulate?

Ms. STRONG. Thank you, Ranking Member Gallagher. I am not aware of any gold standard programs. I know that there are many, many community programs that support victims of domestic vio-

lence and intimate partner violence, but I am not aware of any in particular that should be held up as exemplars.

Mr. GALLAGHER. Well, I appreciate it, and I yield my remaining seconds back.

Ms. SPEIER. I thank the gentleman. Ms. Houlahan is now recognized for 5 minutes.

Ms. HOULAHAN. Thank you, Madam Chair. And I hope that my visiting puppies are not going to be too much of a problem. They are just starting to bark right now. I really also want to say thank you to all for coming today and sharing your story, particularly, Ms. Logan. It actually brought me back to being a military kid, to having a military mom, moving a lot, and to being a family who were under an enormous amount of stress. And my mom was kind of always the squadron, you know, wife, the squadron XO's [executive officer's] wife, the CO's [commanding officer's] wife, the commanding officer of the base wife. And all of the kinds of things that you are talking about have brought back really difficult memories, and I am appreciative of you sharing them.

I want to associate myself with Mr. Gallagher's questions and remarks, which is what is it that we can do to find best practices and standards of other industries and environments that are similar to the very isolating environment that goes to be a military spouse? Is there anything that we can, you know, rack our brains on to find something that is quite so singularly isolating? It is a perfect word as it is to be alone and moving possibly every single year to a new environment separated from your family. So I will put that to the side.

My questions, however, one question is for Dr. Strong. In your testimony, you talked about, you know, kind of the idea of gender tropes and the correlation, the strong correlation that there is a military gender discrimination to female members of the service. And I want to make sure that we acknowledge that that is an issue. That this issue of kind of gender tropes, writ large, is an issue in our military that is increasingly having more and more members who are female.

Beyond the acknowledgment that we should make that this exists, is there anything else that the services can do about kind of changing that culture, that—well, frankly, toxic culture that involves gender tropes, traditional gender tropes? And that is for Dr. Strong.

Ms. STRONG. Yes, ma'am. Thank you for the question. I very much appreciate the attention that you are bringing to the environment and the military culture. I do think that that is—if we are going to prevent intimate partner violence in a number—any number of other issues, that is one of the places that we do have to start.

As I mentioned in my testimony, looking at the recommendations from the Fort Hood Independent Review Commission, is a great place to start. They have a lot of really good recommendations to implement across not only the Army, but the other services as well.

Also, I would suggest looking at ways to continue to build belonging in the community and finding support for those military families so that there is a place to go. As Ms. Logan mentioned, there is—often the communication that they get is from the service mem-



ber. And if the service member is the person who is perpetrating, then they are not going to be getting good information there. So building that sense of belonging for spouses and families, so they know the resource, and they have a place to go is also a good place to start. Thank you.

Ms. HOULAHAN. You are welcome. And I also wanted to add my support for trying to find a way to harmonize data to the degree that we can across the DOD to make sure that even in our system, to Ms. Farrell, to make sure that we are standardizing the way that we assess data. I was fortunate enough to be on the trip with the chairwoman to Fort Hood, and one of the things I was struck by was an increased awareness of the fact that the police force outside of the base needed to be better at communicating within the base to talk about things like soldiers who were AWOL [absent without leave]. I am wondering what the analog is there to make sure that we are communicating across base lines or, post lines, from the service MPs [Military Police] to the police as well. And maybe this is something, Ms. Farrell, I was wondering if you can comment on how we can standardize or harmonize that across the DOD?

Ms. FARRELL. Are you talking in terms more about the data, or are you talking in terms more about that civilian military coordinated response?

Ms. HOULAHAN. It is both in the sense that the data is an aggregation of a lot of people's experiences. And there are the individual, you know, incidences or contacts between civilian law enforcement and spouses or military families. And, you know, that is the one-on-one thing, but there also is the aggregate, which is—you kind of wish—I was struck by the fact that the Fort Hood law enforcement sort of withdrawing their information over the wall and wondering what happened to it after it went over the wall. I can imagine that it would be the same kind of concern with this kind of information as well.

Ms. FARRELL. There needs to be better military-civilian coordination. I mean, it is known that it is an effort on both parts for the prevention and the response. And there are numerous examples along the lines that we are talking about, especially protective orders which has come up earlier. Some within the military, including the commanders, do not realize that a violation by an Active Duty service member of a civilian protective order is punishable under the Uniform Code of Military Justice. And that is something that could be corrected with the services, the Army, the Navy, and the Air Force putting in their regulations as is required by the DODI [Department of Defense Instruction], the process to punish violators of both military and civilian protective orders.

So, to date, only the Marine Corps has done that. So that is a big gap. And because those regulations don't define the responsibilities for prosecuting those who have violated those military and civilian orders, some spouses, or intimate partners, would not think about going to the military for help when there has been a violation of that civilian order. There is much more, but I know you have got other questions.

Ms. HOULAHAN. Thank you. No, I appreciate it. In fact, I have to yield back, but thank you. Thank you, Madam Chair.

Ms. SPEIER. The gentlelady's time has expired.

Ms. Farrell, just for clarification purposes, you have made recommendations to the Department as a result of this report. Have they responded yet?

Ms. FARRELL. Yes, they have. They were provided a draft report before it was publicly issued, and they did agree with all of the recommendations. We will continue to monitor those recommendations, as you know, to understand that they do take actions to meet the intent.

Ms. SPEIER. All right. Thank you.

Mrs. Bice, you are recognized for 5 minutes.

Mrs. BICE. Well, thank you, Madam Chair, for hosting today's important hearing. And thank you to all of the witnesses for being here today.

Domestic abuse and domestic violence impacts far too many Americans. The CDC estimates that 1 in 4 women and 1 in 10 men will experience some form of domestic violence or abuse in their lifetime. And I think it is imperative that we diligently work to address this issue within the DOD to ensure that the policies and the programs are in place to prevent these horrific incidents from occurring and to rapidly address them when they do occur.

My first question is to Ms. Logan. You mentioned in your testimony that you had an advocate that helped guide you after you started the process of charges against your ex-husband. Do you believe that appointing an advocate early on to help a spouse in a domestic violence or domestic abuse situation would be helpful? Maybe someone who is independent of the military?

Ms. LOGAN. Yes, I think what helped me with her instance is that she had also experienced domestic abuse, and she was familiar with the military. So her knowledge of both avenues was very beneficial for me. And because I did not know a lot of the military protocol and resources, she was able to provide that. So, yes, I do believe that would be a benefit.

Mrs. BICE. So providing something like that DOD-wide do you think may be a great, sort of, assistance for those victims?

Ms. LOGAN. Yes, I believe that—what I came across is it was either somebody that knew the military or knew about abuse and didn't know about both. So the more that you could appoint that know about both I think would help find those solutions and find those gaps, and even discover, you know, knowing that history of abuse, knowing what the signs are and what the red flags are to maybe try to bring it to light earlier before an incident happens.

Mrs. BICE. Great. Thank you for that.

Dr. Strong, you mentioned in your testimony that there is a connection with PTSD and domestic abuse and domestic violence. My question to you—and maybe it is a little bit of conjecture, but do you believe that we are addressing the PTSD issues so that we don't see DV [domestic violence] or domestic assault on the back end?

Ms. STRONG. I appreciate the question. Thank you. I am not certain that we are doing all that can be done to address PTSD and other issues of mental health because it isn't simply PTSD, it is also other mental health diagnoses and substance abuse. And I think that also involves only addressing the stigma of accessing

services for those conditions or issues, but also addressing—providing resources so that those substance abuse mental health underlying disorders can be addressed prior to before something extends into a domestic violence or intimate partner violence incident. Thank you for the question.

Mrs. BICE. Thank you. And then my last question is really for any of you. If you—could you share your perspectives on whether the DOD is doing enough to protect children in households where domestic or intimate partner violence is occurring. We have talked a lot about spouses, but children are sort of, I think, behind the scenes, and that is such a crucial piece. So what can we be doing to make sure that those children are being protected as well?

Ms. FARRELL. I will go first. Can you hear me?

Mrs. BICE. Yes.

Ms. FARRELL. We actually issued a report related to this topic on child abuse. I think you are talking about children whose parents could be abused. But after we did issue a report looking at military children who were victims of child abuse and found many of the similar findings that we are talking about today connected with the framework to manage things. Like the Incident Determination Committee at the installation level, when they first get an incident, they determine if it should be counted as child abuse, just as the same if they would look at domestic abuse to see if it should be counted. And we found problems with that structure. That committee last year and made recommendations about the composition of that committee. We thought medical personnel should be included to make sure a victim needed medical services, that those would be rendered.

So we had a host of recommendations in that report as well to address that issue. But there is definitely some overlap about protection of the children, whether they are in the household, experiencing this with the other family members, or they are the victims themselves.

Mrs. BICE. Thank you, Ms. Farrell.

Madam Chair, I yield back.

Ms. SPEIER. The gentlelady's time has expired.

The gentlelady from Texas is recognized for 5 minutes. Ms. Escobar.

Ms. ESCOBAR. Thank you so much, Madam Chair. And I want to express my gratitude to our chairwoman for having such an important hearing. And to our panelists, for sharing this really critical information, information, frankly, that confirms what so many of us already know and understand about the failures that exist within the military organization.

Ms. Logan, I would like to start my questions with you, and I want to thank you for sharing your painful experiences with this committee, and as well as with the public that is watching at home. I represent a congressional district that is home to Fort Bliss, one of the biggest military installations in the United States. And so, you know, I know from having spoken with constituents, and as well, with service members, that this is a problem everywhere, including here on our military installation.

But, Ms. Logan, one of the things that you mentioned that I would like to focus on a little bit, you mentioned talking about

other survivors, and about what they had heard back. And I wrote down that what they heard back was the fears around losing—the spouse losing the job, or the career essentially being over if abuse was reported. And, you know, obviously, it has to get reported. We don't want it to—we also want to try to address it as quickly as possible.

Do you think that if folks on military installations, if support that was available for you, if there had been intervention with your husband, do you think that could have helped address the abuse situation? Is there something that we can do, or that the DOD can do at the very front end that tries to help mitigate, not just the abuse, but things spiraling out of control?

Ms. LOGAN. Thank you for your question. And I apologize for the lawnmower noise going on. It is a difficult question to answer. My understanding is research with individuals who are abusive. It is such a small percentage that actually changed. So it is very hard to say that if they were to come in and intercede and try to bring some source of treatment, it is hard to say that that would—could have potentially slowed down or stopped other incidences after the fact.

I think knowledge to know that there is protection that can be offered for people to come forward, you live in such a state of not wanting to do anything to make them upset that coming forward is just one—another thing that will—so to know that there is some protection offered to keep you safe in coming forward, I don't know how to get that to the victims. That is a difficult question. But I think that is important to know that there is stuff in place to help protect them in bringing things forward.

Ms. ESCOBAR. I appreciate that. You make a very valid point. You know, one of the other areas of concern is that 70 percent of married Active Duty service members live off installations, making it very easy for them to feel isolated from resources and outreach programs.

Obviously, you did not have—you know, you weren't provided with the kind of support and programs that you needed. What can we do for families who live off of installations to ensure that you do have access to that information about resources that can protect you, keep you and your children safe?

Ms. LOGAN. That is a great question, and one that I have thought over and over to try to come up with an answer to myself, because I know there is programs there, I know the information is there, I know we can't always go to the, you know, open houses that they have to welcome new people to an installation. I don't know if mailing stuff to the home, that can get lost. I apologize. I don't think I have a clear answer. It is something I continue to think about on an ongoing basis, because there needs to be a solution to reach them. But it is—I don't have that clear answer as to how yet, and I apologize.

Ms. ESCOBAR. Oh, no, no. No apology. Amy, it is on us. We have got to figure this out for you.

Dr. Strong, I think I saw your hand go up. Did you want to respond to that?

Ms. STRONG. I would love that. Thank you very much for the opportunity.

Ms. SPEIER. Can you do it in 30 seconds, please.

Ms. STRONG. I will be as quick as I can. I think one of the keys is building connections in the community. When we ask in our survey where you go for help, people don't go to resources, they go to their families and friends, they go to their local connections. So we need to build those connections for spouses in the communities that they live in, so that they can go to a neighbor and say, I am having this issue, what do I do? The neighbors, the friends, the local connections are the ones who have those resources.

Ms. ESCOBAR. Thank you so much. And thank you for indulging, Madam Chair. I yield back.

Ms. SPEIER. Of course. Ms. Logan, were you ever required to provide your email address to the installation, to the command?

Ms. LOGAN. I don't remember. I apologize. I know—I am assuming they had when I got my spousal—the ID [identification]. I am trying to recall. I don't remember. I know I would meet command, and my only interaction with them would be at certain functions. My ex-spouse did not like going to those functions, so we didn't always go to every function. I was invited—yeah.

Ms. SPEIER. All right. Thank you. I think that is part of the solution is requiring that the spouse has—that their email is provided so that the family advocacy program can actually, you know, provide information to them, whether they need it or not.

All right. Mr. Fallon is recognized for 5 minutes. Mr. Fallon, I see your camera is on, but you are AWOL. All right. All right.

Is Mr. Jackson available? Mr. Jackson?

All right. Well, we will turn to both of them once they return.

I think Ms. Strickland is next. Ms. Strickland, I think you are muted.

Mr. Fallon does not have questions.

Ms. Strickland.

Ms. ESCOBAR. Madam Chair, I don't see her on the—

Ms. SPEIER. Yeah, she was here earlier.

Mr. Veasey is next. You are recognized for 5 minutes.

Mr. VEASEY. Thank you, Madam Chair. I wanted to ask Dr. Strong, specifically, about just how the military handles, you know, incidents as they occur on a single basis. A personal story. I can remember years ago, I was about 20, 21 years old at a friend's house, and we all had to leave the house because her mom had her friend coming over. And the friend was in some kind of distress. And when we left, I asked what was happening, and she said that her husband is a police officer and he beats her up really badly. And whenever she calls the police, they come over and say, we are going to walk around the corner with him so he can cool off.

And when we were at Fort Hood recently—I was on the CODEL [congressional delegation] to Fort Hood a couple of weeks ago—and one of the MPs that we spoke to said something that reminded me of that day. And I still couldn't believe it, because now, police departments don't routinely do that. I am not saying it never happens anymore, but now even if the person doesn't want to press charges, if they see that there has been evidence of a domestic abuse, somebody is going to go to jail.

And so, when the MP told us that oftentimes he has to tell people hey, you know, why don't we, why don't we cool off, or there is a cooling off period. And, really, it kind of surprised me.

How prevalent is it to have people say, you know, we are just—you just need to cool off? And if the person that is being abused doesn't want to cooperate, what are the protocols put in place for the military to still act, even if there is no cooperation like can sometimes happen in the civilian world?

Ms. STRONG. Thank you for that question, Representative Veasey. I am afraid I don't have the answer to that. I don't know enough about the protocols for the MP response or the civilian police or law enforcement response.

Ms. SPEIER. Ms. Farrell, do you have any response?

Mr. VEASEY. Yeah. I would love to hear if Ms. Farrell has a response, yeah.

Ms. SPEIER. You are muted. Ms. Farrell, you are muted.

Ms. FARRELL. I can address part of it, sir. I don't know the protocol if it comes through the law enforcement, except once law enforcement, including the MPs are aware of it, that should trigger some type of investigation, even if it—after the investigation, it doesn't go anywhere. But the first step is that it should be reported to the family advocacy program at the installation level. And sometimes at the installation level, it is coming from law enforcement. Sometimes it is coming from the command. There are different avenues.

It is at that screening that often we found incidents are being screened out inappropriately, that that initial screening says that all incidents should go forward to the Incident Determination Committee unless there is no possibility that the incident meets the DOD criteria. It is very basic at that stage, but we found incidents where officials at installations were acknowledging that if they felt there had been no impact to the victim, they did not move that incident forward to the committee.

If they felt that there was pushing and shoving and it could have been self-defense, they did not move it forward. In both of those incidents, the Incident Determination Committee is supposed to determine that.

So, it should be reported, but regardless of whether it is the MP that is witnessing it or some other person that is with law enforcement. I hope that—

Mr. VEASEY. Even if the person is not cooperating, you are saying there should still be something?

Ms. FARRELL. Yes.

Mr. VEASEY. Okay.

Ms. FARRELL. That is another situation with the screening that often the people at the installation level will say, well, the individual recanted, and so there was nothing to it, but it still should go forward to that Incident Determination Committee.

Mr. VEASEY. Thank you.

Madam Chair, I yield back.

Ms. SPEIER. The gentleman yields back.

We can do a brief second round if anyone has any additional questions they would like to ask of the panel. Doesn't appear to be. I have one last question.

Ms. Farrell, you talked just now about the Incidents Review Committee. It sounds like, from what I have read, that they are not being instituted appropriately, or not being instituted at all. Is that correct?

Ms. FARRELL. The Incident Determination Committee is an algorithm that is required by DOD for all the services. It has been for years. The Army is the only service that has not fully implemented the IDC. So there could be some inconsistencies in outcomes or treatments that are provided to the victims, for example, because of that inconsistency right now with the Army lagging behind the other services.

Ms. SPEIER. All right. And, finally, you indicated that 50 percent of the incidents are reflected as "other." That would mean that about half of these cases are subject to NJP [non-judicial punishment] or some other form of review or penalty or—

Ms. FARRELL. No. It is actually 43 percent. It is over 7,000 cases that have been decided. We don't know. The category is so broad, it could be that the command did not think the evidence was there. It could be it is not the right jurisdiction. It could be death. It could be a variety of reasons why there was no action taken. Our point is, you don't know which ones were unfounded by the command in other reasons. There is a category for court martials and non-judicial punishments and admin actions.

Ms. SPEIER. So this is—the other category is what—we really just don't know what it is.

Ms. FARRELL. That is correct. It is so broad, and that is the reason we say there is very limited oversight because the percentage is so high. Obviously, there is going to be some in that category, but we wish we had more information in order to actually understand the command actions.

Ms. SPEIER. Thank you. I see that Mr. Kim has joined us. Do you have any questions you would like to ask the first panel?

Mr. KIM. No questions at this point, Chairwoman.

Ms. SPEIER. Thank you. All right. I want to thank all of our panelists. You have been generous with your time and your testimony and compelling, so very much appreciate all of your information that you have provided. If you have additional thoughts you want to share with us, please feel free to contact us. We are certainly going to incorporate much of your recommendations as we consider the NDAA this year. So thank you again.

We will now transfer to our next panel, and the members of our next panel include Ms. Patricia Barron, who is the Deputy Assistant Secretary of Defense for Military Community and Family Policy at DOD; Colonel Steve Lewis, the Family Advocacy Program Manager of the Army; Colonel Andrew Cruz, the Chief, Air Force Family Advocacy Program at the Air Force; Mrs. Crystal Griffen, the Deputy Director of Family Support at the United States Navy; and Ms. Lisa Eaffaldano who is the Assistant Branch Head of Prevention and Clinical Services at the U.S. Marine Corps.

Welcome, all of you. We will begin with your testimony, Ms. Barron. Ms. Barron, are you with us?

Ms. BARRON. Can you hear me now?

Ms. SPEIER. We can hear you now. Yes, we can. Thank you.

**STATEMENT OF PATRICIA BARRON, DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY COMMUNITY AND FAMILY POLICY, OFFICE OF THE SECRETARY OF DEFENSE; ACCOMPANIED BY COL STEVE LEWIS, USA, FAMILY ADVOCACY PROGRAM MANAGER, DEPARTMENT OF THE ARMY; COL ANDREW A. CRUZ, USAF, CHIEF, AIR FORCE FAMILY ADVOCACY PROGRAM, DEPARTMENT OF THE AIR FORCE; CRYSTAL GRIFFEN, DEPUTY DIRECTOR FAMILY SUPPORT, COMMANDER, NAVY INSTALLATIONS COMMAND; AND LISA EAFFALDANO, ASSISTANT BRANCH HEAD, PREVENTION AND CLINICAL SERVICES, UNITED STATES MARINE CORPS**

Ms. BARRON. Thank you. Chairwoman Speier, Ranking Member Gallagher, and members of the subcommittee, my colleagues and I thank you for your steadfast support of our service members and their families, and we appreciate this opportunity to appear before you today to discuss the Department's efforts in addressing this very serious issue of domestic abuse within the military community.

Collectively, we represent the many dedicated family advocacy program professionals across the Department of Defense who do work tirelessly every day to support our service members and their families, to keep them safe and resilient.

Ma'am, you have already introduced my panel, so I won't take up time there, but I do want to say to the witnesses on the previous panel, and especially to Ms. Logan, please know that we appreciate this opportunity to hear from you firsthand. And we will take your stories, your recommendations, and personal experiences back to our respective teams to inform our important work, so thank you so much again.

The Department of Defense is committed to enhancing the welfare and well-being of our service members and their families which includes preventing and responding to domestic abuse and serious harm to our children. As well as it being the very right thing to do, it is also imperative to the readiness, wellness, and resiliency of our force.

As a 30-year military spouse, a registered nurse working in the community mental health field, a lifelong advocate for service members and their families, and a parent of a former female soldier who is now a military spouse herself, I do consider this issue of the utmost importance to the department. And I have seen the tremendous negative impacts that can result when not properly prevented, recognized, and treated. I believe my breadth of experience, coupled with the continued close collaboration of the services and our service colleagues, will help bring a balanced approach and a renewed energy to addressing this issue.

I do know I speak for all of us today when I say that we are fully committed to serving our service members and families in this regard. We have made some good progress, and positive strides since the last time we appeared before the subcommittee, but I do acknowledge that there is more work to be done. I can share with you collectively that we have focused on upstream prevention, incorporating evidence-informed strategies, and approaches recommended by the Centers for Disease Control, and we have also focused on oversight. We have been working hard on standardizing



processes and procedures, and we wholeheartedly support the conclusions reached in the GAO report. The Department concurs with all 32 recommendations which impact the Office of the Secretary of Defense and individual services.

Again, we appreciate this opportunity to speak with you today on these issues and others within the family advocacy portfolio. And before I close, I know I speak for my colleagues when I say thank you to the members of the first panel for their advocacy and for sharing their respective experiences, and Ms. Logan, especially you for having the courage to come forward and sharing your story. Your voice will help us as we move forward.

Chairwoman Speier, Ranking Member Gallagher, and the members of the subcommittee, thank you again. We stand ready for your comments and questions.

[The prepared statement of Ms. Barron can be found in the Appendix on page 83.]

[The prepared statements of Colonel Lewis, Colonel Cruz, Mrs. Griffen, and Ms. Eaffaldano can be found in the Appendix beginning on page 95.]

Ms. SPEIER. All right. Thank you, Ms. Barron. You have spoken on behalf of all of the services, as I understand it, so we will now go to questions.

Let me ask you. Despite being a statutory requirement for decades, can you explain why we still don't have an accurate picture from DOD on the amount of domestic abuse incidents as reported by GAO? What does the DOD need to get this done so we can have a complete picture? And if you could respond to that in a minute, please.

Ms. BARRON. It is a great question, ma'am, and I want to tell you that I received a briefing on this very subject when I first got here in January of 2021. And I am personally committed to making sure that this solution gets to fruition. And we would be happy to get you—we have started on some of the procedures that we need in order to get this done, and we would be happy to inform your staff a little bit better—a little bit later.

Ms. SPEIER. All right. We are going to stay on this because we need to have complete data, and we are going to require another meeting with you, maybe a briefing format, in the next couple of months because this is—it is just really unacceptable.

Ms. BARRON. Yes, ma'am.

Ms. SPEIER. Colonel Lewis, the Army is the only service that has not fully implemented the Incident Determination Committee process that is required by law, and that all the other services adopted in 2014. The Army continues to ask DOD for extensions. I find that totally unacceptable. What are you doing about it? Please unmute yourself.

Colonel LEWIS. Thank you, Madam Chairwoman. Yes. The Army is the service behind for the Incident Determination Committee. However, I do want to say that prior to the policy being published, we asked for and received an exception to policy to do a comprehensive study of the Incident Determination Committee.

Ms. SPEIER. Actually, Colonel, we are not interested in more studies. We want you to set up—this is required by law. You should be setting up this Incident Determination Committee. It

should be populated, as is required by law, by medical professionals, and by others within the service, and it is not acceptable to do another study.

Colonel LEWIS. Yes. Thank you, Madam Chairwoman. The study was completed, and we have drafted our policy, and it is now sitting with senior leaders awaiting its final approval. We also have a fully resourced implementation plan that we have briefed to DOD, and we provide DOD quarterly updates on the implementation plan. So, we are—when this policy is signed, we are ready to launch our implementation to transition the remaining installations that don't have an IDC.

We did launch the Incident Determination Committee at 10 installations which had the majority, 70 percent, of our cases reviewed by the Incident Determination Committee when we did the pilot study.

Ms. SPEIER. All right. I would like to ask each of the services to weigh in on this question. The GAO report indicated that 2,100 incidences between 2015 and 2019 met the DOD criteria for severe, I underscore severe, physical abuse. Yet, in 43 percent of these cases, command took no action against the abuser. Installation officials told GAO that in some cases, commanders looked the other way because they are too focused on how the incident will affect the abuser's career, or the command's operational need and not the victim's need or the need to hold the abuser accountable. There is a conflict of interest here that we have seen for years in the sexual assault area.

If lower level commanders are conflicted and unwilling to take decisive action against service members who engage in severe physical abuse, then why shouldn't this disposition be elevated to O6 or higher? Can I have your response? Colonel Lewis.

Colonel LEWIS. Yes. Thank you, Madam Chairwoman. We do acknowledge the findings of the GAO in looking at disposition decisions, and we do look forward to working with DOD in reviewing that, but it is premature for me to bring forward policies, recommendations without having reviewed that with Army senior leaders.

[The information referred to can be found in the Appendix on page 131.]

Ms. SPEIER. Okay. But you didn't answer the question. Are you not alarmed by the fact that in 43 percent of these cases, that no action was taken, and it met the definition of severe physical abuse? There is no need to answer that.

Mrs. Griffen, you are recognized. Your response.

Mrs. GRIFFEN. Yes. Thank you, Chairwoman Speier. Basically, this is outside of our area of responsibility, but we would like to take the information to our proper Navy leadership for an action.

[The information referred to can be found in the Appendix on page 130.]

Ms. SPEIER. Well, I guess, then, the question is to Ms. Barron. Why would you have someone here at this hearing who can't respond to that question? Ms. Barron? My time is expiring here, and I still want to hear from Ms. Eaffaldano from the Marine Corps and Colonel Cruz.

[The information referred to can be found in the Appendix on page 129.]

Ms. EAFFALDANO. Thank you, Chairwoman Speier. This is Lisa Eaffaldano from the Marine Corps. I would like to also thank Ms. Logan for sharing her powerful testimony. FAP's [The Family Advocacy Program's] primary focus is prevention and response, which includes advocacy. FAP does not make recommendations to the commander on how they hold a service member accountable. So as far as that portion, I would have to defer to legal counsel or the commanders. Thank you.

[The information referred to can be found in the Appendix on page 130.]

Ms. SPEIER. All right. Colonel Cruz? You are muted, I believe. We still can't hear you. All right. Maybe you can give me a response that is written. Let me now move to Ranking Member Gallagher.

[The information referred to can be found in the Appendix on page 129.]

Mr. GALLAGHER. Thank you, Chairwoman Speier.

For all the witnesses, but starting with Ms. Barron and then the service representatives. So we have a GAO report, including 32 recommendations for actions that GAO just testified they hope is sort of a blueprint for action. Is there a plan of action at DOD with milestones that we can track your progress on implementing GAO's recommendations?

Ms. BARRON. Thank you for the question. We actually had started implementing some of the recommendations before they were even reported, if you will. So we have made some progress on some, and actually getting close to fruition, currently working on others. And we would be happy to give you, provide you kind of a status, if you will, at a later time.

Mr. GALLAGHER. That would be helpful. And I assume you, then—that process of tracking and implementation would be standardized across the services?

Ms. BARRON. We are working on standardizing across the services, yes, sir.

Mr. GALLAGHER. Okay.

Ms. BARRON. It is a challenge, as you know, but we are working on it.

Mr. GALLAGHER. And I am not sure quite who to direct this to, so Ms. Barron, maybe you can help me. How do you maintain contact with the victims that you serve, so that you know your programs are hitting the mark, and get feedback from the communities most affected by this?

Ms. BARRON. So, in general, and the services can answer more specifically. In general, part of what needs to happen is a good feedback mechanism for the victims that we serve. That is done through the installation staff offices, but we also have military family life counselors at all installations; as a matter of fact, 2,300 of them at the moment. And that is another avenue where families can give us the feedback that we need.

Mr. GALLAGHER. Well, I guess I would direct that same question to the services, because it is bound up in a bigger question, I think, of how do you—how are we measuring the effectiveness of our do-

mestic violence programs. And it strikes me that getting feedback from the people most affected is one way to gauge whether we are actually having an impact. So I just would ask that question on maintaining contact with the victims we serve, and by extension, measuring our effectiveness to the services. I will start with the Army, just because, you know, it is a big Army.

Colonel LEWIS. Thank you, Congressman Gallagher. I would like to say that as Ms. Barron mentioned, so at the installation level, the Family Advocacy Committee, led by the garrison commander, has representatives from the coordinated community response. And they look at, at least at the installation level, program outcomes, mainly, and to hear the voices of the victim from the victim advocates that are communicating in that forum as well as the family advocacy program managers. At the headquarters level, we do look at the trends of reporting, but we also work with our medical counterparts in looking at overall measures like treatment completion as well.

Mr. GALLAGHER. Okay. Who—Marine Corps. Since I am a Marine, I am going to pick on you.

Ms. EAFFALDANO. Thank you, Congressman, for the question. It is a very important one. So, the Marine Corps has just completed, in calendar year 2020, an evaluation of our Family Advocacy Program and New Parent Support Programs, and it was a comprehensive evaluation that consisted of needs assessment, provider surveys, measures of performance, and some measures of effectiveness. So we just completed that, and we are preparing to start some working groups with our installation Family Advocacy Program and New Parent Support Programs.

Mr. GALLAGHER. And then, Colonel Cruz, I don't know if your mute problems got fixed, but I would invite you to comment as well.

Colonel CRUZ. Thank you, sir. Hopefully you can hear me?

Mr. GALLAGHER. Yeah. Loud and clear.

Colonel CRUZ. Yes, sir. So the Department of the Air Force Family Advocacy Program uses domestic abuse victim advocates that are vital to both coordinated community response to family law treatment, and provide 24-hour, 7 days a week administrative care to the victims. Along with that, we do have client satisfaction surveys that we give to our families. We also measure our effectiveness in our treatment by having child abuse potential inventories and couple satisfaction inventories pre and post, after they received treatment, and also feedback-informed treatment. So those are some of the things we do in the Air Force. Thank you.

Mr. GALLAGHER. Well, the Navy may be saved by the bell here, because I have 15 seconds, and it is my first hearing as ranking member, and I don't want to test the patience of the chairwoman. So I will follow up with the Navy on that question going forward, and yield back the 4 seconds I have remaining.

Ms. SPEIER. Actually, Ranking Member, you can certainly ask the question, so—

Mr. GALLAGHER. Okay. Well, then, thank you. Thank you. Let's hear from the Navy.

Mrs. GRIFFEN. Thank you, Ranking Member Gallagher, and I appreciate the question. And so the Navy is very concerned about en-

sureing that our family members and our spouses and victims have a voice. And the CNO [chief of naval operations] directed the Navy family framework of governance board that actually looks at the services that we provide to families. We conducted a survey. 20,000 people, family members, responded, basically identifying the need—

Ms. SPEIER. I think you are muted.

Mr. GALLAGHER. Yeah.

Ms. SPEIER. Unmute, please. There you go. So after the 20,000 surveyed, we lost you.

Mrs. GRIFFEN. Yes. Thank you. And so we have the Navy Family Framework, and we identified 22,000 people, family members, that participated in the survey, both virtual and in person. And we identified the need that we needed to have a better connection with our families, and we developed an app from that. And it contains all the resources that they need in order to ensure that they are fully aware of the resources that is available throughout the Navy, as well as giving them a voice on providing us with feedback as to things that we need to do as a service to support them.

Mr. GALLAGHER. Thank you very much. My time has expired.

Ms. SPEIER. All right. The gentleman's time has expired. Let's move now to the gentlewoman from Texas, Ms. Escobar, for 5 minutes.

Ms. ESCOBAR. Thank you, Madam Chair, and many thanks to our witnesses.

For the services, I want to ask you a little bit more about the metrics that you use to evaluate the effectiveness of your respective military service domestic abuse awareness campaigns and ask you also about your overall resources and outreach. Can you each please detail those two things, the metrics that you use to evaluate the effectiveness of your awareness programs, and how do you get resources and outreach to our families. Whoever wants to go first.

Colonel LEWIS. Thank you, Ms. Escobar. This is Colonel Lewis from the Army. So, I, first of all, want to say we heard and we learned a lot from the hearing you had in 2019 and took action from that where we talked about outreach to families. We actually initiated a study with the RAND Corporation in order to help us better understand the best practices to reach families living off the installation, recognizing that 70 percent of the families lived off the installation, as well as isolated families were more at risk. So, we have received some initial findings from that study as it is going into its second year of the study. And we continue to recognize that it is important for us to reach out to families where they work, play, and pray, stealing their words, and get to them there so that we can provide services.

In terms of measuring the effectiveness of our programs, we continue to look at just utilization rates of the information shared, whether it is clicks on websites or information distributed and disseminated at public gatherings.

Ms. ESCOBAR. Okay. Thank you, Colonel Lewis.

Colonel CRUZ.

Colonel CRUZ. Yes, ma'am. Thank you for the question. So the Department of the Air Force Family Advocacy Program gets information to the spouses through the Department of the Air Force

Key Spouse Program, Newcomers Orientation, Patient and Family Partnership Councils, collaboration with the community violence prevention integrator. And with the violence prevention integrator at each installation, they are to provide information to families. We also work with all the helping agencies in the community action team. And what we do is we provide all available resources and put pamphlets together for the installations.

Our metrics, as mentioned before, for treatment are how to use potential inventories, and, also, a couple of satisfaction inventories. We also have some secondary prevention tools that we use in the New Parent Support Program to look at measures and protectiveness as well. Thank you.

Ms. ESCOBAR. Thank you, Colonel Cruz.

Mrs. Griffen.

Mrs. GRIFFEN. Yes. Thank you for the question. In terms of looking at what we provide in terms of getting outreach to our families, we have a fleet and family support website at the headquarters level where it identifies all of the resources that we provide through our web pages. We also utilize resiliency workshops that are available across the fleet, and those workshops invite family members to be a part so we can hear what about the needs are and address those at that time.

We also have family readiness groups that also work directly with families to provide resources and information across our portfolio to ensure that they have all the resources and information they need, and we also have our ombudsman. Our ombudsman serves the same purpose, but they do a little bit more closer contact with the families to ensure that the support is needed. Their integration into the military life is significant and central to their role. We also look at metrics. Our awareness campaigns, we do not look at doing a 1-year campaign—I mean, a one-month campaign, but we really look at an enduring effort.

And so those metrics are counted throughout the year where we are identifying the number of surveys that we receive, and how we are able to still do effectiveness in our outreach regarding awareness months, and that is for child abuse as well as domestic abuse.

Ms. ESCOBAR. Thank you.

Ms. Eaffaldano, we only have about 10 seconds.

Ms. SPEIER. Go ahead and complete a few sentences.

Ms. EAFFALDANO. Yes, ma'am. I will just highlight a few of the effective campaigns that we do. We have a centralized marketing strategy in the Marine Corps that we use, and we also use a collaborative community response coordinated effort with our partners on and off the installations. Additionally, we highlight our national awareness months that is domestic violence and child abuse, and we know in our mission, we have a goal to continue to outreach our family members.

We do have measures of performance that we collect with our feedback forms, and measures of effectiveness are really difficult to get for prevention efforts and outreach. So that is something that we are opening to hear how others do that and to improve our efforts.

Ms. ESCOBAR. Thank you, Madam Chair. I yield back.

Ms. SPEIER. The gentlewoman yields back. We now will recognize Mrs. Bice from Oklahoma for 5 minutes.

Mrs. BICE. Thank you, Madam Chair.

This question is directed at Colonel Cruz. I represent thousands of service members and civilian personnel who work at Tinker Air Force Base. Could you tell me about how the Air Force Family Advocacy Program works with the military families where there is a known history of domestic abuse or domestic violence, particularly as it pertains to ensuring the welfare of children?

Colonel CRUZ. Thank you for that question, ma'am. So the Department of the Air Force mission with the Family Advocacy Program is to build healthy communities through implementing programs designed for prevention and treatment of domestic violence and child abuse and neglect. So what happens at each base is each incident is taken to our Incident Determination Committee, which is our central registry board. And from the central registry board, which is an administrative board, a recommendation is made for—to see whether or not criteria was met using DOD definitions for domestic abuse. And if the definitions were met for criteria, then treatment is provided for the family.

Throughout this process, we have domestic abuse victim advocates that will be there for the victims and their families to ensure that they get the resources they needed with collaboration with the other base agencies like the legal office, law enforcement, and some of the other helping agencies, like chaplain and those other resources that are available at each Air Force base. Thank you.

Mrs. BICE. Thank you. And, then, this question is for any of our panelists here. Can you talk a little bit about the differences with how your offices interact with families based on whether they are on or off base and how that relationship may influence the types of services that they are receiving?

Ms. BARRON. If I might start. This is Patti from OSD [Office of the Secretary of Defense]. Ma'am, what we really try to do is reach our families that are off the installations through Military OneSource, which is our very full program of resources and information. Now, I know that it is not always easy to access Military—it is very easy to access Military OneSource, but it is not always easy to get the word out about Military OneSource. And that is where we are thinking outside the box about different opportunities and different ways that we can make sure that our families, especially those outside—that live outside the installation, are aware of Military OneSource. It can lead to all sorts of support, all sorts of help. It really is a great program. So let me let my service counterparts talk a little bit more specifically.

Mrs. BICE. Thank you.

Colonel LEWIS. Thank you, Congresswoman Bice. I want to say that the COVID pandemic really gave us an opportunity to learn some great lessons learned about reaching out to families, especially when they are isolated, or in their shutdown period. And we truly recognize that, one, we expanded on our virtual presence using Facebook platforms to provide prevention education and information, reaching out to families.

But the other thing that we found out was that virtual care was very welcome by—virtual services was welcomed by victims, espe-

cially those that had transportation problems or maybe daycare problems. So we continue to use virtual care, virtual healthcare delivery as needed to support the families as long as the interviews and the sessions are not compromised by maybe a perpetrator or offender that is overwatching or standing over the victim during those assessments. But we still work through those as part of our assessment with the victim.

Mrs. BICE. And if I may follow up, Colonel, do you expect to continue to utilize those resources even after we have seen an improvement in the pandemic?

Colonel LEWIS. Yeah. That, again, was one of the great lessons learned, that we have to continue to expand our virtual presence, both for prevention efforts but also for our treatment efforts. So that remains available for families as they request.

Ms. BICE. Any of the other services want to comment?

Colonel CRUZ. Ma'am, for the Department of the Air Force Family Advocacy Program, we utilize services both on and off base. We have mutual agreements with law enforcement, also child protective services, and domestic shelters. So we work hand in hand with the community to ensure that we provide a safe environment for our victims and that we provide optimal treatment as well, but we are always looking at ways to improve.

And so, during the pandemic, we did have to use virtual platforms, so what we have learned to do is virtual, like, parenting training and virtual anger management and some couples communication classes, all virtually, and also, the new parent support program. We were all to meet moms at their homes during the pandemic using virtual platforms as well. So that has turned into be something that we will probably be using in the future as we continue with the pandemic. Thank you.

Ms. BICE. Thank you, Madam Chair.

Ms. SPEIER. The gentlewoman's time has expired.

Ms. BICE. I yield back.

Ms. SPEIER. The gentlewoman from Pennsylvania, Ms. Houlahan, is recognized for 5 minutes.

Ms. HOULAHAN. Hi, and thank you. And if it is okay, I would like to start with a question for all of the service members and maybe go kind of around the horn with this simple kind of yes-or-no question. From the data that we understand right now, are the rates of intimate partner violence higher in the military than they are in the civilian sector? And if it is okay, I will start with Colonel Lewis to say if they are, to your knowledge, higher or lower or the same.

Colonel LEWIS. Thank you, Congresswoman Houlahan, for the question. I am going to have to take that for the record. I don't have that data on hand.

[The information referred to can be found in the Appendix on page 132.]

Ms. HOULAHAN. And to Colonel Cruz.

Colonel CRUZ. So, ma'am, as far as the rates, I will have to take that for the record. But the Department of the Air Force Family Advocacy Program, you know, we are not sure what the correlation is or what the factors are, but the Department of the Air Force Family Advocacy Program, we will monitor the situation and con-



tinue to respond and provide domestic violence support to the victims to ensure they are safe.

[The information referred to can be found in the Appendix on page 131.]

Ms. HOULAHAN. And from the Navy for Mrs. Griffen?

Mrs. GRIFFEN. Yes. Thank you for the question. And this, too, is out of our area of responsibility, but we will certainly take it for the record and defer.

[The information referred to can be found in the Appendix on page 131.]

Ms. HOULAHAN. And the Marine Corps, Ms. Eaffaldano. I hope I pronounced that right.

Ms. EAFFALDANO. Eaffaldano, ma'am.

Ms. HOULAHAN. Eaffaldano.

Ms. EAFFALDANO. Thank you, Congresswoman. That is a great question. I also will have to take that for the record as I don't have the data on hand. However, we will not lose sight, even if our numbers are lower, of offering the services that we have available.

[The information referred to can be found in the Appendix on page 131.]

Ms. HOULAHAN. And I ask these questions because I believe that there is data, and I will welcome it when it comes back, that would indicate that the level of sexual violence as well as domestic violence is higher in our services than it is in the civilian population. And I think that is one of the things that I am interested in following in my circular logic. Societies that have higher domestic violence and family conflict resolution tend to be more violent and more involved, more than those who have lower family violence rates.

So this is something that is really concerning when your business, you know, and I'm Air Force, when your business is national security and readiness. And so, this is something that really deserves our attention to kind of suss this out. And assuming that we are, you know, a place that does care, regardless of high, low, or in between, what kinds of steps are we taken to address what is a culture, frankly, of kind of toxic gender tropes to make sure that we are ready, and that our military who are women who serve in uniform and their families and the men who serve in uniform and their families are safe? What are the specific steps that we are able to do to address this masculinity, the issue that we are talking about of domestic violence?

Ms. BARRON. Ma'am, if I may. For OSD, we have contracted with the RAND Corporation to look into just exactly that. What are the factors of military family life or military life that might lend themselves to domestic abuse and intermittent partner violence, but the services might have more.

Ms. HOULAHAN. With my remaining time, are any of the service members able to help me with that question? Our prior panelists talked a little bit about sort of a culture of gender, effectively stereotypes, male versus female relationships and those sorts of things. And, so, I am trying to follow up in the real world, you know, in the real service to understand whether her testimony aligns with what we are doing to address this issue.

Colonel LEWIS. Congresswoman Houlahan, Colonel Lewis again. Thank you. I think the Fort Hood Independent Review Committee, along with the testimony today, that we heard today, again points out that—it gives us an opportunity to really take a deep look at the climate and culture of the Army. And the Secretary of the Army did establish the people's first task force to assess an action on the Fort Hood independent recommendations, and climate and culture is part of that.

Ms. HOULAHAN. Thank you, sir. And any other folks?

Colonel CRUZ. Ma'am.

Ms. HOULAHAN. Yes.

Colonel CRUZ. For the Department of the Air Force Family Advocacy Program, the victim-centric service and safety are paramount. So no matter who the victim is, we are always striving to improve our services to ensure airmen, guardians, and their families are getting the best care possible. We will continue to look at our processes and collaborate with our OSD staff and other services to make sure that we meet the victims' needs. Thank you.

Mrs. GRIFFEN. Yes. I would like to speak on behalf of the Navy. And so we have the culture of excellence, which basically embodies an approach that we are looking at what right looks like, and really spending more time on developing our sailors and ensuring that we have them noted as signature behaviors, and that is something that we are continuing to work at.

Ms. HOULAHAN. Thank you.

And with that, I yield back, and thank you, Madam Chair.

Ms. SPEIER. The gentlewoman yields back.

Do any of my colleagues wish to do a second round? Are there any questions that any of you would like to follow up with? Ranking Member Gallagher.

Mr. GALLAGHER. I have none. Thank you.

Ms. SPEIER. All right. I just have a couple.

Colonel Cruz, GAO found that the Air Force's training for service members about domestic abuse does not cover the required topics. What have you done to fix that?

Colonel CRUZ. Yes, ma'am. So we are currently working on a PowerPoint template to ensure that all of the topics are in the template. One of the issues is the inconsistency, so we do have—it is in our AFI [Air Force Instruction] to ensure that this training is conducted, but it is not in our AFI, and so, we are going to include in our AFI all the required topics.

The other thing that we are going to do to ensure consistency is we are going to make it part of our certification process. So it is basically our inspection process, and we are going to monitor it to ensure that each base and each installation has the training that the commanders and senior enlisted are supposed to be getting.

Ms. SPEIER. Thank you. Thank you, Colonel.

Mrs. Griffen, the GAO report says that the Navy delivers periodic training on domestic abuse at, quote, "commander's discretion," which sends me through the roof. Why is this critical training discretionary, and will the Navy commit to making it mandatory?

Mrs. GRIFFEN. Yes. We currently have an updated policy which was updated May 2020, and it does direct senior leader advisors,

those are our sailors that are E-7 and above, as well as our commanders when they assume command, within 90 days to receive this training. And this training does align with DOD policies, and we have created a curriculum that covers all of the 13 elements that are required for the training.

Ms. SPEIER. All right. So if I went back to the GAO, they would say that you are now providing that as a mandatory training, not at the discretion of the commander.

Mrs. GRIFFEN. Yes, ma'am, Congresswoman Speier.

Ms. SPEIER. All right. My final question is for you, Ms. Barron. One aspect of the Family Advocacy Program that generates confusion among service members is its dual role in providing support to victims and as a disciplinary institution. This is especially dicey when both the intimate partners accuse each other of abuse. Abused women have called my office who have sought support services from family advocacy, and then have been treated as though they were the perpetrator. Is this a fundamental flaw in the design of the program, or are there ways that the services could better clarify the various roles and responsibilities that that has to service members and military family members who seek services?

Ms. BARRON. I think I am unmuted now. Yes. Ma'am, that is—I agree with you. That is a very frustrating situation to be in, when you go to get support, and then you get blocked somehow. What I think we need to do is what we have started to do, and that is making the commanders, making senior NCOs [non-commissioned officers] aware of what staff does, how we support victims, how every victim that comes to—anyone that comes through that door that is reporting an incident needs to be talked to, have the advocacy counselor create the safety plans, and then move on to the Incident Determination Committee, so that all reports of abuse are collected, and we can paint a better picture to our command and to our services about what might be going on, what trends are going on, and how to get support to anyone that is telling us that there is an issue and there is a problem, and they do not feel safe at home.

Ms. SPEIER. All right. But it does, I think, help us recognize that you cannot serve, in this case, both the victim and the servicemember or vice versa, so I think we are going to have to look at that more closely. Those are all my questions.

Again, anyone else with questions? All right. Thank you all for participating. This is an area that we are very concerned about. I don't know that we solved every question here. I know that GAO's report is something we are going to follow very closely and really require compliance. It is not good enough to say we are working on a plan or we are studying it. We need to see consistency across the services. We need to see data that is consistent, and every one of you should be prepared to answer the question that Ms. Houlahan asked, which was, is it worse in the military than in the civilian population, and the answer is yes. So that should increase our interest in wanting to try and fix this.

And with that, we will conclude the hearing. And we stand adjourned. Thank you all for your participation.

[Whereupon, at 4:46 p.m., the subcommittee was adjourned.]



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# **A P P E N D I X**

MAY 25, 2021

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**PREPARED STATEMENTS SUBMITTED FOR THE RECORD**

MAY 25, 2021

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**Opening Statement of Representative Jackie Speier  
Military Personnel Subcommittee  
Keeping Our Service Members and Their Families Safe and Ready: The  
Military's Prevention and Response to Domestic Violence  
May 25, 2021**

The hearing will now come to order. I want to welcome everyone to this virtual hearing. The topic for today is the Military's Prevention and Response to Domestic Violence.

The statistics are startling—according to the CDC -- 1 in 4 women and 1 in 7 men will experience “severe physical violence” by spouses or intimate partners in their lifetimes.<sup>1</sup> That is 25 percent of women in this country who will be battered and bruised, strangled and stabbed, shot and maybe even killed. But before that they will be isolated, controlled, and degraded. This is a scourge that we must pull out of the shadows because we know if 25 percent of women in the United States are victims of “severe physical violence,” so too are the women that make up our military and military families.

The first step in curing any ill is to define the problem. For over 20 years, Congress has asked the Department of Defense to do just that, and yet, the problem remains undefined. In fact, earlier this month the GAO released a study that found that “DESPITE a statutory requirement since 1999, DOD has not collected comprehensive data on the number of allegations of domestic violence—a subcategory of different types of domestic abuse that constitute offenses under the Uniform Code of Military Justice—and related actions taken by commanders.”

And even though we know the data is inaccurate, we know that over 40,000 incidents met DoD criteria for domestic abuse between 2015 and 2019 and that 74 percent of those incidents were physical abuse. But how many were never counted by the Department? How many were never reported? For more than 20 years, no one can say.

According to the DoD Annual report on Child Abuse and Neglect and Domestic Abuse in the military, most of the perpetrators and victims are our most junior servicemembers and spouses. They are the young, the inexperienced. They are away from home (many for the first time), isolated from family and friends and support systems, and in many cases struggling financially. Also, we know the data shows the COVID-19 pandemic has only exacerbated the isolation and the financial stressors suffered by these families.<sup>2</sup>

It is too easy to hide behind facts and figures. I want to be very clear about what physical abuse is: According to the National Domestic Violence Hotline, it is an intimate partner or spouse who “pulls your hair or punches, or slaps, or kicks, or bites, chokes, or smothers you. It is a person who forbids or prevents you from eating or sleeping; who uses weapons against you, including firearms, knives, or bats; who prevents you from contacting emergency services, including medical

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<sup>1</sup> Center for Disease Control

<sup>2</sup> [The-Hotline-COVID-19-60-Day-Report.pdf \(thehotline.org\)](#)

attention or law enforcement; who harms your children or pets; who drives recklessly or dangerously with you in the car or abandons you in unfamiliar places; who traps you in your home or prevents you from leaving, who throws objects at you and/or prevents you from taking prescribed medication or denies you necessary medical treatment.”<sup>3</sup>

And those are just some of the physical manifestations of abuse. There is also emotional and verbal abuse, financial abuse, stalking, sexual abuse, and sexual and reproductive coercion.

To put a human face to this epidemic, Ms. Amy Logan has bravely agreed to tell her story. Her testimony reminds all of us that there is a mother, father, sister, brother, child behind the over 40,000 incidences of domestic abuse recorded by the DoD.

Excuses are over—the safety and wellbeing of our servicemembers is at risk. This issue is center-stage, the spotlight is on, now—to DoD and the Services, what are you going to do about it? How are you addressing the shortfalls GAO has presented? How are you educating our servicemembers and their families? How do they know who to call to get help?

I’m pleased that Congress has made some progress in addressing this issue. In the FY21 enacted NDAA, my provision to establish a third-party review of the military’s response to domestic violence was included to provide Congress with additional independent findings and recommendations to address intimate partner violence. However, much more must be done. I’ll specifically point out that last Congress my provision to create military court protective orders that are enforceable across jurisdictions was unnecessarily stripped out in conference.

Before I offer Ranking Member Gallagher an opportunity to make any opening remarks, I would like to congratulate him on becoming our new Ranking Member.

Each witness will provide a brief opening statement, and each Member will have an opportunity to question the witnesses for five minutes. We respectfully ask the witness to summarize their testimony in five minutes. Your written comments and statements will be made part of the hearing record.

Let me welcome our first panel:

#### PANEL 1

- Ms. Amy Logan, Survivor
- Ms. Jessica Strong, Co-Director of Applied Research, Blue Star Families
- Ms. Brenda Farrell, Director, Defense Capabilities and Management Team, Government Accountability Office

Thank you all for your time today and I look forward to hearing from you.

Let me welcome our second panel:

#### PANEL 2

- Ms. Patricia Barron, Deputy Assistant Secretary of Defense for Military Community and Family Policy, Department of Defense

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<sup>3</sup> [Types of Abuse - The Hotline](#)

- Colonel Steve Lewis, Family Advocacy Program Manager, United States Army
- Ms. Crystal Griffen, Deputy Director Family Support, Commander Navy Installations Command, United States Navy
- Colonel Andrew A. Cruz, Chief, Air Force Family Advocacy Program, United States Air Force
- Ms. Lisa Eaffaldano, Assistant Branch Head, Prevention and Clinical Services, United States Marine Corps

Testimony by

Amy Logan  
Survivor

House Armed Service Committee Hearing: Keeping our Service  
Members and their Families Safe and Ready: The Military's  
Prevention and Response to Domestic Violence

25 May 2021

I want to start by thanking you for the work you are doing around such a difficult but important issue. My desire in sharing my testimony with the committee is to show that this issue is not an isolated incident. High-ranking military individuals who deal with this issue may not be handling it in an unbiased manner. The bond of "brotherhood" and "battle buddies" in some cases is stronger than the truth that might be presented to them. I hope my experience can help shed light to this issue. My intent is to assist in evaluating the current system and address areas that need to be improved.

My purpose is not to hurt anyone in what I share. The instances I reference are to help better understand someone who has experienced abuse. My testimony also speaks to the indifference I experienced from different ranks and military departments. I am here seeking change.

I am the ex-spouse of a military soldier. I met him when he was an E8 in the United States Army. Before we got married he was promoted to E9. Shortly after our marriage, I became pregnant and we had a child together. A few months after our child was born, we moved to a new installation and he fulfilled his first E9 position. It was at this installation that I started to notice and experience sides to my ex-husband that alarmed me. Two years later, it was time to move again. With this move, things quickly got worse. In this new town, I realized that I was in an emotionally and verbally abusive marriage.

We never lived on base. What I knew of the military and how it worked was based on what he shared with me. I was not encouraged to take part in the spouse Family Readiness Group (FRG). This is important to share because many military spouses are isolated and do not fully know of the available resources, especially if one does not have a military background.

Several months after moving, things turned physical. One night my child was accidentally hurt. My ex-husband spoke down to our child for crying and when I stood up to him, I was spoken to quite harshly. After our child was asleep, I tried to talk to my ex-husband about it. He did not want to talk and charged at me. This was not the first time my ex-husband charged me out of our bedroom or locked me out. Trying to set boundaries, I told him I would need to leave if he continued to scare me and talk to us in this manner. He charged at me again, this time grabbing my shoulders and knee striking me in the leg. I was in shock and pain. He went and slept in our child's bedroom so I would not be able to leave with our child. He came to talk to me a bit later. Scared, I hit record on my cell phone before I opened the door. During this conversation, he discovered that I was recording. My ex-husband then completely shattered and destroyed my cell phone hitting it on the kitchen counters, over his knee and on the floor creating holes and dents from the impact. My phone could no longer be used, and the recording was gone. I was called a variety of names. He tried to get me to promise that I would not leave. He told me "I would rather go to prison then let you leave with our child". I took this as a verbal threat to my life.

Shortly after this, the police knocked on the door. They got a call about a noise disturbance. Immediately my ex-husband turned into the charming calm individual so many believed him to be. The two officers separated us. I could hear the male police officer and my ex-husband laughing and discussing life in the military and the police force. They were talking like friends while I was shaking, scared, distraught and limping as my leg had already begun to swell from the force of the impact. I was already not able to bend my knee. The male police officer came over to where the female police officer and I were talking. He went to radio something in and she stopped him, shook her head, and mouthed domestic abuse. Both officers then took me outside. The male police officer asked for my side and stated he was the one that was writing the report. He shared that my ex-husband told him that I broke my phone. I told him this was not true. They asked me if I felt safe. I did not but in the shock of the events, I did not know what to say. I did not know my options. I recall telling them no. They asked me if I wanted to leave. I expressed to them that I did not want to leave my child. They stated that I could leave with my child. However, if my ex-husband disagreed, they stated they could not do anything to enforce me taking my child with me. I had no idea where to go and I was scared of what my ex-husband might do if I tried to take our child. I chose to stay.

I got a case number from the female police officer and the next day while my ex-husband was at work, I went to the local city Magistrate's Office. In sharing my case number with the worker, I was told that based on what they saw on the police report, I would more than likely not be granted a restraining order. I do not remember anyone at any time telling me that I could file charges for domestic abuse. Honestly, at that time I don't know if I would have. I was a stay at home mom, in a new city, with no family nearby, and not a lot of friends. I did not know what to do.

I felt powerless as it felt like I did not have enough evidence to prove my case. My ex-husband had damaged the audio proof on my cell phone. He also deleted the home recording from the camera he insisted we have for "security reasons". This camera captured his conversation with the police, his verbal threat toward me and him damaging my cell phone. He had erased the majority of the proof I could have shown the system and then I was told I would not likely be able to get a restraining order based on the police report.

I share this information with the committee because after I did bring these allegations of domestic abuse to the military's attention, they seemed to focus on the fact that I did not file charges of domestic abuse or get a restraining order from the civil court system. Because of the lies on the police report told by my ex-husband, I was advised that I would be denied that protection.

I stayed not knowing what else to do. In those few days after the physical abuse, I was told by my ex-husband I just needed to stretch my bruised and swollen leg out. I was told the exact name of the maneuver that he did and the exact muscle that he hit. Trained in martial arts since high school and a multiple graduate of the Army's S.E.R.E School, I was told that he has had this done to him lots of times. Several days later,

hearing the justification and minimizing of what happened from my ex-husband, I knew I needed space to fully process everything. While he was at work, I went with our child to a women's safe shelter. Within hours of being there, my ex-husband tracked my location and arrived stating he would not leave until he saw our child. The police came, gave him a warning, and he was asked to leave. I share this information with the committee because the police were called three times regarding my ex-husband and it is my understanding that the Army base was never notified.

Shortly after my time at the shelter, I found out that a friend's spouse who is a CW5 in the United States Army reached out to my ex-husband's Brigade Commander and command partner - a Colonel. He shared his concerns about potential domestic abuse by my ex-husband with the Colonel. Nervous about the backlash that I might receive from my ex-husband, I called his Brigade Commander. Scared and afraid I did not admit or deny that any physical abuse had happened. He did tell me that if it was physical that I should report it. I could tell from the conversation that the Colonel did not believe what the CW5 had shared. He advised me that my ex-husband and I should go to marriage counseling. Some research states that marriage counseling is not recommended in cases of domestic abuse. Counseling should be separate. He told me that he had never seen someone so loving toward their family. I knew because of their close working relationship and by what my ex-husband was sharing with him, the Colonel would not believe me. I was not given any other support or resources on this call.

Sometime after speaking with the Colonel, I received a call from the Family Advocacy Program. They had gotten a call from a counselor that my ex-husband agreed to see. This counselor concerned about my safety, called the hotline to report my ex-husband and her concerns. That was the first time I spoke with the Family Advocacy hotline and found out about this resource. I did share with them what had happened. I was still too afraid to bring anything forward. One of the reasons was I was being told by my ex-husband that he could lose his job. Living in fear, I relied on him for support.

I did get enough courage to file for a divorce and was granted a Pendente Lite Order which granted me some protection. During this process, the Brigade Military and Family Life Counselor (MFLAC) who worked with my ex-husband got involved. She attended a joint meeting with my ex-husband and my counselor where I shared about the physical abuse. During this meeting, she advised me that everyone has a choice to work on a relationship or not. She shared the struggles she had with her husband with PTSD. I expressed to her that PTSD is horrible, and I am sorry for all who have to deal with it. However, PTSD and abuse are two different things. This MFLAC then attended every court hearing we had and even testified on behalf of my ex-husband at our divorce hearing. I share this with the committee as this is a third person who heard of the physical abuse that was in the military and yet higher command was still not notified of the situation. It is also my understanding that an MFLAC can go and support a soldier however they are supposed to remain impartial and are not supposed to go into the courtroom or testify.

It wasn't until after my divorce hearing and before we were officially divorced, that I gained the strength to come forward to the military and realized I was not alone. I came forward after I was able to connect with some of my ex-husband's previous relationships. It was at this time that I heard their alleged claims of emotional, verbal, and physical abuse with some heart-breaking similarities. I realized four things. One, my ex-husband had allegedly abused multiple individuals throughout a span of over twenty years. Two, none of us had fully come forward to the military because of fear of what he would do. One contacted a commanding officer with her concerns but never brought forth any charges. Three, the extent of abuse of other alleged victims. Four, if he hasn't stopped yet, I was concerned for my child's safety. I contacted the Family Advocate hotline and proceeded with bringing things forward.

I went to the Family Advocate office and shared all that had happened. I brought police reports, pictures, released doctor notes and requested to receive a Military Protection Order (MPO). I was afraid of how my ex-husband might react when he found out I came forward. After contacting the Family Advocate Program, there was no additional investigation. I was not contacted by any other military office. I also was not granted an MPO. The Case Review Committee (CRC) met and determined that my case met the criteria for emotional and physical abuse. The Colonel who led the committee was my ex-husband's command partner. It is my understanding that the Colonel did not feel that my ex-husband needed any treatment. It is my understanding that the CRC was aware that a previous wife had brought forth allegations of domestic abuse regarding my ex-husband. My ex-husband stayed in command during that time including after the CRC ruling.

After the CRC ruling, I filed a report with the Inspector General's Office (IG) on base. I felt that the Colonel was biased and did not handle the situation appropriately. I also did not believe the MFLAC acted appropriately by testifying at our divorce hearing.

Once again, I shared my story. I was left alone to fill out paperwork and write what action I would like them to do. As a civilian, I was only married into the military for four years and was isolated from base. I did not and do not fully know all the Army rules and regulations. I went to their office believing that they are an unbiased organization. I assumed because they know the Army regulations that from what I shared, they would assess what they felt was not handled properly. Instead, I had to fill out a form and write specifically what I wanted them to do. Leaving, I felt confused, unheard and unsupported. I remember one individual telling me, "It is our job to make sure this doesn't end up on CNN." I was told potential reasons why I had not gotten an MPO and why the MFLAC might have been in court. The Colonel was out of town and it depends on what the MFLAC's contract stated. I felt that in stating these potential reasons before looking into my allegations, they already had their mind made up.

After several confusing emails with military lingo that seemed contradictory, I received a letter from the IG Department. They "determined that the chain of command can best address the matters presented." I was shocked. The IG Department that is supposed to be unbiased, took my complaint straight to the person my complaint was against. When



I questioned the IG Department, I was told that because of how I stated my request on the form, they did not have to take this matter above him. I was told that the Colonel "will send a letter to me stating that he received and has actioned the inquiry." I have yet to receive that letter. This Colonel went on to oversee this exact IG Department.

Shocked and confused, I proceeded to file a Congressional Inquiry and reached out to one of my state senators. From this inquiry, the Commanding Major General started a 15-6 investigation. He appointed a different Commander who did not know my ex-husband or the Colonel to lead this investigation. I did not hear the full outcome of this investigation. I have talked with the Lt. Colonel over the legal investigation. He told me the case is closed and action was taken. Because I am on the "outside" the results would not be able to be shared with me. He stated that my Congressional Inquiry regarding the IG investigation was referred to the DOD to assess.

For the third time, I was told that action was taken but I would not be able to know the full extent of action. The higher command would not have known about this situation if I did not bring it forward. I potentially put myself at risk in coming forward. I shared my personal information and still, I am considered on the outside and didn't get to hear the full outcome.

Since this call, I have received a redacted statement regarding the 15-6 investigation. It provides some insight into how my situation was handled. However, it does not give the whole clear picture. I do not know what was discovered by the DOD regarding the IG investigation and what changes if any have been made.

Throughout the CRC, the IG investigation, and the 15-6 Investigation it seems that the deciding factor to the seriousness of the abuse I received was based on the fact of what I did and did not do. I did not file charges of domestic abuse immediately after the incident. I did not get a civilian protection order. I currently have a standing and permanent no-contact order. It seems that all three investigations questioned the validity of my complaint based on what I did not do instead of what was done to me.

The Military, Commanders, Colonels, IG Departments, Generals and anyone who oversees these types of cases need to understand one important aspect of anyone who experiences domestic abuse. Fear. Fear keeps you trapped. Fear keeps you trapped because you are isolated. Emotional abuse makes you question yourself and every move you make. I still deal with that damage today. It is hard to explain how and why until you experience it yourself. Physical abuse makes you vulnerable. You see and experience what someone can do to you and you constantly live in a state of trying to ensure that everything is "just right" in hopes that you can keep the abusive actions at bay. You love this person and even though they hurt you, you do not want to hurt them. You just want to be safe and keep your children safe. You incur legal costs. You don't have a job. You don't know where you will live. Your family healthcare falls under your spouse. You don't know how you will support yourself and your child. All of these factors play a part in every decision that a victim makes or does not make. I encourage everyone to keep that in mind.

I share my testimony to help open the doors of communication regarding this issue and to try to bring about change. My story is not just my story. It represents so many other stories of people who have experienced worse and who are too afraid to come forward. It represents spouses who feel that their story will not be heard or believed. It represents individuals who were never given the opportunity to share their story. It represents individuals who are trying to help domestic violence victims in the military and who become exhausted by all of the roadblocks they keep on hitting. I hope that today this testimony can be a voice for all of them too.

Since my experience, I have tried to learn more about domestic abuse. I would like to share some suggestions for the committee to consider.

Recommendations:

1. **Commanders and Colonels who directly work with someone who is accused of domestic violence should not oversee any investigation or committee regarding this issue.** These same Commanders and Colonels should not have the power to decide what actions need to take place. They do not allow for an unbiased process. This was discovered firsthand in my experience where individuals of the CRC committee "felt somewhat intimidated" by the Colonel because of his rank and position.
2. **Soldiers who commit acts of domestic violence do not need anger management treatment.** They do not have an anger issue. They have a control and abuse issue.
3. **Any treatment plan or investigation done needs to include talking with both sides.** Individuals who are controlling and abusive use techniques of manipulation, lies, deceit, avoidance, triangulation, gaslighting, deflecting and redirecting. To get an accurate assessment, both sides of the story need to be involved.
4. **When communicating with a civilian military spouse, I recommend someone be present who can better explain and communicate the military process and what it all means.** Many spouses do not understand or know the military lingo, terms, rules, and regulations. These individuals need to be more sensitive to this fact.
5. **Commanders and Colonels need to understand that regardless of how they feel about the soldier or how the soldier acts while at work, they have no idea what happens behind closed doors at home.** A controlling and abusive person can act one way at home and a completely different way at the office. They are masters of lies and manipulation.

6. **Commanders, Colonels and Military Personnel need to properly report all allegations and conduct proper investigations.** If this is not done, future Commanders and Colonels of the alleged abuser will then have no idea that this same individual has been accused of these actions before.
7. **I encourage individuals in the military responsible for decisions regarding domestic abuse to learn more about physical, emotional and verbal abuse.** Please learn from resources taught by individuals who study and work only with abusers and domestic violence victims. The truth is it is rarely ever an isolated incident. When physical abuse is present, it is also very rare that just one form of abuse is being used. Emotional or verbal abuse is typically always present along with physical abuse.

I also want to state that there are several positives to my experience in dealing with domestic abuse and the military. I can honestly say that my Family Advocacy Program Advocate was the biggest help throughout this entire process. This individual understood about all of the different aspects of abuse as well as the military process. I am thankful that my ex-husband's counselor was brave enough to contact this program which in turn led them to me.

I am thankful for the Family Advocacy Lt. Colonel who was placed on the job after the CRC hearing. This individual was able to correct some issues in communication that happened with me during this process.

I am also thankful for the Commanding Major General who received my congressional letter and requested a 15-6 investigation. Even though I still do not know the full results of this investigation, I am thankful that he took my letter seriously and assigned an unbiased Commander to oversee the investigation.

I thank you for your time and efforts in looking into the issue of domestic violence in the military. I know this is an issue across all branches and at every rank. I hope and pray that what I shared with my testimony can help assist you so that other victims of domestic violence don't have to face these same issues. My desire is for domestic abuse victims to receive better support and assistance and feel safe in doing so.

**DISCLOSURE FORM FOR WITNESSES  
COMMITTEE ON ARMED SERVICES  
U.S. HOUSE OF REPRESENTATIVES**

**INSTRUCTION TO WITNESSES:** Rule 11, clause 2(g)(5), of the Rules of the House of Representatives for the 117<sup>th</sup> Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), and contracts or grants (including subcontracts and subgrants), or payments originating with a foreign government, received during the past 36 months either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. Rule 11, clause 2(g)(5) also requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the past 36 months either by the witness or by an entity represented by the witness. Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

**Hearing Date:** Tuesday, May 25, 2021

**Hearing Subject:**

Keeping our Service Members and their Families Safe and Ready: The Military's Prevention and Response to Domestic Violence

**Witness name:** Amy Logan

**Position/Title:** Survivor

**Capacity in which appearing:** (check one)



Individual



Representative

**If appearing in a representative capacity, name of the organization or entity represented:**

**Federal Contract or Grant Information:** If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the past 36 months and related to the subject matter of the hearing, please provide the following information:

**2021**

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

**2020**

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

**2019**

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

**2018**

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

**Foreign Government Contract, Grant, or Payment Information:** If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants), or payments originating from a foreign government, received during the past 36 months and related to the subject matter of the hearing, please provide the following information:

**2021**

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

**2020**

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

**2019**

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

**2018**

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

**Fiduciary Relationships:** If you are a fiduciary of any organization or entity that has an interest in the subject matter of the hearing, please provide the following information:

Organization or entity	Brief description of the fiduciary relationship

**Organization or Entity Contract, Grant or Payment Information:** If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants) or payments originating from an organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the past 36 months, please provide the following information:

**2021**

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

**2020**

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment



U.S. House Committee on Armed Services  
Subcommittee on Military Personnel

“Intimate Partner Violence in the Military”

Testimony of Jessica Strong, PhD, LMSW  
Co-Director of Applied Research  
Blue Star Families

May 25, 2021

Chairwoman Speier, Ranking Member Gallagher, and distinguished members of the U.S. House Committee on Armed Services Subcommittee on Military Personnel, thank you for the opportunity to testify before you today.

My name is Jessica Strong, and I am the Co-Director of Applied Research for Blue Star Families—a national nonprofit organization dedicated to supporting military and veteran families from all ranks and services. With over 150,000 members, Blue Star Families is the nation’s largest grass-roots military family support organization, and touches more than 1.5 million military family members every year. By cultivating innovative programs and partnerships, Blue Star Families seeks to ensure that our military and veteran families always feel connected, supported, and empowered to thrive.

Blue Star Families’ groundbreaking research calls attention to the unique experiences and challenges faced by military and veteran families. Our annual Military Family Lifestyle Survey (aMFLS)—developed in partnership with the Institute for Veterans and Military Families (IVMF)—is the largest annual comprehensive survey of military and veteran families, and it is widely regarded as the gold standard among military family surveys. Data from the aMFLS has been used at every level of government to help inform those tasked with making policy decisions that impact our military-connected communities.

**Intimate Partner Violence / Domestic Abuse**

Intimate partner violence (IPV), also known as “domestic abuse” or “domestic violence,” is often defined as “a pattern of controlling behavior used to maintain power in a relationship by one partner over the other.”<sup>1</sup> According to the 2015 National Intimate Partner and Sexual Violence Survey, 5.5% of U.S. women and 5.2% of U.S. men had experienced sexual violence, physical violence, or stalking by an intimate partner within the 12 months preceding the survey.<sup>2</sup> Furthermore, the Department of

<sup>1</sup> “What is Domestic Violence?” National Domestic Abuse Hotline, Accessed March 4, 2020, <https://www.thehotline.org/is-this-abuse/abuse-defined/>.

<sup>2</sup> Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Justice reports that intimate partner violence accounts for 15% of all violent crime.<sup>3</sup> Younger women (ages 18-24) are the most common victims of IPV.<sup>4</sup> It is no surprise then that the Center for Disease Control (CDC) and U.S. Preventive Services Task Force (USPSTF) have identified IPV as a major public health issue in the United States—one that disproportionately affects women.<sup>5,6</sup>

### **Prevalence of Intimate Partner Violence in the Military**

#### *Department of Defense Findings*

The Department of Defense defines IPV/domestic abuse as “domestic violence, or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty.”<sup>7</sup> DOD’s Family Advocacy Program (FAP) tracks reports of domestic abuse between spouses and unmarried intimate partners within the military. In FY2019, FAP collected 13,571 reports of spouse abuse. Of those, roughly half (6,800) met the criteria for abuse under DOD definitions. In other words, the rate of met criteria spouse abuse incidents in FY2019 was 10.9 per 1,000 military couples, or about 1.1%. Of the 6,800 met criteria reports of spouse abuse, there were 5,505 unique victims (i.e., 8.8 unique victims per 1,000 military spouses, or approximately 0.9%). Sixty-six percent of those victims were female and 34% were male; 54% of the victims were service members, and 46% were civilian spouses. Fifty-nine percent of all abusers were service members. Pay grades E4-E6 had the highest percent of active-duty abusers in met criteria incidents (59%); pay grades E1-E3 had the highest rate of spouse abuse (16.9 per 1,000 married couples, or about 1.7%). Nine spouse abuse fatalities were presented to DOD’s Incident Determination Committee and entered into the FAP Central Registry in FY2019.<sup>8</sup>

FAP also tracks reports of *unmarried* intimate partner abuse involving: 1) a former spouse; 2) a person with whom the victim shares a child in common; or 3) a current or former intimate partner with whom the victim shares or has shared a common domicile. In FY2019, there were 1,902 reports of intimate partner abuse—1,121 of which met FAP’s criteria for abuse under DOD definitions. Among the 1,121 met criteria reports, there were 886 unique victims.<sup>9</sup> Three intimate partner abuse fatalities were presented to the IDC and entered into the FAP Central Registry in FY2019.<sup>10</sup>

<sup>3</sup> Jennifer L. Truman, Ph.D., and Rachel E. Morgan, Ph.D., “Nonfatal Domestic Violence, 2003–2012,” U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics, April 2014, <https://www.bjs.gov/content/pub/pdf/ndv0312.pdf>.

<sup>4</sup> Ibid.

<sup>5</sup> “Intimate Partner Violence,” Centers for Disease Control and Prevention, Accessed on March 9, 2020,

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html#:~:text=>

<sup>6</sup> “Final Recommendation Statement: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening,” U.S. Preventive Services Task Force, October 2018, Accessed on March 8, 2020, <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening1>.

<sup>7</sup> U.S. Department of Defense, “Report on Child Abuse and Neglect and Domestic Abuse in the Military for Fiscal Year 2019,” April 2020, <https://download.militaryonesource.mil/12038/MOS/Reports/FINAL-DoD-FAP-Report-FY2019.pdf>.

<sup>8</sup> Ibid.

<sup>9</sup> A rate per 1,000 of intimate partner abuse incidents and/or victims cannot be established, as data on unmarried individuals involved in intimate partner relationships as defined by DoD are not available. [U.S. Department of Defense, “Report on Child Abuse and Neglect and Domestic Abuse in the Military for Fiscal Year 2019,” April 2020, <https://download.militaryonesource.mil/12038/MOS/Reports/FINAL-DoD-FAP-Report-FY2019.pdf>.]]

<sup>10</sup> Ibid; For additional data, see: Gierisch JM, Shapiro A, Grant NN, King HA, McDuffie JR, Williams JW. Intimate Partner Violence: Prevalence Among U.S. Military Veterans and Active Duty Servicemembers and a Review of Intervention Approaches. VA-ESPP Project #09-010; 2013. [https://www.hsrd.research.va.gov/publications/esp/partner\\_violence.pdf](https://www.hsrd.research.va.gov/publications/esp/partner_violence.pdf).

### *Blue Star Families' Findings*

Data from Blue Star Families' aMFLS corroborates DOD's findings regarding the prevalence of IPV in the military. In our 2015, 2016, and 2017 surveys, approximately 1% of active-duty spouse and service member respondents reported being hit, kicked, punched, or otherwise hurt by their significant other. A greater proportion (9%-15%) reported they did not feel safe in their relationship.<sup>11</sup> In the 2019 Military Family Lifestyle Survey, 1.65% of active-duty family respondents (both spouses and service members) reported they had experienced intimate partner violence within the past year.<sup>12</sup> Blue Star Families' 2021 Military Family Lifestyle Survey is currently fielding and aims to explore IPV in the military, including physical, verbal, and emotional abuse, as well as financial abuse.

The relative stability of respondents reporting instances of IPV from 2015 to 2017, despite DOD's efforts to reduce it, is concerning. Moreover, the fact that incidents of IPV seem to have increased for civilians during the COVID-19 pandemic<sup>13</sup>—a trend that might very well be mirrored in military households—provides further cause for alarm.

### *Comparison to Civilian Spouse Abuse*

Unfortunately, there is currently no federal mechanism to track rates of civilian spouse abuse for comparison to the military population. In part, this is due to the fact that each state has different laws and definitions of domestic abuse, making any aggregation of these incidents very difficult. Research comparing the prevalence of IPV in military and civilian couples is mixed, with some indicating the incidence of IPV is higher in military populations<sup>14,15</sup>, and others indicating a similar rate among civilian women, active-duty women, and wives of active-duty men.<sup>16</sup> More recently, according to the Department of Justice's Bureau of Justice Statistics, the incidence of domestic violence in the U.S. was approximately 4.2 victimizations per 1,000 persons age 12 or older in 2019 (or 0.42%).<sup>17</sup> When we compare this figure to the rate of spouse abuse reports that met DOD criteria in FY2019 (10.9 per 1,000 military service members, or approximately 1.1%), we see the frequency of domestic

<sup>11</sup> Unpublished data. Please contact [survey@bluestarfam.org](mailto:survey@bluestarfam.org) for more information. Data from 2015 MFLS includes active-duty spouse, active-duty service member, veteran spouse and veteran service member respondents, while data from 2016 and 2017 MFLS includes only active-duty spouse and active-duty service member respondents.

<sup>12</sup> Blue Star Families, "2019 Military Family Lifestyle Survey," <https://bluestarfam.org/wp-content/uploads/2020/03/BSF-2019-Survey-Comprehensive-Report-Digital-rev200305.pdf> Intimate partner violence was defined in the 2019 MFLS with the following statement: "Intimate partner violence is described as physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner."

<sup>13</sup> Brad Boserup, Mark McKenney, Adel Elkbulli, "Alarming trends in US domestic violence during the COVID-19 pandemic," *The American Journal of Emergency Medicine*, Vol. 38, Issue 12, April 28, 2020, [https://www.ajemjournal.com/article/S0735-6757\(20\)30307-7/fulltext#articleInformation](https://www.ajemjournal.com/article/S0735-6757(20)30307-7/fulltext#articleInformation).

<sup>14</sup> Jones, A. (2012). Intimate partner violence in military couples: A review of the literature. *Aggression and Violent Behavior*. 17(2).

147-157. <https://doi.org/10.1016/j.avb.2011.12.002>

<sup>15</sup> Stamm, S. (2009). Intimate partner violence in the military: Securing our country, starting within the home. *Family Court Review*. 47 (2). 321-339.

<sup>16</sup> M. C. Black, & M. T. Merrick (2013). Prevalence of intimate partner violence, sexual violence, and stalking among active duty women and wives of active duty men—comparisons with women in the U.S. general population, 2010: Technical report. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

<sup>17</sup> Rachel E. Morgan, Ph.D., and Jennifer L. Truman, Ph.D., "Criminal Victimization, 2019," U.S. Department of Justice, Bureau of Justice Statistics, September 2020, <https://www.bjs.gov/content/pub/pdf/cv19.pdf>.

violence/abuse in the military was potentially greater than two times that of the national population pre-pandemic.

### **Reluctance to Report**

Military spouses who are victims of domestic violence might be reluctant to report said violence if they believe that doing so would negatively impact their service member's career. In the 2017 Military Family Lifestyle Survey, 87% of active-duty spouse respondents who indicated they had experienced physical violence in the past year did not report the most recent incident; their top two reasons for not reporting the abuse was because they felt "it was not a big deal" and they "did not want to hurt their spouse or partner's career."<sup>18</sup> The military culture may also prevent military-affiliated victims from reporting intimate partner violence to law enforcement.<sup>19</sup>

### **What Factors Influence Intimate Partner Violence in the Military?**

The prevalence of IPV in the military is partially a factor of demographics. IPV tends to disproportionately affect younger women. Of the 605,716 active-duty spouses in our military communities today, approximately 91% are female, and almost half (49%) are 30 years old or younger.<sup>20</sup>

Still, demographics alone are insufficient to explain the disproportionate incidence of IPV in military families. Many factors endemic to the military lifestyle place military spouses at greater risk of experiencing intimate partner violence, including: economic vulnerability, social isolation, and mental health/behavioral challenges. Indeed, the Department of Veterans Affairs attributes the prevalence of military IPV to the unique factors indelibly associated with military service:

Military service has unique psychological, social, and environmental factors that may contribute to elevated risk of IPV among active-duty service members and veterans. Multiple deployments, family separation and reintegration, demanding workloads at home and while on duty, histories of trauma, mental illness, and substance abuse can contribute to partner conflict and elevated risk of IPV among active-duty service members, veterans, and their intimate partners.<sup>21</sup>

Finally, military culture itself may contribute to the incidence of IPV, due to its normalization of violence and hypermasculine culture, which has previously been associated with an increased risk of IPV.<sup>22</sup>

<sup>18</sup> Unpublished data. Please contact [survey@bluestarfam.org](mailto:survey@bluestarfam.org) for more information.

<sup>19</sup> Becker, P., and Bachman, R. (2020). Intimate Partner Violence in the Military: an Investigation of Reporting Crimes to Law Enforcement Officials. *Journal of Family Violence*. 35(4) <http://dx.doi.org/10.1007/s10896-019-00091-x>

<sup>20</sup> U.S. Department of Defense, "2019 Demographics: Profile of the Military Community," <https://download.militaryonesource.mil/12038/MOS/Reports/2019-demographics-report.pdf>.

<sup>21</sup> Gierisch JM, Shapiro A, Grant NN, King HA, McDuffie JR, Williams JW. Intimate Partner Violence: Prevalence Among U.S. Military Veterans and Active Duty Servicemembers and a Review of Intervention Approaches. VA-ESP Project #09-010; 2013. [https://www.hsrd.research.va.gov/publications/esp/partner\\_violence.pdf](https://www.hsrd.research.va.gov/publications/esp/partner_violence.pdf).

<sup>22</sup> Rosen, L.N., Kaminski, R.J., Parmley, A.M., Knudson, K.H., and Fancher, P. (2003). The effects of peer group climate on intimate partner violence among married U.S. Army soldiers. *Violence Against Women*. 9. 1045-1071.

## (1) Economic Vulnerability

Military spouses are uniquely vulnerable to economic abuse, wherein abusive partners use their financial power to control their spouse's behavior. Higher unemployment and lower labor force participation among military spouses, when compared to their civilian peers, mean military spouses frequently do not have an income of their own on which to support themselves and their children. Pre-pandemic, the military spouse unemployment rate was 22%—nearly seven times that of the national population.<sup>23</sup> Meanwhile, among active-duty military spouse respondents to the 2020 Military Family Lifestyle Survey who were employed, either full time (30%) or part time (17%), two-thirds (67%) report they were underemployed in some way (indicating their current employment did not match their desires, education, or experience).<sup>24</sup>

In the 2017 Military Family Lifestyle Survey, of those working military spouses who reported they were underemployed, 59% reported they were currently earning less than half of their previous highest salary.<sup>25</sup> Fifty-one percent of military spouse respondents who were employed earned less than \$20,000 that year—well below the median income of civilian women in the U.S. (\$30,246 in 2016).<sup>26</sup> Meanwhile, the average pay for a mid-grade NCO (E-5) was \$31,745 in 2016.<sup>27</sup> Thus, even when military spouses are employed, they typically earn far less than their service member partner. By leveraging their financial power, an abusive partner can therefore exploit their spouse's financial dependency to control their behavior.

The COVID-19 pandemic may have exacerbated military spouses' economic vulnerability, as many stepped out of the workforce to supervise their children's education<sup>28</sup>—thereby relinquishing some measure of their financial autonomy. Civilian research has indicated that individuals who rented housing, lost income due to the pandemic, and/or experienced increased nutritional stress—all factors that are present in military families (and particularly enlisted families)—were more likely to report IPV.<sup>29</sup>

## (2) Social Isolation

<sup>23</sup> Office of People Analytics, "2019 Survey of Active Duty Spouses," December 2, 2020, [https://download.militaryonesource.mil/12038/MOS/Surveys/ADSS1901\\_MOS-Briefing-508-Revised.pdf](https://download.militaryonesource.mil/12038/MOS/Surveys/ADSS1901_MOS-Briefing-508-Revised.pdf).

<sup>24</sup> The causes of military spouse un/underemployment are myriad and complex; however, military spouse respondents report a lack of affordable child care, the unpredictability of service member day-to-day job demands, hiring/promotion discrimination, and frequent permanent change of station (PCS) moves as key barriers to employment. Other important, but less common factors include: state licensure barriers and gaps in resumes due to frequent PCS moves.

<sup>25</sup> Blue Star Families, "2017 Military Family Lifestyle Survey,"

<https://bluestarfam.org/wp-content/uploads/2017/11/MFLS-ComprehensiveReport17-FINAL.pdf>.

<sup>26</sup> Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). Income and Poverty in the United States: 2015. (No. P60-256).

<https://www.census.gov/data/tables/2016/demo/income-poverty/p60-256.html>.

<sup>27</sup> Brendan Stickle, "How the U.S. Military Became the Exception to America's Wage Stagnation Problem," Business Insider, November 29, 2018, Accessed on March 8, 2020, <https://www.brookings.edu/blog/order-from-chaos/2018/11/29/how-the-u-s-military-became-the-exception-to-americas-wage-stagnation-problem/>.

<sup>28</sup> Blue Star Families, "2020 Military Family Lifestyle Survey: Finding 13,"

[https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_FINDING\\_13.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FINDING_13.pdf).

<sup>29</sup> Cannon, C., Ferreira, R., Buttell, F., and First, J. (2021). COVID-19, Intimate Partner Violence, and Communication Ecologies. *American Behavioral Scientist*. <https://doi-org.liblink.uncw.edu/10.1177/0002764221992826>

The COVID-19 pandemic might have also increased a second risk factor for IPV: social isolation. Active-duty families relocate, on average, once every two to three years. This requires many families to separate from established social support systems that may protect against IPV. In fact, almost half of active-duty spouse respondents to the 2020 Military Family Lifestyle Survey (45%) report that "isolation from family/friends" was a top stressor during their time associated with the military, and more than one-third have no friends in the local civilian community (34%), and no one they know well enough to ask for a favor (34%).<sup>30</sup> Note that isolation from family and friends has been a consistent top-five stressor for military spouses since 2014. This means that military spouses often do not have people to turn to in times of need (e.g., when facing IPV). This isolation, inherent in the military lifestyle, puts families at greater risk of IPV.<sup>31</sup>

### (3) Mental Health/Behavioral Challenges

Post-traumatic stress disorder (PTSD) and substance abuse (particularly alcohol abuse) have been repeatedly linked to increased risk of IPV.<sup>32</sup> Unfortunately, these illnesses are all too common among active-duty families. In the 2020 Military Family Lifestyle Survey, 11% of active-duty service members and 7% of active-duty spouse respondents report they had a current diagnosis of PTSD. Furthermore, in 2015, more than one in three service members met criteria for hazardous drinking or possible alcohol use disorder.<sup>33</sup> The high incidence of these adverse mental health/behavioral challenges among active-duty families might therefore contribute to the prevalence of IPV.

### (4) Military Culture

#### *Normalization of Violence*

It is probable that the prevalence of IPV among active-duty families is also due, in part, to the normalization of violence in military culture, a functional necessity.<sup>34</sup> The United States military is first and foremost a war-fighting machine. Service members are therefore trained to use lethal means in defense of U.S. interests. However, for some individuals, exposure to violence (in combat and in training) might have an adverse psychological effect. As Professors Resul Cesur and Joseph J. Sabia explain in their study, "When War Comes Home: The Effect of Combat Service on Domestic Violence":

<sup>30</sup> Blue Star Families, "2020 Military Family Lifestyle Survey,"

[https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_FULL.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FULL.pdf).

<sup>31</sup> Mojahed, A., Brym, S., Hense, H., Grafe, B., Helfferich, C., & Lindert, J. (2021). Rapid Review on the Associations of Social and Geographical Isolation and Intimate Partner Violence: Implications for the Ongoing COVID-19 Pandemic. *Frontiers in Psychiatry*. <http://dx.doi.org/10.3389/fpsy.2021.578150>

<sup>32</sup> M. M. Rabenhorst, R. J. McCarthy, C. J. Thomsen, J. S. Milner, W. J. Travis, R. E. Foster, & C. W. Copeland (2013). Spouse abuse among United States Air Force personnel who deployed in support of Operation Iraqi Freedom/Operation Enduring Freedom. *Journal of Family Psychology*, 27(5), 754–761; B. M. Quigley, & K. E. Leonard (2000). Alcohol and the continuation of early marital aggression. *Alcoholism: Clinical and Experimental Research*, 24(7), 1003–1010. [10.1111/j.1530-0277.2000.tb04643.x](https://doi.org/10.1111/j.1530-0277.2000.tb04643.x).

<sup>33</sup> Meadows, S. et al. (2018). 2015 Health Related Behaviors Survey: Substance Use Among U.S. Active-Duty Service Members. Santa Monica, CA: RAND Corporation. [https://www.rand.org/pubs/research\\_briefs/RB9955z7.html](https://www.rand.org/pubs/research_briefs/RB9955z7.html).

<sup>34</sup> Taft, C. T., Walling, S. M., Howard, J. M., & Monson, C. (2011). Trauma, PTSD, and partner violence in military families. In S. M. Wadsworth & D. Riggs (Eds.), *Risk and resilience in U.S. military families* (pp. 195–212). New York, NY: Springer Science & Business Media. doi:10.1007/978-1-4419-7064-0\_10.

Normalization to violence may be yet another pathway through which combat service could affect domestic violence.<sup>35</sup> There is some evidence that combat exposure, as well as combat training itself, may permanently break down the mind's natural barriers to committing violent acts.<sup>36</sup>

As part of their study, Cesur and Sabirian a natural experiment among active-duty military personnel deployed overseas in prosecution of the war on terror to identify the effect of combat service on intimate partner violence. They found that assignment to combat zones is positively correlated with a higher incidence of IPV.<sup>37</sup> Their results corroborate multiple other studies, which suggest that combat exposure and deployment are positively associated with an increased risk of IPV.<sup>38</sup>

#### *Hypermasculinity*

Men make up 49.2% of the U.S. population,<sup>39</sup> but they comprise 83% of those serving on active duty. Women have a slight majority in the U.S. population (50.8%), but they make up only 17% of active-duty personnel. Meanwhile, of the 233,189 active-duty officers in the military, less than one-fifth (18.4%) are female, and 81.6% are male.<sup>40</sup> The military's demographics therefore contribute to a predominantly masculine culture. As Professors Karly Richard and Sonia Molloy explain in "An Examination of Emerging Adult Military Men: Masculinity and U.S. Military Climate":

The military has been previously noted for its adherence to and celebration of traditionally masculine values, sometimes referred to as hypermasculinity.<sup>41</sup> The military attracts traditionally masculine/hypermasculine men and promotes in-group favoritism to those who adhere to this ideal.<sup>42</sup>

The military's masculine/hypermasculine culture might therefore contribute to gender discrimination against female service members. In the 2020 Military Family Lifestyle Survey, 48% of female active-duty service member respondents report experiencing gender-based discrimination in their

<sup>35</sup> Schwab-Stone, Mary E., Tim S. Ayers, Wesley Kaspro, Charlene Voyce, Charles Barone, Timothy Shriver, and Roger P. Weissberg, "No Safe Haven: A Study of Violence Exposure in an Urban Community," *Journal of the American Academy of Child and Adolescent Psychiatry* 34 (1995), 1343–1352.

<sup>36</sup> Grossman, Dave, *On Killing: The Psychological Cost of Learning to Kill in War and Society*, rev. ed. (New York: Back Bay Books, 2009); Grossman, Dave, and Bruce Siddle, "Psychological Effects of Combat" (pp. 139–149), in Lester Kurtz and Jennifer Turpin, eds. *Encyclopedia of Violence, Peace, and Conflict*, vol. 3 (San Diego, CA: Academic Press, 1999).

<sup>37</sup> Resul Cesur and Joseph J. Sabia, "When War Comes Home: The Effect Of Combat Service on Domestic Violence," *The Review of Economics and Statistics*, Vol. 48, Number 2, May 2016, <https://bit.ly/3FEQbRk>; Elbogen, E.B., Fuller, S., Johnson, S.C., Brooks, S., Kinneer, P., Calhoun, P.S., Beckham, J.C. (2010). Improving risk assessment of violence among military veterans: An evidence-based approach for clinical decision-making. *Clinical Psychology Review*. 30. 595–607.

<sup>38</sup> Elbogen, E.B., Fuller, S., Johnson, S.C., Brooks, S., Kinneer, P., Calhoun, P.S., Beckham, J.C. (2010). Improving risk assessment of violence among military veterans: An evidence-based approach for clinical decision-making. *Clinical Psychology Review*. 30. 595–607.

<sup>39</sup> U.S. Census Bureau, "Quick Facts: United States," Accessed on May 21, 2021, <https://www.census.gov/quickfacts/fact/table/US/SEX255219>.

<sup>40</sup> U.S. Department of Defense, "2019 Demographics: Profile of the Military Community," <https://download.militaryonesource.mil/12038/MOS/Reports/2019-demographics-report.pdf>.

<sup>41</sup> Dimitrovsky, L., Singer, J., & Yinon, Y. (1989). Masculine and feminine traits: Their relation to suitedness for and success in training for traditionally masculine and feminine army functions. *Journal of Personality and Social Psychology*, 57, 839 – 847. <http://dx.doi.org/10.1037/0022-3514.57.5.839>.

<sup>42</sup> Arbeit, M. R. (2017). "Makesureyou'renotgettingyourselfintrouble": Building sexual relationships and preventing sexual violence at the U.S. Military Academy at West Point. *Journal of Sex Research*, 54, 949–961. <http://dx.doi.org/10.1080/00224499.2016.1207055>; Correll, S. J. (2001). Gender and the career choice process: The role of biased self-assessments. *American Journal of Sociology*, 106, 1691– 1730. <http://dx.doi.org/10.1086/321299>.

unit or command, compared to only 4% of their male counterparts. Meanwhile, 55% of active-duty service member respondents (68% female and 34% male) agree there is gender-based discrimination in the military. Only 37% of active-duty respondents (14% female and 46% male) think there is less gender discrimination in the military than civilian society. These findings were mirrored by an online poll of 1,708 *Stars & Stripes* digital subscribers in 2019, wherein approximately 68% of female active-duty and Veteran respondents reported they had experienced discrimination based on gender while serving in the military, compared to only 6% of male respondents.<sup>43</sup> Such gender discrimination might itself be indicative of hostile sexist attitudes towards women in the military.

Civilian literature indicates a potential correlation between hostile sexist attitudes and IPV. In 2019, a team of researchers studied a population of 196 incarcerated males in Asturias, Spain, and they found that hostile sexism (i.e., derogatory attitudes that include the belief that women are inferior to men) was shown to be associated with more positive attitudes toward IPV.<sup>44</sup> According to the authors of that study:

Hostile sexist attitudes were associated with higher IPV via its effect on positive attitudes towards intimate partners abuse. In addition, the links between hostile sexism, more positive attitudes of abuse of intimate partners, and the perpetration of IPV continued after controlling for broader variables such as family of origin and community social disorder. This suggests [that]... derogatory attitudes towards women (hostile sexism) relate to psychological IPV.<sup>45</sup>

Similarly, the preponderance of IPV in the U.S. military might be, in part, due to the existence of hostile sexist attitudes among male service members. As evidence for this hypothesis, one only needs to point to the high incidence of sexual assault against female service members in the military. According to the Department of Veterans Affairs, one in four veteran women report having experienced military sexual assault or harassment while serving in the military.<sup>46</sup> However, even this alarming figure might be under-representative. In a 2019 *Stars & Stripes* poll, approximately 66% of female respondents reported they had experienced sexual assault or harassment while serving in the Armed Forces.<sup>47</sup> It therefore seems reasonable to conclude that a military culture capable of breeding such high rates of sexual violence towards female service members might also give rise to high rates of IPV.<sup>48</sup>

<sup>43</sup> Diana Chan, "Poll Asks Troops, Veterans Thoughts on Women in Combat, Mixed-Gender Training and More," *Stars and Stripes*, January 2, 2019, Accessed on March 4, 2020, <https://www.stripes.com/news/poll-asks-troops-veterans-thoughts-on-women-in-combat-mixed-gender-training-and-more-1.56289>.

<sup>44</sup> Juarros-Basterrechea, J., Overall, N., Herrero, J., and Rodríguez-Díaz, F.J. (2019). El efecto del sexismo en la violencia psicológica de pareja: un estudio con reclusos. *The European Journal of Psychology Applied to Legal Context*, 11, 61-69. <https://doi.org/10.5093/ejpalc2019a1>.

<sup>45</sup> Ibid.

<sup>46</sup> U.S. Department of Veterans Affairs. (2017). Military Sexual Trauma. Retrieved from <https://www.mentalhealth.va.gov/mentalhealth/msthome/index.asp>.

<sup>47</sup> Diana Chan, "Poll Asks Troops, Veterans Thoughts on Women in Combat, Mixed-Gender Training and More," *Stars and Stripes*, January 2, 2019, Accessed on March 4, 2020, <https://www.stripes.com/news/poll-asks-troops-veterans-thoughts-on-women-in-combat-mixed-gender-training-and-more-1.56289>.

<sup>48</sup> N.B. The prevalence of sexism and sexual assault in the U.S. military has implications for retention and recruitment. In our 2018 Military Family Lifestyle Survey, military and veteran family respondents were significantly less likely to recommend service to their daughters (39%) than they were to their sons (51%). Qualitative responses indicated that those respondents who were not likely to recommend service to their daughters were primarily concerned about sexual assault, harassment, and sexism in military culture. It is probable that a spouse's experience of IPV would likewise affect his/her willingness to recommend service to a son or daughter.



### **The Effects of Military IPV**

A wide range of adverse mental health outcomes have been associated with IPV, including anxiety and depression.<sup>49</sup> IPV has also been associated with poor outcomes for children who witness domestic violence, even if they are not themselves abused. These negative outcomes can include increased risks of behavioral, mental, and physical health problems in adolescence and adulthood.<sup>50</sup> Considering the fact that many military recruits come from military families, addressing IPV in current military families may support a stronger future force.<sup>51</sup>

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<sup>49</sup> Gierisch JM, Shapiro A, Grant NN, King HA, McDuffie JR, Williams JW. Intimate Partner Violence: Prevalence Among U.S. Military Veterans and Active Duty Servicemembers and a Review of Intervention Approaches. VA-ESP Project #09-010; 2013.

<sup>50</sup> Anderson, Kimberley, and Elisa Van Ee. "Mothers and Children Exposed to Intimate Partner Violence: A Review of Treatment Interventions." *International Journal of Environmental Research and Public Health* vol. 15, 9 1955. 7 Sep. 2018, doi:10.3390/ijerph15091955.

<sup>51</sup> U.S. Department of Defense, "New Recruit Survey: Wave 1," 2016, Accessed on May 24, 2021, <https://time.com/4254696/military-family-business/>.

## Recommendations

Any plan to reduce the high incidence of military IPV must address the underlying factors that contribute to such violence. A successful IPV prevention strategy must therefore seek to:

- (a) empower military spouses financially;
- (b) combat social isolation; and
- (c) eliminate hostile sexist attitudes within military culture.

To accomplish the first of these objectives, we must collectively work to reduce the military spouse unemployment rate, which has not decreased significantly since 2012.<sup>52</sup> While the causes of military spouse un/underemployment are myriad and complex, military spouse respondents in the 2020 Military Family Lifestyle Survey report a lack of affordable child care, the unpredictability of service member day-to-day job demands, hiring/promotion discrimination, and frequent Permanent Change of Station (PCS) moves as key barriers to employment. In order to empower military spouses financially, we therefore recommend Congress:

- Support a fixed period of federal student loan deferment for military spouses who leave a job in order to relocate due to military orders.<sup>53</sup>
- Support incentives for employers to make retirement savings plans more accessible and portable for military spouses.<sup>54</sup>
- Commission a report on discrimination against military spouses in employment, housing, and public accommodations due to their military affiliation. The report should include an assessment of the viability of policy solutions to prevent such discrimination (e.g., expanding USERRA to cover military spouses, making military spouses a protected class, etc.)<sup>55</sup>
- Enhance and expand access to child care fee assistance programs. For example, direct the services to expand fee assistance eligibility under the Military Child Care in Your Neighborhood (MCCYN) program to military families who wish to enroll their child in a child care facility that is state licensed, even if it is not accredited.<sup>56</sup>

<sup>52</sup> Office of People Analytics, "2012 Survey of Active Duty Spouses," <https://download.militaryonesource.mil/12038/MOS/Surveys/ADSS1201-Briefing-Support-Deployment-Reintegration-PCS-WellBeing-Education-Employment.pdf>.

<sup>53</sup> In the 116th Congress, Rep. Elise Stefanik (R-NY) introduced the Military Spouse Student Loan Deferment Act of 2020 (H.R. 7433). This bill would have allowed certain military spouses to defer payment on their federal student loans for 90 days. Specifically, borrowers would be eligible to receive this deferment if (1) their spouse is an active-duty service member of the Armed Forces, (2) they lost their employment due to a permanent change of station move, and (3) they could provide certain documentation to the Department of Education. Loan interest would not accrue during the deferment period. Blue Star Families supported this proposal. [Blue Star Families, "2020 Military Family Lifestyle Survey: Finding 13,"

[https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_FINDING\\_13.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FINDING_13.pdf).]

<sup>54</sup> In the 116th Congress, Rep. Jason Crowe (D-CO) introduced the Military Spouse Retirement Security Act of 2020 (H.R. 7927). This bill would have allowed a small business employer to take a tax credit for each of their employees who is a military spouse and is eligible to participate in the employer's defined contribution retirement plan. Blue Star Families supported this proposal. [Ibid.]

<sup>55</sup> Blue Star Families included a deep dive on this recommendation in our 2020 Military Family Lifestyle Survey Comprehensive Report.

[Blue Star Families, "2020 Military Family Lifestyle Survey: Recommendations,"

[https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_RECOMMENDATIONS.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_RECOMMENDATIONS.pdf).]

<sup>56</sup> Blue Star Families, "2020 Military Family Lifestyle Survey: Finding 11,"

[https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_FINDING\\_11.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FINDING_11.pdf).

- Commission a report on the demand for various child care options among military families, and assess the pros and cons of requiring families to first seek care at their local CDC before being authorized to use MCCYN fee assistance.<sup>57</sup>

Eliminating sexism from the military will require systemic cultural reform. We therefore recommend Congress:

- Implement Fort Hood Independent Review Committee recommendations across the services to alleviate instances of sexual harassment, assault, and gender discrimination.<sup>58</sup>
- Work with the DOD to continue to recruit women into senior leadership positions.

Finally, to combat social isolation, Congress ought to work with community-based Military Support Organizations to bolster active-duty family members' sense of belonging to their local civilian communities. With 11 funded Chapters and 200+ neighborhoods nationwide, Blue Star Families is well-positioned to aid the federal government in that effort.

I would again like to thank the distinguished members of the Subcommittee for their efforts to address this deeply troubling issue. IPV is a crime, and it is neither a normal nor acceptable byproduct of the military lifestyle. Blue Star Families applauds this Subcommittee's work to protect military family members from these unconscionable acts of violence.

Sincerely,

Jessica Strong, PhD, LMSW  
Co-Director of Applied Research  
Blue Star Families

<sup>57</sup> Blue Star Families included a deep dive on this recommendation in our 2020 Military Family Lifestyle Survey Comprehensive Report. [Blue Star Families, "2020 Military Family Lifestyle Survey: Recommendations," [https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_RECOMMENDATIONS.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_RECOMMENDATIONS.pdf).]

<sup>58</sup> Blue Star Families, "2020 Military Family Lifestyle Survey: Finding 6," [https://bluestarfam.org/wp-content/uploads/2021/03/BSF\\_MFLS\\_CompReport\\_FINDING\\_6.pdf](https://bluestarfam.org/wp-content/uploads/2021/03/BSF_MFLS_CompReport_FINDING_6.pdf).

**Jessica Strong**  
**Co-Director of Applied Research, Blue Star Families**

Jessica Strong joined Blue Star Families as a Volunteer Chapter Director in 2017, then as a Consultant shortly thereafter, and joined the BSF Staff as an Applied Research Analyst in 2019. Her work with Applied Research focuses on the annual Military Family Lifestyle Survey, as well as developing, executing, and analyzing other research projects that support Blue Star Families mission and enhance the national conversation about military families.

She holds a Master's degree in Social Work from Fayetteville State University and a PhD in Social Work from Rutgers University, which she uses to advance the research available on understanding military family issues and how helping professionals can support military families.

She has previously researched military families as an Assistant Professor of Social Work at the University of North Carolina Wilmington, publishing her research in the professional literature and focusing on teaching military-affiliated students at the extension site aboard Camp LeJeune. Jessica is an active duty Army spouse with three children, currently stationed at Ft. Campbell, KY.

**DISCLOSURE FORM FOR WITNESSES  
COMMITTEE ON ARMED SERVICES  
U.S. HOUSE OF REPRESENTATIVES**

**INSTRUCTION TO WITNESSES:** Rule 11, clause 2(g)(5), of the Rules of the House of Representatives for the 117<sup>th</sup> Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), and contracts or grants (including subcontracts and subgrants), or payments originating with a foreign government, received during the past 36 months either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. Rule 11, clause 2(g)(5) also requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the past 36 months either by the witness or by an entity represented by the witness. Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

**Hearing Date:** May 25, 2021

**Hearing Subject:**

"Keeping our Service Members and their Families Safe and Ready: The Military's Prevention and Response to Domestic Violence"

**Witness name:** Jessica Strong

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**Capacity in which appearing:** (check one)



Individual



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**2019**

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

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2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment



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Testimony  
Before the Subcommittee on Military  
Personnel, Committee on Armed  
Services, House of Representatives

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## DOMESTIC ABUSE

### DOD Needs to Enhance Its Prevention, Response, and Oversight

Statement of Brenda S. Farrell, Director,  
Defense Capabilities and Management

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Chairwoman Speier, Ranking Member Gallagher, and Members of the Subcommittee:

Thank you for the opportunity to discuss our report on domestic abuse prevention and response in the military, which we issued earlier this month.<sup>1</sup> Domestic abuse, including physical, emotional, or sexual abuse and neglect committed by a spouse or intimate partner, can result in devastating personal consequences and is a significant public health issue that engenders substantial societal costs.<sup>2</sup> According to the Department of Defense (DOD), domestic abuse is incompatible with military values and reduces mission readiness.

Domestic abuse in the military has been a subject of congressional concern for over 20 years. From 2000 through 2003, DOD convened a congressionally directed Defense Task Force on Domestic Violence, which issued three reports containing nearly 200 recommendations for improvement. In 2006, we reported on the status of these recommendations, finding that further management action was needed to improve key areas, including data tracking for domestic violence incidents and related command actions.<sup>3</sup> Similarly, in 2010, we found that sustained leadership and oversight were needed to improve DOD's prevention and treatment of domestic abuse.<sup>4</sup>

My testimony today summarizes our May 2021 report on domestic abuse in the military, which included 32 recommendations to DOD and the military services to improve their domestic abuse prevention and

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<sup>1</sup>GAO, *Domestic Abuse: Actions Needed to Enhance DOD's Prevention, Response, and Oversight*, GAO-21-289 (Washington, D.C.: May 6, 2021).

<sup>2</sup>DOD defines domestic abuse as a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a current or former spouse, a person with whom the abuser shares a child in common, or a current or former intimate partner with whom the abuser shares or has shared a common domicile. In addition, DOD defines domestic violence, which is an offense under the Uniform Code of Military Justice, as a subcategory of domestic abuse. Department of Defense (DOD) Instruction 6400.06, *Domestic Abuse Involving DOD Military and Certain Affiliated Personnel*, (Aug. 21, 2007) (incorporating change 4, May 26, 2017).

<sup>3</sup>GAO, *Military Personnel: Progress Made in Implementing Recommendations to Reduce Domestic Violence, but Further Management Action Needed*, GAO-06-540 (Washington, D.C.: May 24, 2006).

<sup>4</sup>GAO, *Military Personnel: Sustained Leadership and Oversight Needed to Improve DOD's Prevention and Treatment of Domestic Abuse*, GAO-10-923 (Washington, D.C.: Sept. 22, 2010).

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response, as well as their oversight activities. DOD concurred with each of the recommendations. This testimony will focus on some of the key findings from the report, including the extent to which 1) DOD has met statutory requirements to collect and report complete data on reports of domestic abuse and 2) DOD and the military services have implemented and overseen domestic abuse prevention and response activities, including commanders' disposition of incidents, in accordance with DOD policy.

To conduct the work on which this statement is based, we analyzed program data, policies, and guidance; assessed documents from a nongeneralizable sample of 20 military installations; and interviewed 68 domestic abuse survivors as well as DOD, service, and civilian officials. Additional information on our scope and methodology is available in our report. Our work was performed in accordance with generally accepted government auditing standards.

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### DOD Has Collected and Reported Some Statutorily Required Domestic Abuse Data, but Has Not Met Requirements for Allegation and Command Action Data

As described in our report, DOD met a statutory requirement to collect and report data for incidents that met its criteria for domestic abuse, but it has not collected and reported accurate data for all domestic abuse allegations received.<sup>5</sup> In addition, while there has been a longstanding statutory requirement, DOD has not collected comprehensive data on allegations of domestic violence—a subset of domestic abuse that is an offense under the Uniform Code of Military Justice (UCMJ)—and associated disciplinary or administrative actions taken by commanders.<sup>6</sup>

**Domestic Abuse Data.** During fiscal years 2015 through 2019, DOD's Family Advocacy Program (FAP) collected and reported statutorily-required data for over 40,000 incidents that were determined by incident determination committees (IDC) at the installation level to meet DOD's

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<sup>5</sup>National Defense Authorization Act for Fiscal Year 2017, Pub. L. No. 114-328 § 574 (2016).

<sup>6</sup>Pub. L. No. 106-65, § 594 (*codified at* 10 U.S.C. § 1562) (1999). DOD defines domestic violence, which is an offense under the Uniform Code of Military Justice (UCMJ), as a subcategory of domestic abuse. 10 U.S.C. § 928b. The crime of domestic violence, added to the UCMJ in 2019 as Article 128b, involves the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order used for the protection of a person who is a spouse, immediate family member, or intimate partner.

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criteria for domestic abuse.<sup>7</sup> Of these, 74 percent were physical abuse, 22 percent were emotional abuse, 4 percent were sexual abuse, and less than 1 percent were neglect. However, based on our review of military service FAP data, we found that it is not possible to determine the total number and type of domestic abuse allegations received across DOD because the services use different data collection methods, which may result in DOD's undercounting of the number of allegations received by two military services. As a result, DOD is unable to assess the scope of alleged abuse and its rate of substantiation. To address these challenges, we recommended that DOD clarify its guidance to the military services for submitting data and develop a quality control process to ensure accurate and complete data on allegations of domestic abuse.

**Domestic Violence and Command Action Data.** In addition, despite a statutory requirement since 1999, DOD has not collected comprehensive data on allegations of domestic violence and associated disciplinary or administrative actions taken by commanders. Since fiscal year 2015, DOD FAP has made an effort to aggregate these data at the department level by collecting military service data for incidents that met DOD's criteria for domestic abuse and are categorized as sexual abuse or moderate or severe physical abuse.

However, the data collected by DOD FAP do not cover the full scope of acts that may be considered domestic violence under the UCMJ. For example, the UCMJ defines domestic violence as including offenses against property, including animals, committed with the intent to threaten the spouse or intimate partner, while DOD FAP policy categorizes such acts as emotional abuse. Therefore, DOD FAP does not include them in its domestic violence data collection. In addition, 20 percent of command actions reported during fiscal years 2015 through 2019 were categorized as "pending," meaning they had not yet been adjudicated, and were not subsequently updated in the data once the action had been finalized. Further, nearly half of the non-pending command actions reported during

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<sup>7</sup>FAP is a DOD program that is intended to prevent and respond to domestic abuse in military families, among other things. According to DOD, the IDC is not a disciplinary process and is separate and distinct from any law enforcement or military criminal investigative organization process.

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that period were categorized as "other."<sup>8</sup> Based on DOD's definition for the "other" category, it is unknown whether the command determined that the allegations were unfounded for these incidents or if the incidents were not prosecutable for other reasons.

Current DOD policies do not assign responsibility for tracking domestic violence allegations received and associated command actions in a manner that has enabled the department to achieve these objectives. Specifically, while DOD FAP is currently responsible for collecting domestic violence and command action data, DOD FAP officials told us that tracking command action data is not compatible with FAP's mission as a social services program and that FAP therefore neither tracks information on command actions in its data system nor identifies in the system whether allegations received are considered domestic violence under the UCMJ.

Additionally, although service law enforcement officials stated that domestic violence and command action data are generally tracked in various service law enforcement data systems, such data are not aggregated at the department level. As a result, DOD is unable to determine the extent of domestic violence allegations, the rate that domestic violence allegations received are substantiated for command action, and the number and types of associated command actions that are taken. To address these challenges, we recommended that DOD evaluate and, if needed, clarify or adjust the responsibilities for tracking domestic violence allegation and related command action data.

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<sup>8</sup>DOD defines "other" command actions as those for incidents which are not prosecutable for various reasons including: the military did not have legal jurisdiction; the allegation was unfounded by command (meaning it was false or did not meet the elements/criteria of a domestic violence offense/incident); the statute of limitations expired; the subject died or deserted; the evidence was insufficient; or the victim declined or refused to cooperate with the investigation or prosecution.

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## Gaps Exist in DOD and Military Service Implementation and Oversight of Domestic Abuse Prevention and Response Activities

In our report, we found that DOD and the military services have taken steps to implement and oversee domestic abuse prevention and response activities, but gaps exist in key areas, including creating awareness of domestic abuse reporting options and resources, screening of allegations, victim risk assessment, and commanders' disposition of incidents, referred to as command action.

**Awareness.** DOD and the military services have undertaken various efforts to create awareness of domestic abuse reporting options and resources, including awareness month campaigns, fliers, events, social media, and mobile phone applications. Nonetheless, reaching domestic abuse victims and evaluating the effectiveness of these efforts remains a challenge.

Of the 68 domestic abuse survivors we interviewed, 44 stated they were not aware of options for restricted and unrestricted reporting at the time they considered reporting the abuse.<sup>9</sup> In addition, the survivors we interviewed frequently cited the need for additional information about domestic abuse. Overall, 37 of the 68 survivors we interviewed stated that more information should be provided about how to report abuse or what services are available.

Some challenges to creating awareness are specific to the military or the dynamics of domestic abuse. For example, over 70 percent of married active-duty servicemembers live off the installation, permanent changes of station or deployments may result in social isolation, and the trauma of domestic abuse may affect victims' ability to recall information. Without addressing these challenges, DOD and the military services may be limited in their ability to reach and provide support to victims of domestic abuse.

We recommended that DOD develop a communication strategy it has planned since at least 2016 or take other action to support the services in increasing awareness of domestic abuse reporting options and resources. We also recommended that DOD develop metrics to evaluate the effectiveness of DOD and military service domestic abuse awareness

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<sup>9</sup>Adult victims of domestic abuse who report the abuse to the military and are eligible to receive military medical treatment have the option to make a restricted report or unrestricted report. A restricted report does not require notification to the command or law enforcement, but allows the victim to receive support services from the military. An unrestricted report requires notification to the command and law enforcement and may trigger an investigation and administrative or disciplinary action.

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campaigns, including by identifying a target audience and measurable objectives.

**Screening of Allegations.** Installation FAP personnel are responsible for screening initial allegations of domestic abuse to determine if they should be presented to the IDC. We found that, in some cases, this process can result in allegations being screened out inappropriately. DOD guidance states that every allegation of domestic abuse must be presented to the IDC for a determination unless there is no possibility that the allegation could meet any of the criteria for domestic abuse. However, FAP officials at one installation described routinely screening out all allegations of physical or emotional abuse if FAP personnel determined there had been no impact to the victims, although DOD policy states that such impact is one of the criteria to be determined later by the IDC.

According to DOD FAP officials, the initial screening is a judgment call based on the presence of reasonable suspicion. However, these officials acknowledged that existing DOD policy does not define what should be considered reasonable suspicion, and the military services currently differ in their use of the term. In addition, the military services perform limited monitoring of the installations' incident screenings.

Without clear guidance and processes for monitoring installations' screening for allegations, DOD and military services lack reasonable assurance that all qualified domestic abuse allegations are being presented to the IDC to determine whether abuse occurred. Consequently, we recommended that DOD update its guidance regarding the criteria for initial screening and that each military service develop a risk-based process to consistently monitor how allegations of domestic abuse are screened at installations.

**Victim Risk Assessment.** DOD and the military services have developed risk assessment tools to assess the risk to victims of further abuse and the potential for death. However, the Army, the Navy, and the Marine Corps have not ensured their consistent implementation across installations, and may therefore be limited in their ability to identify and convey the need for critical safety measures. In our review of documents from a nongeneralizable sample of 80 reported incidents from 20 selected installations, we found that the required tools were not always used. Specifically, all required tools were provided by four of the 20 installations and used for 16 of 80 incidents we reviewed. Additionally, nine of 20 installations provided risk assessment tools that, when combined, fully or



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partially included all 16 lethality risk factors that DOD requires to be assessed.

Service FAP officials stated installations should use the required risk assessment tools, but only the Air Force's FAP policy specifies required risk assessment tools and the personnel required to complete them. Risk assessment serves a critical function in identifying needed safety measures that can prevent further abuse and even death. As a result, we recommended that the Army, the Navy, and the Marine Corps issue guidance to clarify responsibilities for completing risk assessment tools.

**Oversight of Command Actions.** In addition, we found that the military services perform limited oversight of commanders' disposition of domestic violence incidents, referred to as command actions. These actions can have significant implications, including for victims' eligibility for transitional compensation—which provides monthly payments, among other benefits—and Lautenberg Amendment restrictions for alleged abusers.

Victims of certain acts of domestic abuse committed by a servicemember spouse may be eligible to receive transitional compensation benefits when an alleged servicemember abuser is administratively discharged due to the abuse or found guilty of domestic violence by a general or special court-martial. However, these benefits are not available when the alleged servicemember abuser is allowed to retire or is discharged for other reasons. The availability of financial assistance, such as transitional compensation, can be an important consideration for victims of domestic abuse, particularly when a servicemember abuser is the sole source of income for a family. Survivors we interviewed most frequently identified financial dependence on their abuser when describing barriers to reporting.

Command actions may also affect the alleged abusers in domestic violence cases. For example, the Lautenberg Amendment to the Gun Control Act of 1968 prohibits anyone convicted of a misdemeanor crime

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of domestic violence from possessing a firearm.<sup>10</sup> DOD has implemented the statute by prohibiting military personnel who have been convicted of domestic violence by a general or special court-martial from possessing a firearm, but not those disciplined via a summary court-martial conviction, nonjudicial punishment, or administrative actions.<sup>11</sup>

The UCMJ authorizes commanders at the lowest level to determine the initial disposition for nonsexual domestic violence incidents. Officials—including FAP, law enforcement, and command representatives—at the four installations at which we conducted interviews identified potential risks associated with current oversight of command actions. For example, one installation commander we interviewed stated that disposition decisions create competing priorities for commanders, because it is difficult to weigh individuals' skill sets for the mission and national defense against the evidence of someone having committed domestic abuse. The official further stated commanders make these decisions in the best interest of the servicemember and the service.

However, a DOD Office of General Counsel official told us that, as of November 2020, officials in that office were not aware of any planned or completed initiatives within DOD to study risks associated with the current disposition model or the feasibility of potential alternatives. Performing such an assessment could provide the department and military services

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<sup>10</sup>The Gun Control Act of 1968 prohibits those convicted of a felony offense, including of domestic violence, from possessing a firearm, but provides an exception that allows law enforcement and military personnel convicted of a felony offense to carry a firearm while on duty. The Lautenberg Amendment does not provide this exception for those convicted of a misdemeanor offense of domestic violence. As such, the law currently allows law enforcement and military personnel to carry a firearm on duty if convicted of felony domestic violence, but not of misdemeanor domestic violence. DOD has determined through policy that a conviction for an offense meeting the definition of "felony domestic violence" shall also be considered a qualifying conviction that is subject to the Lautenberg Amendment and therefore does not provide an exception for military personnel convicted of felony domestic violence to carry a firearm while on duty. 18 U.S.C. § 922(g)(9).

<sup>11</sup>Under the UCMJ, there are three levels of courts-martial: summary, special, and general. Each of these types respectively is intended to deal with progressively more serious offenses, and each court-martial type may adjudicate more severe maximum punishments as prescribed under the UCMJ. In addition to the maximum punishments that may be adjudicated by each type of court-martial, various relevant executive orders of the President of the United States prescribe a maximum punishment for each offense. However, as of April 2021, a necessary executive order to establish the maximum punishment for domestic violence under the UCMJ had not yet been issued. A summary court-martial is not considered a criminal forum, and so a guilty finding by a summary court-martial is not a criminal conviction. In addition, a commander can punish a servicemember using nonjudicial punishment or administrative action without going through the court-martial process.

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with a better understanding of such risks and their resulting potential impacts, including to transitional compensation eligibility and Lautenberg Amendment qualification. As a result, we recommended that DOD assess the potential risks associated with its current disposition model for domestic violence incidents and the feasibility of potential alternatives that may respond to such risks.

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In summary, over the years, DOD has taken actions to track the incidence of domestic abuse and improve its domestic abuse prevention and response capacity, yet significant gaps exist. To improve its ability to prevent and respond to incidents of domestic abuse involving military servicemembers and families, DOD should act to implement our May 2021 recommendations.

Chairwoman Speier, Ranking Member Gallagher, and Members of the Subcommittee, this completes my prepared statement. I would be pleased to respond to any questions you may have at this time.

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#### GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Brenda S. Farrell, Director, Defense Capabilities and Management, who may be reached at (202) 512-3604 or [farrellb@gao.gov](mailto:farrellb@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. GAO staff who made key contributions to this testimony are Ryan D'Amore (Assistant Director), Serena Epstein (Analyst in Charge), Vincent Buquicchio, Michael Silver, and Lillian M. Yob.



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**Brenda S. Farrell**  
**Director, Defense Capabilities and Management, GAO**

In April 2007, Ms. Farrell was appointed to serve as a director in GAO's Defense Capabilities and Management Team where she is responsible for oversight of military and DOD civilian personnel issues, including defense health care, unmanned systems personnel issues, quality of life topics, sexual assault and sexual harassment, whistleblower protection, and workforce mix issues. Prior to her appointment with the Defense Capabilities and Management Team, Ms. Farrell was an Acting Director for GAO's Strategic Issues Team where she was responsible for overseeing major bodies of work related to government-wide strategic human capital management and federal government regulation issues. Before joining the Strategic Issues Team, Ms. Farrell was an Assistant Director for Defense Capabilities and Management and led military personnel engagements encompassing military pay and benefits, Reserve and National Guard mobilization issues, and senior military officer requirements and career development.

Ms. Farrell began her career at GAO in 1981, and has served in a number of issue areas associated with national security issues. She received her bachelor's degree in sociology from the University of Louisville. In 2000/2001, she attended the National Defense University, Industrial College of the Armed Forces and earned a master's degree in national resources strategy. Ms. Farrell completed the leadership development program at Eckerd College in 2004, and in 2005, she completed the Senior Executive Fellow Program at Harvard University. In March 2007, she graduated from the CAPSTONE program at the National Defense University for newly appointed general and flag officers being the first GAO SES to complete this program.

Ms. Farrell was the project director for a seminar on organizational transformation, co-sponsored by GAO, the World Bank, and the INTOSAI Development Initiative for the heads of Supreme Audit Institutions.

Ms. Farrell was the recipient of a distinguished service award, two congressional client service award, and two meritorious awards for sustained extraordinary performance leading multiple, highly complex, defense reviews, as well as numerous other awards including several Results through Teamwork awards, and awards for high quality products.

STATEMENT OF

MRS. PATRICIA MONTES BARRON  
DEPUTY ASSISTANT SECRETARY OF DEFENSE,  
MILITARY COMMUNITY & FAMILY POLICY

BEFORE THE

HOUSE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON MILITARY PERSONNEL

KEEPING OUR SERVICE MEMBERS AND THEIR FAMILIES SAFE AND  
READY: THE MILITARY'S PREVENTION AND RESPONSE TO DOMESTIC  
VIOLENCE

MAY 25, 2021

Chairwoman Speier, Ranking Member Gallagher, and members of this distinguished Subcommittee, I welcome the opportunity to appear before you today to discuss the Department's efforts to keep our families and children safe and healthy.

The Department of Defense (DoD) is committed to preventing and responding to domestic abuse and serious harm to children in the military community as well as enhancing the welfare and well-being of our Service members and their families. As well as being the right thing to do, it is also imperative to the readiness of our force. The Department is also committed to fostering and promoting a military culture in which abuse and maltreatment of any kind are not tolerated, condoned, or ignored. To address domestic abuse and serious harm to children, we use a comprehensive approach that focuses on prevention, emphasizes early intervention, mandates timely reporting, promotes awareness, and utilizes evidenced-based and informed tools to support response and treatment.

Before being sworn in on January 20<sup>th</sup> as the Deputy Assistant Secretary of Defense for Military Community & Family Policy, I served as the Family Readiness Director at Association of the United States Army (AUSA). In this position, I kept a close eye on all issues affecting Army families, which included domestic abuse and sexual assault. Having spent 30 years as an active duty spouse myself and working with many families during that time, I understand the trauma that results from domestic abuse and the impacts it can have on families. During those years, I also served as a nurse and worked in the community mental health field. I believe my breadth of experience will allow me to bring a balanced approach to this issue, and I am fully committed to addressing this challenge. Working to eliminate domestic abuse within our community is an absolute necessity, and the Department deeply appreciates your continued support for the programs and policies that help our Service members and families and all victims stay safe, strong, and resilient.

Today, I am prepared to discuss the impacts of the COVID-19 pandemic, the GAO Domestic Abuse Report that was recently released, DoD oversight, and the Department's efforts to implement recent legislation focused on domestic abuse and serious harm against children.

#### **Overview of the Department's Approach - A Coordinated Community Response**



The coordinated community prevention and response model is central to the DoD strategy for addressing the complex nature of domestic abuse and serious harm to children. This comprehensive model involves the Family Advocacy Program (FAP), along with the Service member's command, medical, military law enforcement, legal, the chaplaincy, civilian child protective services (CPS), and other community-based resources. This model is designed to prevent, identify, and respond to family violence, and within that framework, domestic abuse, specifically. Each component of the coordinated community response plays a role in the safety and welfare of Service members, victims, and families.

The various model components respond to each incident as appropriate, in line with their unique missions, while contributing to the overarching community response. These parallel but distinct processes and functions assemble a holistic system of prevention and support. FAP offers clinical counseling and support to a domestic abuse victim, while law enforcement works to investigate the matter if the victim files an "unrestricted" report. Ensuring victim safety, providing clinical services to reduce and mitigate victim trauma, and supporting family re-stabilization as appropriate are the primary roles of FAP. Law enforcement and legal personnel engage and apply their expertise to investigate criminal allegations and prosecute offenders, as warranted.

#### **The Family Advocacy Program**

The Family Advocacy Program is the social services keystone to the Department of Defense's prevention of and response to domestic abuse, child abuse and neglect, and Problematic Sexual Behavior in Children and Youth (PSB-CY). At the Department level, the DoD FAP office is the policy proponent for organizing the coordinated community response. At the Service level, Military Service FAPs ensure awareness of the program; train leaders, Service members, and their families; implement prevention initiatives; and provide clinical counseling and supportive services targeted toward responding to domestic abuse. Each Military Service FAP plays multiple roles in the process. These roles include coordinating with partners and stakeholders to ensure adult and child victim safety, providing victim advocacy and support, managing the Incident Determination Committee (IDC) process for determining if an incident meets the clinical threshold for more intensive intervention services, and recording incidents of

abuse in the FAP Central Registry—the database for tracking trends across DoD. Next, it is important to understand DoD FAP’s role in preventing and responding to domestic abuse.

### **Prevention**

The Department is focused both on “upstream prevention” and ensuring that those in crisis get connected with needed support. DoD has a comprehensive portfolio of programs and services that incorporates evidence-informed strategies and approaches recommended by the Centers for Disease Control (CDC) to prevent domestic violence, reduce risk factors, and increase protective factors such as financial security, relationship skills, and community support for military life challenges. For example, the My Career Advancement Account (MyCAA) scholarship and the Spouse Education and Career Opportunities (SECO) program assist spouses in getting the education they need to find meaningful and portable employment. These programs are important contributors to financial security.

Safe and healthy relationship skill building is also a focus. In FY20, Service members and families participated in more than 173,000 non-medical counseling sessions through Military OneSource. The same fiscal year, Service members and families participated in 1.9 million engagements with Military and Family Life Counselors, a program that consists of over 2300 counselors serving military communities worldwide in schools, child development centers, embedded within units, at family centers, and other locations where families congregate. For both Military OneSource and the Military and Family Life Counseling program, the top reason Service members and families use non-medical counseling is for relationship support. Non-medical counseling is short-term, solution-focused counseling appropriate for addressing day-to-day military life stressors that do not rise to the threshold of a mental health diagnosis. Non-medical counseling through Military OneSource and the Military and Family Life Counseling Program is provided face-to-face and virtually in response to conditions on the ground.

In Summer 2019, MC&FP established a working group of helping professionals from across the Services, the military research space, and other OSD components, such as the Defense Suicide Prevention Office (DSPO) and Sexual Assault Prevention and Response Office (SAPRO), to focus on delivering effective relationship support. As a result of this working group, MC&FP has started training Military and Family Life Counselors in a new, evidence-based relationship intervention called “Brief Relationship Check-Up.”

In September 2020, MC&FP launched a relationship campaign focused on normalizing help-seeking for relationship support and skill-building. Since the launch, the campaign has generated more than 210,000 landing page views on Military OneSource, with individuals spending an average of six minutes engaging with information and resources. Many individuals have gone on to schedule counseling sessions or access a consultant via live chat after engaging with the campaign. This social media campaign has reached more than 2.6 million Service members and families.

Finally, during 2020, DoD FAP conducted a holistic review and environmental scan of all prevention activities (policies, programs, and research efforts) across each of the Military Services. The results of this assessment informed the development of a new logic model to guide FAP prevention, based on the evidence-informed approaches recommended by the CDC, adapted to the military community context, to prevent domestic abuse and child abuse and neglect. DoD FAP also participates in the Prevention Collaboration Forum (PCF), a Secretary of Defense initiative led by the Office of Force Resiliency to holistically address the underlying factors that contribute to multiple forms of violence, abuse, and self-harm. Other PCF members include the DSPO, the Office of Diversity, Equity, and Inclusion, the Department of Defense Education Activity (DoDEA), the Defense Health Agency, SAPRO, and others. Under the auspices of the PCF, the DoD has published a new cross-cutting primary prevention policy which sets standards for a unified approach to preventing domestic abuse, child abuse and neglect, sexual assault, harassment, suicide, and PSB-CY.

#### **Fiscal Year 2020 Child Abuse and Neglect and Domestic Abuse in the Military**

The Department of Defense recently released to Congress its Report on Child Abuse and Neglect and Domestic Abuse in the Military for Fiscal Year 2020. The rates of child abuse and neglect reports, substantiated incidents, and unique victims per 1,000 military children decreased, when compared to their 10-year averages, continuing a downward trend over the past several years. For child sexual abuse, there was a decrease in both the number of substantiated incidents and the rate of substantiated incidents per 1,000 military children.

The results for domestic abuse were mixed. The rates of spouse abuse reports, substantiated incidents, and unique victims per 1,000 military married couples decreased when compared to their 10-year averages. However, we saw increases in intimate partner abuse: the

number of substantiated incidents of intimate partner abuse and the number of unique victims of intimate partner abuse both increased when compared to their 10-year averages. There was also an increase in the proportion of adult sexual abuse incidents, as a subset of domestic abuse, when compared to the 10-year average. DoD FAP will conduct a deeper analysis of both intimate partner abuse and adult sexual abuse reported incidents to identify possible drivers of the increases.

### **COVID-19 Impacts**

During 2020-2021, Service members, victims, and families faced many unique challenges. One of the issues our families may be dealing with is an increase in domestic abuse, as reported by mainstream media since last summer. Civilian-led domestic violence programs, including the National Domestic Violence Hotline, state domestic violence hotlines, shelters, and non-residential support programs, have seen an increase in reporting and service provision. While similar impacts to Service members, victims, and families have not yet been observed in the Departments' data, we know anecdotally that reported maltreatment incidents reveal an uptick in severity and risk, which aligns with media reports from the civilian sector. For this reason, we anticipate a surge of reports once individuals and families fully re-enter public spaces such as child care facilities, child and youth activities, and schools, and once parents return to work outside the home and resume in-person interactions with family, friends, and co-workers.

A preliminary analysis of the impact of COVID-19 on Fiscal Year 2020 FAP data suggests that the pandemic had a greater impact on the *reporting* of child abuse and neglect and domestic abuse than on *substantiated* incidents of abuse. Despite fewer reported incidents of abuse during the pandemic, the incidents reported were more likely to meet the DoD definition of abuse, suggesting that the most obvious or severe incidents of abuse were identified. DoD FAP will continue to monitor the impacts of the COVID-19 pandemic on reports of abuse.

### **Government Accountability Office (GAO) Report on Domestic Abuse**

The GAO report, "Domestic Abuse: Actions Needed to Enhance DoD's Prevention, Response, and Oversight," was released on May 6, 2021. The GAO worked closely with the DoD FAP, Service FAPs, and other offices within the coordinated community response, and as a

result, achieved notable accuracy and alignment between GAO's findings and the Department's position.

GAO made 32 recommendations which are shared between the Department and the Services; the Department concurs with all 32 recommendations. The report identified many ways that the Department was correctly implementing established guidance, while also highlighting areas that needed improvement and identifying gaps. Many of the recommendations were already in the process of implementation within the Department, and others were targeted for upcoming actions. Additionally, there are four recommendation areas that are important to note and acknowledge: comprehensively tracking and reporting on allegations of abuse, defining reasonable suspicion, evaluating awareness initiatives, and tracking domestic violence and related command action data.

The Department concurs with GAO's finding that DoD must improve its tracking and reporting on allegations of domestic abuse. Since 2015, DoD FAP has undergone a rigorous data quality assurance process, focusing efforts on substantiated incidents of abuse. We have learned a great deal about the nuances of the independent data systems of the Military Services and have worked to compensate for those nuances when aggregating data at the DoD-level. The Department recognizes that our quality assurance focus must expand to ensure that we comprehensively track and report on allegations of abuse incidents by abuse type. To that end, the Department is working diligently with the Military Services to clarify guidance on the submission of allegations of abuse in order to gain greater insights into the types of domestic abuse allegations received and the rates at which those allegations are substantiated.

A second critical GAO finding was inconsistency in FAP's screening process for which allegations of abuse are taken to the Incident Determination Committee. The GAO identified examples where FAP staff considered allegations to not meet the threshold of "reasonable suspicion" when, per DoD policy, they should have been presented to the IDC for a determination. DoD FAP recognizes the imperative for specific policy language on the definition of "reasonable suspicion" to ensure standardization of this screening process, and is currently working to modify policy to that end.

The third critical issue raised by GAO was the Department's need to better understand the effectiveness of DoD and Military Service awareness campaigns. Notably, the last time the Department spoke with this panel, the survivors who also testified spoke of their lack of

knowledge of the FAP and the services offered to victims, especially the ability to make a restricted report. As a result, we continue to be laser-focused on raising awareness. Military OneSource online resources supported members of the community via 6.4 million sessions in Fiscal Year 2020, with support for relationships as a key component of those total web experiences. This includes an emphasis on support for victims of domestic abuse and education and awareness of violence prevention provided by the FAP. Important outreach initiatives delivered via Military OneSource channels in conjunction with FAP service providers are the United to End Domestic Violence Abuse Campaign, the creation of a “Safe Exit” button on the website for online content, and content and resources designed to guide victims to safety and support.

We know not every participant is comfortable seeking help in these issues which is why we emphasize a continuum of support along the prevention spectrum. We have worked to integrate information about Military OneSource which provides 24/7 access to non-medical counseling and comprehensive support – starting even before a Service member joins the military, through our Network of Support initiative, and efforts with recruiting. Additionally, just this year, we have been given the opportunity to brief at the Army’s Pre-Command Course for military spouses at Fort Leavenworth. Reaching spouses, family members, and Service members where they are – be it at school, at work, or in the community – is critical to our success in raising awareness. However, raising awareness is only the first step as connecting families with needed support is the ultimate objective.

Finally, the GAO noted the Department’s insufficient process for collecting and tracking domestic violence incident counts and command actions, despite several attempts to address this requirement. The Department recognizes the complexity of this task, which involves multiple key players across the coordinated community response, and we are committed to exploring the full requirements and resources necessary to implement an appropriate data collection mechanism. Currently, the Department is coordinating efforts for an enterprise solution that engages the relevant components with a stake in the process.

### **Oversight**

The goals of DoD FAP oversight are twofold: compliance (to ensure the Military Services are fulfilling applicable law, regulatory, and policy requirements), and evaluation (to

confirm that Service FAP programs and efforts meet the high standards established by Congress, DoD, and Service-specific regulations and policies). Oversight also includes standardization of processes and procedures where appropriate, management of research activities, evaluation of the research results, implementation of evidence-based programs, and to the extent possible, emphasis on the utilization of metrics as the basis for program compliance and evaluation. Since the Department last appeared before this committee on this topic, DoD FAP has made significant strides in three key areas of oversight.

#### ***Accreditation, Certification, and Inspection***

DoD FAP policy requires the Services to conduct an accreditation, inspection, or certification review of each installation every four years. Earlier this year, given the recognized need for improved standardization and the recent expansion of scope to the FAP to include Problematic Sexual Behavior in Children and Youth, DoD FAP worked to update and revise the baseline standards for all Service-level reviews in DoD-level policy, which is in the final stages of coordination. Once released, all Services will use these baseline standards for their compliance reviews, with supplemental Service-specific standards as required and as appropriate for their individually-structured programs. These standards can remain the same year to year, or can fluctuate based on identified need and priority.

#### ***Staffing Tool Development***

In recognition of the requirement to provide adequate staffing, DoD FAP partnered with the Clearinghouse for Military Family Readiness Policy at Penn State University to develop a novel staffing tool to assist Service headquarters and installation leadership in making informed decisions about proper staffing levels per Department policy. The FAP staffing tool will address the unique circumstances and considerations of each Service to adequately staff FAP offices as readiness needs change over time, taking into consideration: a) size and mission of installations; b) installation staffing nuances; c) Military Departments' staffing considerations; d) Service-specific requirements and considerations; e) weighted modeling; and f) Service-level enterprise oversight staffing requirements. Beta testing on the staffing tool is projected for September 2021.

***Incident Determination Committee (IDC) Quality Assurance Project***

A lack of standardization in implementation of the FAP Incident Determination Committee (IDC) and Decision Tree Algorithm (DTA) tool can lead to errors in case determinations that are inherently unfair to Service members, victims, families and has the potential to put victims at risk. Last year, DoD FAP launched a multi-pronged quality assurance project to accurately assess the quality of implementation of the IDC (including the use of the DTA), Clinical Case Staff Meeting, and the Incident Severity Scales instrument across the Services. The primary aim of the study is to understand the Service-wide fidelity to the IDC protocol for presenting incidents of abuse and voting using the DTA to determine whether incidents meet the DoD definitional criteria for abuse, which require more rigorous treatment recommendations and entry into the DoD Central Registry database. Ultimately, the information will inform the development of an ongoing, standardized quality assurance process, including trainings and fidelity-maintenance tools, for the Services to use to meet DoD policy requirements.

**Legislative Updates**

***Independent Analysis and Recommendations on Domestic Violence in the Armed Services***

Section 549C of the FY21 NDAA requires the Department to enter into a contract or agreement with a private entity to analyze the Department's prevention of, and response to, domestic violence and to develop recommendations on means to improve the effectiveness. The Department welcomes the opportunity to conduct a full-scale comprehensive research study on the military-specific risk factors for domestic abuse and the best approaches across the coordinated community response to mitigate those factors, which will prove instrumental in finding sustainable solutions to decrease incidents and prevent violence before it occurs. The Department is currently working towards finalizing the execution of this agreement and plans for work to begin in the fourth quarter of this fiscal year.

***Serious Harmful Behavior Between Children and Youth***

Section 549B of the FY21 NDAA expanded the requirement for policy development and data collection to include all forms of serious harmful behavior between children and youth



occurring on military installations. In response, the Department established the Child and Youth Advocacy Program (CYAP) as the policy proponent for all forms of serious harmful behavior between children and youth to include PSB-CY. Most importantly, the establishment of CYAP allows the Department to guard against the conflation of adult-initiated behaviors (domestic abuse, child abuse and neglect, adult crimes against children) from those initiated by children and youth (peer aggression, PSB-CY, adolescent relationship abuse). Child and Youth Advocacy is a new concept, and there is no single reporting point of contact for this broad scope of behaviors at the Service or installation levels. Instead, addressing serious harmful behavior between children and youth depends on strong leadership support for sustaining active and ongoing multi-sectoral and multi-disciplinary work across many offices and departments to include Child and Youth Programs, DoDEA, Military Community Support Programs, the directorate within my office responsible for both Military OneSource and the MFLC program, FAP, and military law enforcement. As always, primary prevention is a focus throughout the Department.

#### **Conclusion**

The Department of Defense recognizes the imperative to address the findings of the GAO report, to continue to closely monitor and address the effects of the COVID-19 pandemic on families, and to continue to bolster its prevention, awareness, and standardization efforts. We eagerly support and anticipate the forthcoming research and analysis effort on improvements to domestic abuse prevention and response and will work closely with our research partner to craft a study plan that encompasses legislative requirements, GAO recommendations, and additional internally-identified needs. Every incident of abuse impacts the victim and the military, and we are committed to improving our response every step of the way. The dedication of Department and Service-level staffs across the coordinated community response to the victims and families we serve remains steadfast across the vast scope of this public health issue. I wholeheartedly support and applaud their diligent efforts in preventing and responding to domestic abuse, child abuse and neglect, and serious harm between children in the military. The continued interest and support of this Subcommittee and the Congress remains vital to serving our families who serve.

**Patricia Montes Barron**  
**Deputy Assistant Secretary of Defense for Military Community and Family Policy**

Mrs. Patricia “Patty” Barron was appointed as Deputy Assistant Secretary of Defense for Military Community and Family Policy in January 2021.

Mrs. Barron is currently responsible for a broad portfolio that includes policy, advocacy, and oversight of all community support to service members and their families, including quality-of-life issues; key legislative and policy issues affecting military families; family, child, and youth programs; the Military OneSource program and non-medical counseling resources; military spouse career advancement; morale, welfare, and recreation; defense resale policy for commissaries and exchanges; and family advocacy programs. Her oversight also includes casualty and mortuary affairs, and military funeral honors.

Prior to joining Military Community and Family Policy, she served as the Director of the Family Readiness Directorate at the Association of the United States Army and supported all AUSA family programs and events by providing management and oversight to all directorate activities. Previously, she served as the Director of Outreach, Military Family Projects, at Zero to Three and also worked as the Director of Youth Initiatives at the National Military Family Association where she oversaw NMFA’s Operation Purple Camp program.

As an Army spouse for 30 years, she has been involved in myriad efforts to support military families. She served on the Department of Defense Military Family Readiness Council, Zero to Three’s “Coming Together Around Military Families” Advisory Committee, the Sesame Workshop “Talk, Listen, Connect; Phase Two” Advisory Panel, the National Child Traumatic Stress Network Advisory Board, the Child Care Aware of America Advisory Board, and the Boys & Girls Clubs of America National Military Leadership Council.

Mrs. Barron earned a Bachelor of Science in Nursing from the University of San Francisco, a Master of Science in Education from Long Island University, an Executive Certificate in Nonprofit Management from Georgetown University, and an Executive Education Certificate from The Harvard Kennedy School of Government. Mrs. Barron is married to retired Army Col. Michael Barron. They have three adult children: Michael, Megan, and Joseph; a son-in-law, Vance; and two granddaughters, Sofia and Violet.

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RECORD VERSION

STATEMENT BY

COL STEVE LEWIS  
DEPARTMENT OF THE ARMY FAMILY ADVOCACY PROGRAM MANAGER AND  
DEPUTY DIRECTOR QUALITY OF LIFE TASK FORCE

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL  
COMMITTEE ON ARMED SERVICES  
UNITED STATES HOUSE OF REPRESENTATIVES

FIRST SESSION, 117TH CONGRESS

KEEPING OUR SERVICE MEMBERS AND THEIR FAMILIES SAFE AND READY:  
THE MILITARY'S PREVENTION AND RESPONSE TO DOMESTIC VIOLENCE

MAY 25, 2021

NOT FOR PUBLICATION UNTIL RELEASED BY THE  
COMMITTEE ON ARMED SERVICES

Chairwoman Speier, Ranking Member Gallagher and distinguished Members of the Subcommittee, thank you for the opportunity to present the Army's efforts to prevent and respond to domestic violence. We are grateful for your diligent work to support military families. The Acting Secretary of the Army and the Chief of Staff are committed to preventing and responding to domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth. On behalf of the Acting Secretary, the Chief of Staff of the Army, and the many dedicated and expert professional staff who compose the Army Family Advocacy Program team, I appreciate the opportunity to appear before you today to highlight the Army's efforts to keep families, children and all victims safe and resilient.

Domestic violence is a serious national public health issue. The Army is committed to a culture in which abuse and maltreatment of any kind are not tolerated, condoned, or ignored. The welfare and well-being of victims, Soldiers, and Family members are essential for mission readiness. To address domestic violence, the Army's Family Advocacy Program (FAP) uses a coordinated community response approach that promotes awareness, offers prevention and early intervention services, mandates timely reporting, and utilizes evidence-based and informed tools to support response and treatment. We have carefully reviewed the findings of GAO Report 21-289, *Domestic Abuse: Actions Needed to Enhance DoD's Prevention, Response and Oversight*. We are working diligently to implement the report's recommendations.

#### **Family Advocacy Program Integration and Oversight Framework**

The Assistant Secretary of the Army Manpower and Reserve Affairs, and the Deputy Chief of Staff, G-9, provides oversight of Family Advocacy programs, policies,

and procedures through a comprehensive oversight framework. The goals of the framework are twofold. First, compliance, ensuring installation Family Advocacy programs and clinics are fulfilling applicable statutory, and regulatory requirements. Second, evaluation, confirming programs and efforts meet the high standards established by Congress, the Department of Defense, and Army regulations. The FAP oversight framework ensures that prevention efforts are focused on identified risk and protective factors; that clinical assessment and treatment protocols use evidence-based and informed models; that awareness and education campaigns are military-specific; and that victim advocacy is guided by the current best practices in addressing victim safety and risk reduction.

The Army has assigned Family Advocacy prevention, training, and awareness implementation requirements to the Army Materiel Command. Clinical assessment and treatment is assigned to the Army Medical Command. Working together, FAP prevention and clinical components coordinate with other members of a multi-disciplinary coordinated community response to ensure adult and child victim safety, support and advocate for victims, provide rehabilitation for abusers, affect increased support for families, and enhance command's oversight and understanding of the breadth of domestic violence issues on the installation.

Army Materiel Command, through the Installation Management Command, and Garrison Commanders implements and executes comprehensive FAP prevention services. The installation FAP manager, in accordance with Army Regulation 608-18 (The Army Family Advocacy Program), provides extensive community prevention programming and training to promote community and command awareness on the issue

of Family violence and the FAP. Installation FAP personnel provide training to Commanders, Senior Enlisted Advisors, and annual troop training for their units. We acknowledge the findings of the Government Accountability Office report related to training and are the Army is updating and standardizing training curricula for Commanders and Senior Enlisted Advisors. Family Advocacy provides tailored training for workers in childcare, healthcare, and other settings about their mandatory reporting requirements, including compliance with Talia's Law, and state statutes. Prevention education offerings include parent education, stress and anger management, healthy relationships, and other programs based on local needs. Annual public awareness campaigns during domestic violence and child abuse prevention months include social media messaging strategies and serve as a way to educate the community about emerging trends, such as the use of technology in domestic abuse and stalking. Recently, the Army collaborated with the RAND Corporation to conduct research on effective strategies to improve outreach to isolated victims of domestic abuse that live within their local community. We look forward to concluding this study next year and applying recommendations to better serve victims of domestic violence.

The Army Medical Command and Medical Treatment Facility Commanders are directed to provide trauma-informed assessment, intervention, clinical treatment, risk management, and safety planning. Family Advocacy clinicians are licensed clinical social workers who offer services and support to both domestic abuse victims, offenders, as well as children affected by domestic abuse. Family Advocacy clinicians conduct trauma informed assessments using standardized Family Advocacy-specific automated risk assessments to include: the Columbia Suicide Severity Rating Scale for

suicide risk assessment; the Brief Child Abuse Potential Inventory to assess risk of child abuse; the Intimate Partner Physical Injury Risk Assessment Tool to review risk of future domestic violence; and measures for depression, anxiety and posttraumatic stress disorder. Clinical treatment aims to support victims, mitigate impacts of abuse, and help offenders end abusive behavior.

#### **Commander Actions and Support to Prevent and Respond to Domestic Violence**

Commanders at all levels are central to effective prevention and response to domestic violence. Commanders have the appropriate authorities and tools to protect victims of domestic violence, ensure a prompt investigation of all reports of domestic violence, and take disciplinary or administrative action against Soldier offenders. Garrison commanders may remove alleged offenders from government quarters or bar civilian offenders from entering the installation. Garrison Commanders chair the installation Family Advocacy Committee, the Incident Determination Committee (IDC), and the Installation Fatality Review Board. Unit Commanders can issue military protective orders, enforce civilian protective orders, order Soldiers to reside in the barracks away from their households, and, if necessary, order a Soldier into pretrial confinement. The Army acknowledges the findings from the GAO report on command enforcement of civilian protective orders, and have inserted language into our pending updates of appropriate Army Regulations to ensure that Commanders understand and use their authority to discipline Soldier violations of the civilian protective order under the Uniform Code of Military Justice (UCMJ). Finally, Commanders participate and vote in the IDC and have the authority to direct Soldier offenders to complete recommended treatment.

**Army Adoption of the IDC Model**

In coordination with New York University, the Army conducted a five-year study on the implementation of the IDC at ten installations in order to help inform enterprise-wide adoption of the IDC and to measure the quality and effectiveness of the IDC. This study was a unique process-oriented study. The findings from the study showed that Commanders strongly embraced the IDC to reach decisions about determination of incidents of domestic abuse. They had a higher level of satisfaction with the determination process, improved perceptions of incident determination fairness, and were more engaged with Family Advocacy Program treatment staff, resulting in increased command support for support treatment recommendations. This study set the stage for a deeper understanding of effective processes that lead to better outcome, and has been invaluable in helping both Installation Management Command and Medical Command in transitioning to the IDC Army-wide. An Army policy directing the change is in final staffing to Army Senior Leaders.

**Coordinated Community Response Framework**

The IDC is one important component of the Army's coordinated community response framework. This framework addresses the multi-dimensional and complex nature of domestic abuse and child maltreatment. It is a best practice adopted from the civilian sector, which the Army has used since Family Advocacy Program inception. Members of the coordinated community response—including law enforcement, victim advocates, clinical social workers, home visitors, prevention educators, commanders, and community partners—work collaboratively to prevent, identify, and respond to domestic violence. This dynamic and collaborative approach recognizes that,



depending on the circumstances, multiple, simultaneous responses to an incident are necessary and beneficial. When any element of the coordinated community response receives a report of an incident of domestic abuse, it triggers reporting to other members, who respond according to their unique function, mission and as outlined in the installation's standard operating procedures.

#### **Domestic Abuse Victim Services**

Another key element in the coordinated community response is the Army's domestic abuse victim advocates. Family Advocacy domestic abuse victim advocates are available 24-hours a day and work directly with victims of domestic abuse, providing crisis intervention, ongoing safety assessments, and assisting victims to obtain needed resources, including legal assistance, financial support and Transitional Compensation when appropriate. When needed, advocates accompany victims to civilian court to secure civil protective orders. All services are provided with a view of reducing the risk of abuse reoccurrence, promoting safety and empowerment. Victim advocacy services are offered with the goal of ensuring that victims are actively involved in all aspects of their safety and service plans.

A victim's decision to report domestic abuse can be a complicated choice and many victims of domestic abuse elect to remain in relationships with offenders. The stigma and re-traumatization often associated with law enforcement and command involvement in responding to domestic abuse are powerful disincentives to reporting. Restricted reporting ensures that every victim has access to medical care, clinical counseling, and victim advocacy services, even if that victim does not wish to pursue law enforcement or command actions against the offender. Victims of domestic abuse

who desire restricted reports report the abuse to one of the following specified personnel: a victim advocate, a healthcare provider, or a FAP clinician or supervisor. The victim always retains the option to change the report to unrestricted status, at which time law enforcement and the command are engaged. Restricted reporting gives adult victims time to consider reporting the domestic abuse incident to law enforcement or the command, while benefiting from safety planning, treatment, and supportive services.

### **Conclusion**

The Army continues to work collectively across the Department of Defense to improve our program. The FAP has engaged in a prevention mapping exercise with our sister Services and the Office of the Secretary of Defense (Personnel and Readiness Family Advocacy Program) to track installation prevention strategies as well as document all Service policies, procedures, research, and evaluation related to prevention programs, outreach, and education. The outcomes of the prevention mapping will inform policy to better address enterprise-wide primary prevention that seeks to stop violence before it starts.

I greatly appreciate the opportunity to hear from the members of this committee and the other witnesses to learn how we can improve our efforts to prevent and respond to domestic violence. We must get this right. I look forward to your questions.

**Colonel Steve Lewis****Department of the Army Family Advocacy Program Manager and Deputy Director**

COL Steve Lewis is the Department of the Army Family Advocacy Program Manager and Deputy Director, Quality of Life Task Force; Office of the Deputy Chief of Staff, G-9. COL Lewis is a Social Work Officer (AOC 73A) and he entered on active duty as a First Lieutenant in 1992 after graduating with his Master of Social Work degree from California State University, Sacramento. He received his Bachelor's in Arts degree from the University of Nevada Reno in 1989 and earned a PhD in Social Work from Florida State University in 2003 where he was awarded the Dianne F. Harrison scholarship for best prospectus and his dissertation was recognized at the 16th National Symposium on Doctoral Research in Social Work in 2004.

Prior to entering active duty he served 7 years in both the US Army Reserve and the Nevada Army National Guard. He is a graduate of the Infantry Officer Basic Course; the AMEDD Officer Basic and Advanced Courses; Combined Arms Services Staff School and the Army Command and General Staff College.

In his current position, COL Lewis oversees the Family Advocacy Program and the Army's Quality of Life (QOL) Task Force which is focused on housing, healthcare, child care, permanent change of station moves and spouse employment. Previously, COL Lewis has served in myriad of operational, academic, staff and clinical leadership roles throughout Army Medicine from Clinic Chief, Theater Behavioral Health Consultant and Department Chair. He has deployed in support of both peacekeeping and combat operations including Operation Joint Endeavor, Operation Iraqi Freedom and Operation Enduring Freedom. From 2016-2020, COL Lewis was the Social Work Consultant to the US Army Surgeon General providing subject matter expertise on the career field of social work along with professional development for 73A officers. COL Lewis has published extensively in the area of stigma of mental illness, posttraumatic stress disorder, military behavioral health operations, and military operational stress.

His awards and decorations include the Legion of Merit, Bronze Star (with 2 Oak Leaf Clusters), Meritorious Service Medal (with 4 Oak Leaf Clusters), Army Commendation Medal (with 3 Oak Leaf Clusters), Army Achievement Medal (with 3 Oak Leaf Clusters) and numerous campaign and service medals. He has been awarded the Combat Medic Badge, the Expert Field Medic Badge and the Senior Parachutist Badge. He is a member of the Order of Military Medical Merit and has been awarded the Surgeon General's prestigious 9A designator for professional excellence and prominence in the field of Social Work.

STATEMENT OF  
COLONEL ANDREW A. CRUZ, CHIEF, AIR FORCE  
FAMILY ADVOCACY PROGRAM

BEFORE THE  
HOUSE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON MILITARY PERSONNEL

DOMESTIC VIOLENCE HEARING

MAY 25, 2021

Chairwoman Speier, Ranking Member Gallagher, and distinguished members of the Subcommittee, it is my distinct honor and privilege to speak on behalf of the hundreds of Family Advocacy personnel working hard to prevent and counter domestic violence in the Department of the Air Force.

The mission of the Department of the Air Force Family Advocacy Program is to build healthy communities through implementing programs designed for the prevention and treatment of domestic violence, child abuse and neglect. Family Advocacy provides education, topic-specific training, and clinical intervention to those at risk or who have experienced domestic abuse, child abuse, neglect, or problematic sexual behavior in children and youth. While Family Advocacy has a mutually supportive relationship with law enforcement and the legal community, Family Advocacy is not an investigatory entity.

In our mission to help Airmen, Guardians and their families, Family Advocacy offers a wide array of preventative services:

- A broad range of voluntary counseling services are available through Family Advocacy strength-based therapy. Individuals, couples, and families can seek relationship-oriented counseling on a range of topics, from building healthier communication styles, to improving conflict management, to parenting a teenager.
- Family Advocacy's psychoeducational classes use established curricula on topics such as couples' communication, parenting, and anger management, as well as briefings created upon request for units or installation organizations.
- The New Parent Support Program offers education and counseling services to expectant parents and parents with children up to three years old.

The Department of the Air Force Family Advocacy Program gets input from its clients through Client Satisfaction Surveys. Despite the COVID-19 pandemic, the Family Advocacy Program ensured their vital services continued to be offered through virtual platforms.

Air Force and Space Force leaders and other base agencies serve as a conduit between the unit and Family Advocacy. We train our installation commanders, senior enlisted leaders and first sergeants, as well as other on-base agencies established to provide support to members and their families. Department's Family Advocacy Program will ensure that the training is consistent across all Department of the Air Force installations and that training meets the required guidance in the Department of Defense Instruction 6400.06, Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel. Training material and completed training will be monitored by the Department of the Air Force Family Advocacy Program certification process.

The training we do with other agencies pays dividends as we partner with our colleagues in the personnel community, specifically the Integrated Resilience Office, to support integrated prevention efforts at every level. In particular, each base brings together agencies dedicated to support members and their families to form a Community Action Team. This team ensures cross-talk between organizations, supports a mutual understanding of each agency's role, and integrates community-based prevention efforts. Interpersonal and self-directed violence is the prominent topic area to address.

Prevention services are the preferred means to engage with clients. In practice, Family Advocacy places most of our resources into responding to incidents or allegations of abuse. In these cases, we see elevated risk of further abuse and immediate needs for assistance. However

we get a referral, Family Advocacy will take immediate steps to address safety needs and offer support.

For identified victims, initial access to Family Advocacy may be through one of our nationally-credentialed Domestic Abuse Victim Advocates. These positions were added to our installation staffing rosters about 10 years ago, and provide a valuable resource for victims. Domestic Abuse Victim Advocates provide initial response, court accompaniment, liaison and referral to special victims' counsels, and general support.

Victims and alleged abusers are both offered psychosocial assessments by a clinical social worker. These clinical assessments focus on the incident at hand, pertinent history, safety, and well-being. We have a responsibility to provide a comprehensive response to both victims and alleged abusers. Both are eligible to receive assessment, support and treatment.

As with prevention services, Family Advocacy offers many support and treatment options to intervene post-incident. Support for victims can depend on the severity of the incident and the victim's desire for separation from, or reconciliation with, the alleged abuser. Continued Domestic Abuse Victim Advocacy support and therapy are likely options. With support of the chain of command, alleged abusers may be directed for treatment. The Department of the Air Force Family Advocacy has specific treatment programs for both male and female abusers.

The most recent U.S. Government Accountability Office final report, GAO-21-289, "DOMESTIC ABUSE: Actions Needed to Enhance the Department of Defense's Prevention, Response, and Oversight," was published on 7 May 2021. There are 32 overall recommendations identified, and five of them are for the Department of the Air Force Family Advocacy Program. The Family Advocacy Program concurs with the recommendations and is working to implement

them in partnership with the Office of the Undersecretary of Defense and the other Services. Currently, all Department of the Air Force military installations use the Family Advocacy System of Record to provide case data to the Department of Defense. The Government Accountability Office highlighted Family Advocacy Program data reliability and consistency issues. The Department's Family Advocacy Program has been working on data reliability and quality assurance diligently, and remains committed to addressing this issue.

Domestic violence education, prevention and treatment are critical to address safety concern of our members and their families. Multidisciplinary teams involving a coordinated community response of base assets form the backbone of our operations, whether called upon in an ad hoc manner to address a specific high-risk situation, or as part of a standing committee that allows installation leaders to be involved in prevention and response efforts. Domestic violence is a community issue and therefore should be addressed as such.

Thank you for the opportunity to provide specifics on the Department of the Air Force Family Advocacy program given our shared concern with domestic violence prevention and response.



**Colonel Andrew A. Cruz**  
**Chief, Air Force Family Advocacy Program**

Col Andrew A. Cruz is the Chief, Air Force Family Advocacy Program at Joint Base San Antonio, Texas. Leads senior program management staff of 14 in delivery of services provided by over 500 personnel at 76 installations. Integrates nationally recognized research and community resilience initiatives with an operational focus via \$46M O&M budget. Oversees \$180M Air Force Family Advocacy contract. Guides DoD policy development with OSD, SAF/MR, various military departments and senior service counterparts. Provides consultation to AF/SG and MAJCOMs on identification, prevention and treatment of child and partner maltreatment. Col Cruz is married to Maria and has a daughter, Raeann, and son, Brandon.

**PROFESSIONAL AND MILITARY EDUCATION:**

1990 Bachelor of Social Work, Our Lady of the Lake University, San Antonio, TX  
 1991 Masters of Social Work, Our Lady of the Lake University, San Antonio, TX  
 2000 Squadron Officer School (In-Residence) Air University, Maxwell AFB, AL  
 2005 Air Command and Staff College (Correspondence), Air University, Maxwell AFB, AL  
 2008 Intermediate Executive Skills, Sheppard AFB, TX  
 2012 Air War College (Correspondence), Air University, Maxwell AFB, AL  
 2012 AFFOR Intermediate Staff Course, Hurlburt Field, FL  
 2014 Masters of Strategic Studies, Army War College (Correspondence), Carlisle Barracks, PA  
 2015 Joint Senior Medical Leadership Course, Defense Health Headquarters, Falls Church, VA  
 2018 Air Force Group Commander's Course, Maxwell AFB, AL  
 2019 Interagency Institute for Federal Health Care Executives Course, Washington D.C.  
 2020 Military Health System Capstone Course, Joint Medical Executives Skills Institute, Defense Health Headquarters, Falls Church, VA.

**ASSIGNMENTS:**

November 1995-December 1997, Family Advocacy Officer, Brooks Air Force Base, TX  
 January 1998-May 2000, Chief, Family Advocacy, Incirlik Air Base, Turkey Operation Northern Watch, 1998-2000  
 June 2000-May 2002, Family Advocacy Program Director, Yokota Air Base, Japan  
 June 2002-Aug 2003, Life Skills Support Center Element Chief, Yokota Air Base, Japan  
 September 2003-July 2006, Clinical Department Head, Charleston Naval Consolidated Brig, SC  
 August 2006-July 2009, Mental Health Flight Commander, Andersen Air Force Base, Guam Bagram AB, Afghanistan, Det 3, Combat Stress Control Commander January-June 2007  
 August 2009-June 2011, Mental Health Flight Commander, McConnell Air Force Base, KS Balad AB, Iraq, Combat Stress Control OIC, March-June 2010 Misawa AB, Japan, Operation TOMADACHI  
 March-May 2011  
 July 2011-July 2014, Chief of Mental Health Services, Headquarters Pacific Air Force Command Surgeon General's Office, Joint Base Pearl Harbor-Hickam AFB, HI  
 August 2014-July 2016, Commander, 14th Medical Operations Squadron, Columbus AFB, MS  
 July 2016-July 2017, Chief, Air Force Programs for Families with Special Needs, Air Force Medical Operations Agency, Joint Base San Antonio, TX  
 June 2017-June 2018, Chief, Air Force Family Advocacy Program, Air Force Medical Operations Agency, Joint Base San Antonio, TX  
 June 2018-June 2020, Commander, 47th Medical Group, Laughlin AFB, TX  
 June 2020-present, Chief, Air Force Family Advocacy Program, Air Force Medical Readiness Agency, Joint Base San Antonio, TX  
 April 2021-present, AF/SG appointed Air Force Social Work Associate Corps Chief

**MAJOR AWARDS AND DECORATIONS:**

Legion of Merit  
 Meritorious Service Medal with silver oak leaf cluster  
 Air Force Commendation Medal with one oak leaf cluster  
 Army Commendation Medal with one oak leaf cluster

Air Force Achievement Medal  
MAJCOM CGO Social Worker of the Year 1999, 2001  
Air Force Security Forces Center FGO SW of the Year 2003, 2004  
Air Force FGO Social Worker of the Year 2005  
HQ PACAF SG AO of the Year 2011, 2012

**EFFECTIVE DATE OF PROMOTION:**

First Lieutenant 5 Mar 1994  
Captain 5 Mar 1996  
Major 1 Nov 2002  
Lieutenant Colonel 1 Jan 2010  
Colonel 1 Apr 2017

(Current as of 19 May 2021)

**NOT FOR PUBLICATION  
UNTIL RELEASED BY THE  
HOUSE ARMED SERVICES COMMITTEE**

**STATEMENT OF  
MRS. CRYSTAL GRIFFEN  
DEPUTY DIRECTOR FAMILY SUPPORT,  
COMMANDER, NAVY INSTALLATIONS COMMAND  
BEFORE THE  
SUBCOMMITTEE ON MILITARY PERSONNEL  
OF THE  
HOUSE ARMED SERVICES COMMITTEE  
ON THE  
FAMILY ADVOCACY PROGRAM  
MAY 25, 2021**

**NOT FOR PUBLICATION  
UNTIL RELEASED BY THE  
HOUSE ARMED SERVICES COMMITTEE**

Chairwoman Speier, Ranking Member Gallagher and distinguished Members of this subcommittee, thank you for this opportunity to testify on the Navy's Family Advocacy Program (FAP). The welfare and well-being of our Navy service members and their families are imperative to the Navy's warfighting readiness. The Navy is committed to eliminating domestic and child abuse incidents through awareness and prevention education, intervention and treatment, coordinated community response, and by holding offenders accountable. Navy FAP plays a central role in this effort by providing clinical assessment, treatment and services for service members and their families involved in incidents of child abuse and domestic abuse.

Preventing domestic violence is also part of the Navy's greater Culture of Excellence campaign, promoting toughness, trust and connectedness, forging of excellence, and enhancing collaboration to create a ready and lethal force. While we continue to review the GAO recommendations to improve monitoring of incident screening and provide guidance for training of key personnel, the Navy has taken proactive steps to implement Navy-specific recommendations to prevent and respond to domestic abuse. For example, the Navy developed a risk-based standardized process to consistently monitor how allegations of domestic abuse are screened at installations to help ensure that all domestic abuse allegations are presented to an Incident Determination Committee. To increase community coordination between civilian and military response organizations, FAP Certification standards are being developed to align with DoD policy once released. This will increase installation FAPs Memorandums of Understanding with civilian organizations. Guidance and training materials were developed for installation level commander and senior enlisted advisor domestic abuse training that is comprehensive and meets all DoD training requirements. Navy will issue policy to ensure Commanders understand that they may exercise their authority to prosecute civilian protective order violations under the Uniformed Code of Military Justice (UCMJ) via Article 92, UCMJ or 10 U. S. Code § 1561a – Civilian orders of protection: force and effect on military installations.

The Navy also established the High Risk for Violence Coordinated Community Response (HRV-CCR) model to provide a standardized approach to monitor and intervene in domestic and child abuse cases when there is a threat of immediate and serious harm. The HRV-CCR provides rapid assistance and case coordination to include ongoing safety planning, risk assessments and case management. The Navy has over 350 licensed clinical social workers and counselors who

work with multiple partners and stakeholders to ensure adult and child victim safety, provide victim advocacy and support, and manage the Incident Determination Committee (IDC) process for determining if an incident meets the clinical threshold for more intensive intervention services and for recording in the Department of Defense FAP Central Registry database. Navy FAP offices promote early intervention by encouraging Navy personnel to seek help prior to an incident of domestic or child abuse. The Navy is focused on victim safety, advocacy and support, prevention, intervention and treatment, research and evaluation, and accountability and response. The execution of these core functions relies heavily upon the collaboration between FAP, command leadership and key responders, such as security or law enforcement personnel, medical staff, chaplains and military investigation services.

Victim Safety and Support. Victim advocacy services assist in safety planning for victims of domestic abuse and connect victims with Navy and community-based resources and services. The FAP Victim Advocate works closely with domestic abuse victims and FAP Case Managers on issues related to safety and connections to supportive services. The FAP Victim Advocate serves as a supportive resource, advocates for the expressed interests of victims, and provides additional specialized services, such as transportation for clinical/medical appointments and accompaniment to court proceedings.

Prevention. The goal of FAP prevention is to decrease behaviors that contribute to family maltreatment and enhance behaviors that foster a healthy lifestyle to facilitate family, community, and mission readiness. The FAP prevention team collaborates with key military and community leaders to provide services that enhance the resilience of Navy communities and reduce the incidence of domestic and child abuse. These services are primary and secondary prevention services that include education and skill development, advocacy, collaboration, community intervention, referral links to community resources, and marketing FAP.

The Navy is fully engaged in addressing incidents of Problematic Sexual Behavior of Children and Youth to ensure affected individuals and families have access to information and resources. Micro learning primary prevention tools have been developed to empower parents with the knowledge and skills to participate in discussions with their children on normal sexual development. The Child Abuse Prevention Month campaign “Stand Up for MilKids”, was aimed to raise awareness regarding the need for parental stability as a key protective factor.

In 2020 Domestic Violence Awareness Month campaign theme was launched enterprise-wide. The theme was, “United to End Domestic Abuse,” promoting the idea that preventing domestic abuse is a shared community responsibility and one that starts with a message of support for victims. The campaign introduced simple but safe and effective ways for family, friends and concerned community members to help individuals who are at risk for domestic abuse during a time of heightened isolation. Campaign materials including a messaging and resources guide with suggested talking points, a graphic, and Military One Source articles were provided to the installations to help facilitate their planning and execution efforts.

Additionally, the One Love Escalation Training was provided to 14,914 Sailors between the ages of 18-24 years old. The workshop focused on educating participants about unhealthy relationship behaviors, providing tools to identify and help individuals impacted by intimate partner violence, and increased awareness of available resources. Study results indicated that when compared to participants in the control group, participants in the intervention group demonstrated a statistically significant improvement in attitudes and increased engagement in prevention-oriented behavior.

Intervention and Treatment. The installation FAP provides and coordinates identification, assessment, intervention, treatment, and case management services to all eligible victims of domestic or child abuse. FAP providers collaborate with command, military, and community resources to promote victim safety, reduce risk, and support individual and family resiliency.

#### COVID Response:

In the beginning of the pandemic, the Navy maximized telework to continue services and engagement to service members and families through telephonic counseling, daily online webinars and classes, and through social media. Government and contract employees were provided portable computer and telephonic equipment to support client advocacy, safety and clinical intervention.

Virtual support later expanded telehealth capability utilizing an approved secure virtual platform. FAP Multi-Disciplinary Team meetings (MDT) were conducted utilizing Microsoft Teams in order to sustain a collaborative and coordinated response to incidents of intimate

partner violence, child abuse and neglect, and problematic sexual behavior of children. Outreach efforts were increased to include the distribution of a comprehensive guide to inform parents and other appropriate family members of community resources and services available to victims of violence.

As the Navy created opportunities for increase awareness of services in a digital space, MyNavy Family Mobile Application was updated with additional resources and web links to aid families in coping with associated stress related to the pandemic. The App launched May 10, 2019 in support of Military Spouse Appreciation Day. There have been over 22K downloads as of April 2021.

Our vision is to expand our service delivery model beyond the pandemic and provide programs that are relevant and scalable to our customer's needs. This augmentation provides an opportunity for innovation and re-imagining the Navy's counseling portfolio to ensure we are competitive with the current market and support the preferred method of choice to our Sailors and their families.

Research and Evaluation. FAP sponsors system-wide research and evaluation of prevention and intervention services. Research projects are conducted through collaborative partnerships with prominent domestic abuse and child maltreatment researchers who understand the unique needs of military families. Projects are selected based on their potential to inform evidenced-based approaches to FAP prevention, outreach, and intervention practice.

Accountability and Response. The Navy is fully committed to ensuring that service members are held appropriately accountable for their actions. To clarify, FAP educates Navy commands on the risk and safety of victims and abusers as well as family dynamics and treatment planning; however, command actions and accountability of abusers is a completely separate and distinct process from FAP responsibilities. Navy Installations are required to immediately report domestic abuse allegations that are in violation of local, State, and Federal laws to the appropriate law enforcement authority. When an incident of suspected domestic or child abuse by a service member comes to the attention of that service member's unit that Commanding Officer must take prompt action to provide for the safety of the victim, and to investigate the incident and hold an offender accountable for their behavior as appropriate. All allegations of domestic and child abuse must be reported through the chain of command to the

responsible Echelon 2 Command using an Operational Report or Unit Situation Report. Navy commands are required to track all FAP cases for assigned service members from the initial allegation of a domestic or child abuse incident to the final resolution of the case. In 2015 and again in 2016, Navy released guidance reinforcing the commander's responsibility to hold offenders appropriately accountable and requiring commanders to report actions taken against service member offenders whose actions met established severity level criteria for domestic abuse. This information is reported to the Department of Defense annually.

Victims of domestic abuse must be protected, treated with dignity and respect, and provided with support, advocacy, and care. While FAP activities are part of the solution, the larger community also works together to develop an interdisciplinary and multi-agency response to promote victim safety. Military and civilian law enforcement personnel, courts, social services professionals, FAP Victim Advocates, and allied professionals collaborate to coordinate strategies and address domestic abuse. Navy FAP employs a MDT approach to address domestic abuse and child abuse and neglect by using the coordinated community response model. In accordance with Public Law 115-232, Navy's MDTs include one or more judge advocates, appropriate personnel from one or more military criminal investigative services, mental health providers, medical personnel, and family advocacy case workers. In addition to the experts required by law, we utilize chaplains, schools liaisons, law enforcement, child, youth and family serving organizations, child protective services, and other social services, as appropriate. FAP MDTs are designed to address collaborative issues related to safety, assessment, reporting, prevention, intervention, and wellbeing of its service members, families and community members, at each installation. MDT members are able to take information analyzed and shared within appropriate confidentiality and privacy requirements to better serve military members, their families, and their communities.

Domestic and child abuse and neglect has a negative effect upon military readiness, effectiveness, and good order and discipline. I thank the subcommittee for its sustained commitment and unwavering support of our Navy Service members and their families. Navy is committed to addressing and eliminating the negative affect of domestic violence while ensuring a safe environment for victims.



**Crystal Coplin Griffen**

Crystal Coplin Griffen is a Licensed Clinical Social Worker (LCSW) and serves as Fleet and Family Support Program Deputy Director for Commander Navy Installation Command (CNIC). She is the authoritative program manager for Family Readiness Programs and is directly responsible for the operational management and execution guidance to 16 Core Baseline Programs and 80 Fleet and Family Support Centers. Ms. Griffen has served in this position for nearly three years following three years of service at CNIC as the Counseling Advocacy and Prevention Program Manager. Ms. Griffen's portfolio consists of all quality of life programs, crises support, and Navy Gold Star.

Prior to Ms. Griffen's tenure with the Navy, she served in the Family Advocacy Program for Headquarters Marine Corps and provided management, policy guidance and oversight to 18 installations to include crises response, New Parent Support Program, Victim Advocacy and Clinical Counseling programs.

Ms. Griffen's career encompasses more than 38 years of experience at the federal and state level in the field of social work, providing policy, guidance and advocacy in child welfare, intimate partner violence and crises response.

In addition to Ms. Griffen's employment in various social policy and social work programs, she also worked in various capacities across academia. Ms. Griffen currently serves as a part-time regional student advisor for Boston University's graduate social work program and previously served as an adjunct instructor at Webster University's graduate counseling program. Ms. Griffen's academic career encompasses more than 10 years of experience supporting the matriculation of students in graduate counseling programs.

Ms. Griffen earned her Master's degree in Social Work from East Carolina University and became a Licensed Clinical Social Worker in 2000.

Ms. Griffen is a Navy Spouse of 41 years and is the parent of three adult daughters and four grandchildren.

NOT PUBLIC UNTIL RELEASED BY THE  
HOUSE ARMED SERVICES COMMITTEE

STATEMENT  
OF  
MS LISA EAFALDANO  
PREVENTION AND CLINICAL ASSISTANT BRANCH HEAD  
MANPOWER & RESERVE AFFAIRS  
UNITED STATES MARINE CORPS  
BEFORE THE  
SUBCOMMITTEE ON MILITARY PERSONNEL  
OF THE  
HOUSE ARMED SERVICES COMMITTEE  
CONCERNING  
DOMESTIC VIOLENCE  
ON  
MAY 25, 2021

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HOUSE ARMED SERVICES COMMITTEE

**Introduction**

Chairwoman Speier, Ranking Member Gallagher, and distinguished Members of the Subcommittee, thank you for the opportunity to appear before you today to discuss domestic abuse prevention and response efforts within the Marine Corps.

Marines are the foundation of our Corps. Since our founding in 1775, Marines have answered the Nation's call, faithfully serving the American people and maintaining a high standard of military excellence. Marines will be always faithful to the trust which the American people have vested in them. We, in turn, must always be faithful to them. We accomplish this by taking care of Marines and their families. An important part of this responsibility is helping to provide a safe home environment.

**Overview**

Prevention of any kind of domestic abuse and ensuring victim safety are top priorities for the Marine Corps. Domestic abuse is a complex issue. The programs and services in place to prevent and address domestic abuse are diverse. The Marine Corps Family Advocacy Program (FAP) is specifically designed to combat all domestic abuse and is even stronger when working in collaboration with others. The Marine Corps is dedicated to decreasing the incidents of domestic abuse through the use of research supported prevention strategies.

**GAO Report**

Domestic Abuse is a serious and important issue that requires our focused attention in the military. The Marine Corps was actively engaged with the GAO reviewers throughout the Domestic Abuse review and concurs with the findings and recommendations published in the final report. The GAO report provided 32 recommendations to the Department of Defense

(DoD) and four were specific to the Marine Corps. We concurred with the four recommendations and have requested closure of three as “complete”. We are actively working with installation FAPs to implement the fourth and request closure from the GAO. We remain actively engaged to ensure our actions remain consistent to the intent of the recommendations and to decrease the risk and occurrence of child abuse, domestic abuse, and problematic sexual behaviors in children and youth within our program. We will also continue to work alongside DoD and the other services to support the other GAO recommendations.

#### **Family Advocacy Program (FAP)**

In 2000, the Defense Task Force on Domestic Violence was established by Congress to review and evaluate programs and policies associated with domestic abuse in the military. The Marine Corps was part of the initial working groups created in April 2000 to address identified concerns of Community Collaboration, Education and Training, Offender Accountability, and Victim Safety. Since that time, the Marine Corps has committed valuable resources and services for victims, as well as alleged abusers, who seek to end domestic abuse in military families. FAP aims to prevent and respond to child abuse and neglect, domestic abuse, and problematic sexual behavior in children and youth involving military families.

The Marine Corps is taking an integrated and coordinated approach to prevention to build skills and resources needed to promote positive behaviors and reduce problematic behaviors such as domestic and child abuse, suicide, substance misuse, and sexual assault and harassment. The goal is to integrate prevention efforts across programs by building skills to promote protective factors and positive behaviors. Efforts are framed across four lines of effort: skill building, communication, collaboration, and application of data and research.

The Marine Corps knows that effective primary prevention cannot be done in a vacuum and requires extensive collaboration. As a result, efforts are ongoing with program staff within the Marine Corps, the other services, the National Guard Bureau, and the community both on and off of the installations. The majority of our Marines and families live in the community and we believe there is significant importance in engaging with professionals who are not military-affiliated. The Marine Corps is working diligently to identify and develop this newest element of the primary prevention workforce to promote integration across programs and connect installation assets and tenant command assets. This ensures that Marines and their families have access to primary prevention skill building regardless of where they are stationed, and that leadership understands the importance of, and encourages, skill building to promote protective factors and prevent problematic behaviors.

#### **Prevention and Education**

The FAP Prevention and Education services are designed to prevent child abuse and domestic abuse by improving family and individual functioning using a community-wide education and awareness approach. Focus is on teaching risk factors that could contribute to family violence. This is done through a multitude of classes, outreach programs, and command involvement to reach those in need before a situation becomes problematic. Easing stressors that can aggravate or trigger patterns of abusive behavior and creating community and command awareness of abuse are vital in mitigating the risk of abuse. The FAP utilizes a variety of communication strategies to normalize ongoing self-evaluation of relationship behaviors and to encourage early self-referral.

The FAP utilizes evidence-based and informed programming, to include classes such as *Century Anger Management*, *Coping With Work and Family Stress*, and *Warrior Maintenance*:

*Stress Management for Marines and Families.* Each course focuses on enhancing coping skills, mitigating risks factors that could contribute to stressors, and promoting healthy stress management. Courses provide a chance for Marines and families to recognize that abuse can take many forms and may impact multiple lives directly and indirectly.

We provide support for unit training and develop FAP content in Unit Marine Awareness and Prevention Integrated Training, community education, and a variety of other services upon request. Marine Corps FAP provides Incident Determination Committee (IDC) Training, which is an administrative process to determine if an incident meets the DoD criteria for abuse. Marine Corps FAP also provides training to all commanders. This training focuses on the prevention of domestic abuse and child abuse, commanders' responsibilities, FAP services, and local resources.

FAP Prevention and Education programs assist in training a number of base programs on domestic abuse and child abuse to include the Provost Marshal Office and Child Development Centers (CDCs). The training includes topics such as awareness of family abuse and services available; stress; communication; parent-child relationships; marital enrichment; anger management; and other topics relevant to overall family wellness. There is a Domestic Violence 24-hour helpline for those who find themselves in need of immediate assistance; it is available to every Marine and eligible family member and connects callers with FAP staff.

The New Parent Support Program (NPSP) provides education and support to Marine families who are expecting or raising children through age five. NPSP Home Visitors assist Marines and families with their concerns as a parent-to-be or parent in the privacy of their own home or other preferred location. Home Visitors provide education and classes, including Baby

Boot Camp, which are designed to teach the basic skills necessary to provide newborn care.

Group parenting classes enhance parents' understanding of child development.

The goal of the NPSP is to increase protective factors and reduce risk factors to build healthy families from the start, thereby reducing the likelihood of abusive parenting behaviors. The program uses the Protective Factors Framework to build parental resilience and social connections, increase knowledge of parenting and child development, provide concrete support in times of need, and improve understanding of the social and emotional competence of children.

The FAP clinicians provide clinical services to victims and alleged abusers to ensure the safety of the victim and community and to prevent future domestic abuse. Program offerings include trauma-informed assessment, trauma informed non-medical counseling, advocacy, case management, and supportive services. The FAP collaborates with Marine Corps unit leadership, Chaplains, Substance Abuse Program, Community Counseling Program, other Marine & Family programs, Navy Medicine, and off-installation community partners to ensure a continuum of care for Marines and their families and to mitigate risk and offer support after an incident.

#### **COVID-19 Pandemic**

The COVID-19 pandemic created new challenges on how to provide FAP services for victims who were unable to come into the office. While this was always a concern, COVID-19 provided the additional push to quickly develop solutions. The Marine Corps immediately expanded services to victims and alleged abusers by offering office, telephonic and virtual platform options. As a result, services were not interrupted. We continued to offer NPSP, victim advocacy, intake and assessment, and individual, couple, family, and group sessions; our FAP 24/7 Helpline remained available and processing of transitional compensation for abused dependents was not impacted.

Overall, the Marine Corps' service utilization during COVID-19 has remained stable. Many of the impacts of the COVID-19 pandemic with relation to domestic abuse may be forthcoming, so we remain vigilant in assessing our program and the service data for patterns and stand ready to seek and implement new ways to help our victims of domestic abuse during this challenging time.

### **Community Outreach, Awareness, & MDT**

Domestic abuse impacts all members of the military community, to include very young children, adolescents, and intimate partners. A key FAP prevention strategy is public awareness. Educating adolescents, parents, and service members is critical to help build and sustain healthy intimate relationships, as is fostering community dialogue and promotion of the use of available resources. All eligible Service members and their families have access to educational tools, non-medical counseling, and referrals to military or civilian resources.

Since 1981, October is recognized as National Domestic Violence Prevention Month with the purpose of raising awareness of domestic violence and providing the community with education on available resources. Installation Marine Corps FAPs host events throughout the month. The intent of the events is to increase community cohesiveness, mutual trust, willingness to intervene, coordination of resources, and services among community agencies, which help decrease risk factors for domestic abuse. These events also highlight available services, promote help seeking behaviors, and decrease stigma around accessing FAP services.

April is Child Abuse Prevention Month (CAPM) and was first established by Presidential proclamation in 1983. CAPM is a time to acknowledge the importance of families and communities working together to prevent child abuse. The 2021 CAPM campaign theme was



*All In to End Child Abuse.* Installation FAPs hosted events throughout the month aimed at increasing community awareness and promoting service availability. Activities promoted positive parenting, a decrease social isolation amongst our families, and provided opportunities for parents and children to have positive interactions. Community involvement decreases the risk of child abuse. FAP and NPSP partner with CDCs, schools, and other military and civilian programs to highlight the importance of a positive and caring adult in the life of a child.

### **Conclusion**

All domestic abuse is unacceptable and will not be tolerated. No member of a family should have to deal with an unsafe environment; it is detrimental to the Service member, their Family, and to the Marine Corps. We must create a community where seeking resources and support are normal actions that Marines and families take. This is the ultimate goal of your Marine Corps FAP.

Thank you again for the opportunity to be here today.

**Lisa Eaffaldano**  
**Prevention and Clinical Services Assistant Branch Head Behavioral Programs Marine and Family Programs Division, Headquarters, U.S. Marine Corps**

Lisa Eaffaldano is the Prevention and Clinical Services Assistant Branch Head for Headquarters Marine Corps (HQMC), Marine and Family Programs Division, Behavioral Programs, Quantico, VA. She has over 20 years' experience working in the field of domestic violence. Ms. Eaffaldano's experience ranges from providing both medical and non-medical counseling to victims, youth impacted and exhibiting problematic sexual behaviors, and alleged abusers to writing policy and managing programs. Ms. Eaffaldano supports the Behavioral Programs Branch Head in directing policy, future planning, training, technical assistance, resource management, and advocacy efforts for seventeen installations across the Corps. She is responsible for leading a team of 18 staff including program managers, clinical specialists, prevention specialists, and an victim advocate in the Community Counseling, Family Advocacy, and Substance Abuse Programs. Prior to being employed with HQMC, Ms. Eaffaldano worked for over ten years at USMC installation, Camp Lejeune-New River, North Carolina in the Family Advocacy Program. She filled three different roles during her tenure; Licensed Clinical Counselor, Clinical Supervisor, and Family Advocacy Program Manager. Ms. Eaffaldano also worked for over eight years in community mental health in Clinton County, New York as a Licensed Clinical Social Worker with a focus on early intervention, forensics, and severe and persistent mental illness in both children and adults. She also provided group and individual counseling for adults and adolescents who exhibited and were often prosecuted for sexual crimes. Ms. Eaffaldano earned her Master of Social Work degree from Robert's Wesleyan College in 1999 and her BA in Psychology from the University of Rochester in 1994.

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**WITNESS RESPONSES TO QUESTIONS ASKED DURING  
THE HEARING**

MAY 25, 2021

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## RESPONSE TO QUESTIONS SUBMITTED BY MS. SPEIER

Ms. BARRON. As disposition decisions are an authority designated to the Service level, respectfully refer the Committee to the Services' responses. [See page 23.]

Ms. BARRON. As disposition decisions are an authority designated to the Service level, respectfully refer the Committee to the Services' responses. [See page 23.]

Colonel CRUZ. The Department of the Air Force Family Advocacy Program (DAF FAP) Incident Determination Committee (e.g., Central Registry Board for the DAF FAP) is chaired by an O-6, the Vice Wing Commander, where a determination is made as to whether or not an allegation meets DOD definitions for domestic abuse or child maltreatment. This determination activates treatment recommendations, it is not associated with administrative or judicial punishment. The DAF FAP itself is a prevention and treatment program for domestic abuse and child maltreatment, when it occurs among members of the household, or intimate partners of our active duty service members. As such, we support and protect victims and we provide evidence-informed treatment to rehabilitate offenders who remain in the DAF and are not incarcerated. The DAF FAP shares information with the service member's Commander and the staff Judge Advocate about what occurred in the family maltreatment incident. That information is then used by the member's squadron commander and the military staff Judge Advocate to take administrative or judicial action against service members who engage in domestic abuse or child maltreatment.

This question falls in the Judge Advocate's purview, please also see the JA's additional response below:

Combatting domestic violence is an item of great importance to the Services and our service members, and we all have a role in ensuring the proper outcome in every case. Regardless of rank, commanders at all levels and the JAGs who advise them must be guided by the state of the evidence in making determinations as to which course of action is appropriate. A commander must evaluate the totality of the circumstances and available evidence in order to make a fair judgment. We understand that victims of domestic abuse are caught in a cycle of trauma and fear, and can understandably be concerned about whether and how to participate in prosecuting their spouse or intimate partner. We are committed to continuing our efforts to combat domestic violence through prevention, education, and accountability measures, and to aiding victims of domestic violence through victim-based services, including the expanded availability of Special Victims' Counsel. [See page 22.]

Colonel CRUZ. I understand the concerning numbers you have referenced. The Family Advocacy Program focuses on prevention and clinical treatment. We relay pertinent information to the command team and Judge Advocate for consideration to determine appropriate administrative or judicial actions. This question falls in the Judge Advocate's purview, please also see the JA's additional response below: Individual cases and outcomes are the result of a unique combination of facts and evidence and the appropriateness of disposition and prosecution decisions cannot and should not be evaluated by the "limited utility" data (as described by the GAO). The DAF acknowledges that the GAO report found insufficiencies in the method by which the Department of Defense (Department) is collecting domestic violence incident data across the Department, which calls into question the quality of the available data. The DAF supports the Department's efforts to evaluate the current processes for tracking data and adjust policy and responsibilities as necessary. That said, of the available DOD data for fiscal years 2015 through 2019 reviewed by the GAO, the military services reported 2,114 non-pending command actions related to incidents that met DOD's criteria for severe physical abuse. Sixteen percent were categorized as prosecuted by court-martial, 14 percent as nonjudicial punishment, 27 percent as administrative action, and 43 percent as "other." Incidents classified as "other" were not prosecuted. According to DOD guidance, some of the reasons a case may be classified as "other" include: the victim declined or refused to cooperate with the investigation or prosecution; evidence was insufficient; lack of jurisdiction; statute of limitations expired; the subject died or deserted; or the allegation was unfounded by the command, meaning it was false or did not meet the elements/criteria of a domestic violence offense/incident. Without doing a case-by-case analysis, it is not possible to determine the specific basis in each case where a commander, ad-

vised by their staff judge advocate, determined they were unable to, or elected not to, take any action. However, where there is a lack of jurisdiction over the offender or offense, the statute of limitations has expired, or the subject died or deserted, military services are prohibited from taking any action by operation of law. Barring such prohibitions, commanders and staff judge advocates must evaluate whether admissible and sufficient evidence supports both that a crime was committed and that the suspect committed it. Domestic violence cases almost always rely on the testimony of the victim to establish the required legal elements to prosecute suspected offenders. However, domestic violence victims differ from victims of other crimes in that the domestic violence victim and the offender are never strangers. Instead, victims of domestic violence have an intimate relationship that is often spousal, romantic, sexual, parental, social, psychological, and/or financial. Further, domestic violence victims often recant, minimize, or deny their abuse as a result of the power and control that permeates their intimate partner relationship, resulting in a refusal to participate in prosecution. A victim's nonparticipation may be associated with the victim's financial dependence on their abuser; psychological vulnerability; emotional attachment to the offender; family, cultural, or religious pressure to remain with their abuser; shame or embarrassment; fear of deportation; and feelings of guilt. The DAF acknowledges the plethora of understandable reasons and concerns that may lead to victim nonparticipation in prosecutions. However, without victim testimony, prosecution in a criminal court is rendered nearly impossible without other independent, admissible evidence. This is a concern that exists not only in the military, but in civilian jurisdictions across the country. In the military there are additional ways to hold an offender accountable, such as nonjudicial punishment or administrative actions such as discharge or reduction in rank, but those options are also often limited when a victim refuses to cooperate. [See page 22.]

Ms. EAFFALDANO. In determining the appropriate way to handle allegations of domestic violence, commanders must consider a multitude of factors that are not relevant when an installation's Incident Determination Committee (IDC) decides whether an incident constitutes abuse under DOD Family Advocacy Program guidance. Such factors include the admissibility of evidence, statutes of limitation, jurisdictional requirements, the availability of additional information not available to the IDC at the time of determination, the ability of the alleged abuser to provide evidence in rebuttal, and the willingness of the victim to participate in the investigation and prosecution of the case. These factors may preclude a commander from taking punitive action on a reported incident that an IDC has substantiated. There is no evidence that O-5 level commanders prioritize improper considerations in cases where no punitive action was taken. Therefore it is not clear that raising disposition authority to the O-6 level or higher would improve the disposition process. Further, the ability to render these determinations at the O-5 commander level improves efficiency, as the number of O-5 level commanders greatly exceeds the number of O-6 level commanders. However, the Marine Corps is not opposed to requiring O-6 disposition authorities in domestic violence cases and is coordinating with the other services to consider the advisability of implementing such a policy. [See page 22.]

Ms. EAFFALDANO. As detailed in the response to Question 1, there are numerous appropriate considerations that may preclude commander from taking punitive action where an IDC has substantiated an abuse incident. There is no evidence that O-5 level commanders prioritize improper considerations in cases where no punitive action was taken. However, the Marine Corps is not opposed to requiring O-6 disposition authorities in domestic violence cases and is coordinating with the other services to consider the advisability of implementing such a policy. [See page 22.]

Mrs. GRIFFEN. Under the Fiscal Year (FY) 2019 National Defense Authorization Act (NDAA), Article 128b, Domestic Violence, was added as a punitive article of the Uniform Code of Military Justice (UCMJ). If a commander receives a report of a violation of this article, or any other article of the UCMJ, per Rule for Courts-Martial (R.C.M.) 303, Manual for Courts-Martial (M.C.M.) (2019 ed.), the commander must conduct an inquiry regarding the suspected offense if the offense could be tried by court-martial. Furthermore, Department of Defense (DOD) regulations require commanders to refer any incident of domestic abuse reported or discovered independent of law enforcement to military law enforcement or the appropriate investigative organization for possible investigation. In the Navy, OPNAVINST 1752.2C, Navy Family Advocacy Program, requires all commanders, regardless of rank, to take appropriate action on all alleged or known incidents of domestic or child abuse.

As discussed in the GAO Report on Domestic Abuse from May 2021, the FY 2021 NDAA requires the DOD to seek to contract an independent study of a range of issues related to prevention of and response to domestic violence, including the potential effect on prevention of elevating the disposition authority for domestic abuse.

The Department of the Navy will utilize the results of this study to further inform policy decisions concerning domestic violence within the Navy. [See page 22.]

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Colonel LEWIS. The Army defers the issue to the Secretary of Defense review of Independent Review Commission recommendations to determine whether to remove disposition authority from the chain of command. [See page 21.]

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#### RESPONSES TO QUESTIONS SUBMITTED BY MS. HOULAHAN

Ms. BARRON. Establishing prevalence rates of abuse remains a challenge for the Department of Defense and the civilian sector alike.

Intimate partner violence (IPV) is underreported worldwide, for a myriad of factors including the personal and societal stigma associated with abuse and the fear of reprisal victims of abuse experience. These factors that contribute to underreporting are not unique to the military; the military is a microcosm of the larger society. As a result, unfortunately neither the civilian sector nor the military can definitively and comprehensively state the rate of IPV.

The Department of Defense reports annually on domestic abuse in the military, which represents a larger spectrum of behaviors than the civilian reports tracked by law enforcement. As such, DOD numbers are more encompassing than many statewide or federal estimates of IPV. Comparing the two numbers is therefore an incomplete picture.

The Department of Defense welcomes any opportunities to partner with the civilian domestic abuse community, and any associated support from Congress, to conduct further research. [See page 28.]

Colonel CRUZ. There is no standardized or centralized entity or mechanism to track civilian rates at the federal level. In most cases, civilian communities only track serious cases of domestic violence in their law enforcement databases and in the domestic abuse shelters, while Family Advocacy takes all reports of domestic abuse, to include emotional abuse and less serious allegations of physical abuse that may or may not have had law enforcement or medical responses. Therefore, we are unable to compare the rates of domestic abuse in the DOD with civilian rates. [See page 28.]

Ms. EAFFALDANO. The Marine Corps focuses on providing supportive services to all victims of abuse. We know that intimate partner violence is underreported for a myriad of reasons, both in the Marine Corps and the civilian sector. There is no standardized entity to track civilian rates of intimate partner violence at the federal level and data is collected differently, using different definitions of abuse in each state. While the Marine Corps uses definitions provided by the Department of Defense, we have not compared Marine Corps rates of intimate partner violence with each individual state. [See page 29.]

Mrs. GRIFFEN. Establishing prevalence rates of abuse remain a challenge for the Department of Defense and the civilian sector alike. Intimate partner violence (IPV) is underreported worldwide, for a myriad of factors including the personal and societal stigma associated with abuse and the fear of reprisal victims of abuse experience. These factors that contribute to underreporting are not unique to the military;

the military is a microcosm of the larger society. As a result, neither the civilian sector nor the military can definitively and comprehensively state the rate of IPV.

There is no standardized or centralized entity or mechanism to track civilian rates at the federal level. Each state has different laws and different definitions of IPV, which makes aggregating statewide data to arrive at a single national civilian rate challenging, if not impossible. Many state and federal estimates of IPV measure criminal acts of violence or reports to law enforcement (e.g. Bureau of Justice Statistics). The Department of Defense reports annually on domestic abuse in the military, which represents a larger spectrum of behaviors than the civilian reports tracked by law enforcement. As such, DOD numbers are more encompassing than many statewide or federal estimates of IPV. Comparing the two numbers is therefore an incomplete picture. Aside from measuring actual reported incidents of IPV, the U.S. civilian gold standard for estimating the prevalence of IPV through anonymous self-report, is the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (NISVS). The Department of Defense collaborated with CDC on the 2010 NISVS to examine the prevalence of IPV, stalking, and sexual violence and to compare those military-related prevalence estimates to the U.S. general population. Survey results showed overall that the prevalence of IPV, stalking, and sexual violence were similar among women in the U.S. population, active duty women, and wives of active duty men; however these results are dated and do not include active duty men, husbands of active duty women, or unmarried intimate partners of active duty men or women. The Department is awaiting the release of the updated 2016/2017 NISVS military report. Given these conditions, the Department of Defense welcomes any opportunities to partner with the civilian domestic abuse community, and any associated support from Congress, to conduct further research to answer this question. [See page 28.]

Colonel LEWIS. Establishing prevalence rates of abuse is a challenge for the Army and the civilian sector. Intimate partner violence (IPV) is underreported worldwide, for a myriad of factors including the personal and societal stigma associated with abuse and the fear of reprisal victims of abuse experience. These factors that contribute to underreporting are not unique to the military; the military is a microcosm of the larger society. As a result, neither the civilian sector nor the military can definitively and comprehensively state the rate of IPV. There is no standardized or centralized entity or mechanism to track civilian rates at the federal level. Each state has different laws and different definitions of IPV, which makes aggregating statewide data to arrive at a single national civilian rate challenging, if not impossible. Many state and federal estimates of IPV measure criminal acts of violence or reports to law enforcement (e.g. Bureau of Justice Statistics). The Army reports annually on domestic abuse in the military, which represents a larger spectrum of behaviors than the civilian reports tracked by law enforcement. As such, Army numbers are more encompassing than many statewide or federal estimates of IPV. Comparing the two numbers is therefore an incomplete picture. Aside from measuring actual reported incidents of IPV, the U.S. civilian gold standard for estimating the prevalence of IPV through anonymous self-report, is the Centers for Disease Control and Prevention's National Intimate Partner and Sexual Violence Survey (NISVS). The Department of Defense collaborated with CDC on the 2010 NISVS to examine the prevalence of IPV, stalking, and sexual violence and to compare those military-related prevalence estimates to the U.S. general population. Survey results showed overall that the prevalence of IPV, stalking, and sexual violence were similar among women in the U.S. population, active duty women, and wives of active duty men; however, these results are dated and do not include active duty men, husbands of active duty women, or unmarried intimate partners of active duty men or women. The Army is awaiting the release of the updated 2016/2017 NISVS military report. Given these conditions, the Army welcomes any opportunities to partner with the civilian domestic abuse community, and any associated support from Congress, to conduct further research to answer this question. [See page 28.]



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**QUESTIONS SUBMITTED BY MEMBERS POST HEARING**

MAY 25, 2021

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#### QUESTIONS SUBMITTED BY MRS. McCLAIN

Mrs. McCLAIN. Recently my office was contacted by a father who lost his young Marine daughter to suicide. He later discovered that she had filed a complaint of sexual abuse with the Marine Corps. This family is still waiting for the Naval Criminal Investigative Service (NCIS) to complete its investigation into her case and finalize the report. It has been over 2 years since her she filed her report. The family is desperate for answers and closure on their daughter's case. Mrs. Griffen, your background both as Deputy Director for Family Support at CNIC as well as your past work in the Family Advocacy Program at the USMC might provide some guidance for families on this issue.

Is it common for sexual abuse cases in the marine corps, and military in general, to take over two years to be investigated? If so, why is this the case? Is it a lack of resources that drag these investigations out? Is there an institutional philosophy of protecting bad actors? If this case is uncommon, can you work with my office to provide the status of the NCIS investigation and when her family can expect a conclusion?

Mrs. GRIFFEN. Question has been deferred and tasked to the Marine Corps.

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Ms. EAFFALDANO. The Marine Corps takes all allegations of sexual misconduct seriously and works diligently with NCIS to ensure every allegation is properly investigated. Two years is a long time to complete an investigation in most cases, however the amount of time required to complete an investigation is dependent on numerous factors, including the necessity to conduct forensic exams, the examination of electronic media and devices, and the willingness of the victim and witnesses to cooperate with the investigative process. In accordance with the Privacy Act of 1974, we are unable to publicly disclose specific details concerning the investigation of this particular incident. However, the Marine Corps will work to identify a date and time during which an appropriate representative can speak with you or your staff about this case.

