

DEPARTMENT OF THE ARMY
 HEADQUARTERS, U. S. ARMY FIELD ARTILLERY CENTER AND FORT SILL
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Personal Affairs
FAMILY ADVOCACY PROGRAM

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1. PURPOSE. To establish procedures and policy for the U.S. Army Field Artillery Center and Fort Sill agencies to use for the prevention, identification, reporting, investigation, and treatment of child and spouse abuse, (definitions are at appendix A) and assigns responsibilities for the Family Advocacy Program (FAP).

2. REFERENCES.

- a. AR 608-18, The Army Family Advocacy Program, 20 October 2003.
- b. Department of Defense (DoD) Directive 6400.1, 23 June 1992.

c. MEDCOM Pam 608-1, Family Advocacy Program, 2 March 1998

d. AR 608-1, Army Community Service, 20 October 2003, appendix F, Transitional Compensation Program.

e. Memorandum of Agreement (MOA) Between USAFACFS and Oklahoma Department of Human Services.

3. SCOPE. This publication applies to spouse and child abuse occurring within active duty military families and other families entitled to health care at a Military Treatment Facility (MTF). It also applies to child abuse occurring in Army operated activities such as the Child and Youth Services (CYS) and Army regulated activities such as Family Child Care (FCC) homes.

4. APPLICABILITY. This publication applies to Regular Army; U.S. Army Reserves (USAR) on active duty or active duty for training, or special active duty for training (30 days or more duration); the Army National Guard of the United States (ARNGUS) on active duty, active duty for training, or special active duty for training under Title 10, United States Code; members of other uniformed services (and their families) assigned or attached to the USAFACFS; and others entitled to care in MTFs.

5. ORGANIZATION.

a. The FAP is a Commander's Program under the direction of the Installation Commander. The installation FAP functional organizational chart is at appendix B.

b. Army Community Services (ACS) is designated as the agency responsible for the overall management of the FAP. The FAP Manager (FAPM) administers and directs the USAFACFS FAP. The FAPM serves as the Installation Commander's subject matter expert on child and spouse abuse and ensures that the program complies with regulations and statutes. In this capacity, the FAPM will have direct access to all commanders on the installation. The Installation Commander will appoint the FAPM on written orders.

c. ACS is specifically responsible for prevention programs, community education, and coordination of community support services.

d. The MTF is responsible for the medical and clinical evaluation, treatment services and providing a qualified person to chair the Case Review Committee (CRC). USAFACFS and Medical Department Activity (MEDDAC), Fort Sill, will establish the provision of these services through the use of a Support Agreement.

6. FAMILY ADVOCACY COMMITTEE (FAC).

a. The FAC is a multidisciplinary team appointed on orders by the Installation Commander and shall advise on installation FAP programs and procedures, training, and administrative concerns. The FAC will meet quarterly to--

- (1) Provide recommendations for FAPs and procedures.
- (2) Facilitate an integrated community approach to the prevention and treatment of spouse and child abuse.
- (3) Recommend new resources and programs.
- (4) Identify long-range, intermediate, and immediate FAP needs, and initiate action for their implementation.

b. The Garrison Commander, or his/her designee, will serve as Chairperson of the FAC. In his/her absence, the Installation Command Sergeant Major, the Garrison Sergeant Major, or the Deputy Garrison Commander may chair the meeting. The FAPM provides logistical support for the FAC.

c. FAC members serve for a period of 1 year, subject to reappointment at the end of that period. Members should have supervisory or functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of spouse and child abuse. In addition to the chairperson, membership on the FAC will include:

- (1) FAPM.
- (2) Chief, Social Work Service (C, SWS)/Chairperson of the CRC.
- (3) MTF representative (medical doctor).
- (4) Community Health Nurse (CHN).
- (5) Dental Activity (DENTAC) Commander or representative.
- (6) Directorate of Emergency Services (DES) or representative.
- (7) Local United States Army Criminal Investigation Command representative.
- (8) Staff Judge Advocate (SJA) or representative.
- (9) Army Substance Abuse Program (ASAP) Clinical Director.
- (10) CYS Coordinator.
- (11) School Liaison Officer.

- (12) Installation Chaplain or representative.
- (13) Public Affairs Officer (PAO) or representative.
- (14) Garrison Command Sergeant Major.
- (15) Comanche County Department of Human Services (DHS) representative.
- (16) III Corps Artillery representative.
- (17) Field Artillery Training Center representative.
- (18) Marie Detty Youth and Family Services Inc./New Directions representative.
- (19) Lawton Public Schools representative.

d. The FAPM will report to the FAC on--

- (1) Identified trends, which may require a command or community response, establishment of new programs, and plans for implementation.
- (2) The results of the command-training program, to include the number of new commanders assigned.
- (3) Special resource requirements.
- (4) Results of quality assurance analyses or special Inspector General reports.
- (5) Results of prevention efforts to include program schedules and number of attendees.

e. The C, SWS/Chairperson of the CRC will report to the FAC on--

- (1) Identified quality improvement concerns that have community wide impact.
- (2) Results of medical improvement analyses or special Inspector General reports.
- (3) The number and types of reported and confirmed cases of spouse and child abuse, case transfers and closed cases, and any trends noted relative to command support of treatment recommendations and commander's attendance at CRC meetings.
- (4) Identified trends, special resources, or program requirements for treatment.

f. Each member will report on any identified trend related to the FAP that may require a command or community response, establishment of new programs, status of existing programs, and results of any needs assessments or surveys conducted.

g. Forward comprehensive minutes to the Garrison Commander for approval. Retain approved minutes on file at the FAPM's office IAW AR 25-400-2. Distribute copies of approved minutes via email to the Installation Commander, MTF Commander, and each committee member.

7. CASE REVIEW COMMITTEE (CRC).

a. The CRC is a multidisciplinary team, appointed by the Installation Commander, and supervised by the MTF Commander. The purpose of the CRC is to coordinate medical, legal, law enforcement, and social service assessment, identification, investigation and treatment functions, and command intervention from the initial report of spouse/child abuse to case closure. The CRC will handle both spouse and child abuse cases. The CRC will review every report of abuse and develop a plan of intervention for substantiated and at-risk cases. The CRC is not a public meeting and membership is limited to those members identified in AR 608-18.

b. The MTF Commander will designate a military officer or civilian employee (GS-11 or above) to chair the CRC.

c. The Installation Commander will place members on orders for a minimum of 1 year, subject to reappointment. Members must have supervisory or functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of spouse and child abuse. Members of the CRC will include--

(1) The Chairperson.

(2) The Installation Chaplain or representative.

(3) A representative designated by the local U.S. Army Criminal Investigation Division Command (USACIDC) investigative unit.

(4) The Army Substance Abuse Program (ASAP) Director.

(5) DES or representative.

(6) The SJA or representative.

(7) The FAPM.

(8) FAC Manager.

(9) MTF Physician (if the chairperson is other than an MTF physician).

d. Request representatives from the following organizations to act as professional consultants to the CRC and members can invite them to attend CRC meetings on an

individual case basis and but the consultants will be unable to vote on case determination:

(1) DENTAC.

(2) Psychology or Mental Health Activity.

(3) CYS Coordinator.

(4) Invite unit commanders or their civilian supervisory equivalent to attend CRC meetings when one of their Soldier's cases is scheduled for presentation or review.

(5) A Comanche County DHS representative may attend CRC meetings when their agency is involved in specific cases.

(6) CHN.

(7) The ACS Victim Advocate.

e. The CRC will determine whether each case is substantiated or unsubstantiated. Only those persons on orders as CRC members may vote. Alternates on written orders may vote in the primary person's absence. Persons attending the meeting as professional consultants cannot vote. A quorum (two-thirds) of members must be present to vote on case determinations. When a quorum is not present, postpone the meeting, but reschedule within the next 2 weeks.

f. The CRC will convene as often as necessary to hear cases in a timely fashion. The CRC Chair will determine the meeting schedule and notify all other members.

g. A majority vote of CRC members present is required to substantiate a case. If a vote is tied, the chairman will vote to break the tie. The CRC minutes will reflect members present and number of votes cast to substantiate each case.

h. The CRC will present the minutes to the MTF Commander within 7 working days. The MTF Commander will then submit a signed copy of the minutes to the Installation Commander within 14 working days.

8. INSTALLATION STRATEGY TEAM (IST).

a. Establish the IST to guide the installation's response to managing out of home (institutional) child abuse in DoD operated or sanctioned activity.

b. The Director, Morale, Welfare and Recreation (DMWR) will function as chairperson of the IST.

c. Multidisciplinary FAP team members are identified by regulatory requirement to comprise the IST. Team members include representatives of Criminal Investigation Division (CID), Provost Marshal Office (PMO), SJA, PAO, Civilian Personnel Advisory Center (CPAC), CYS Coordinator, FAPM, Chief of SWS, and a pediatrician. The Installation Commander may also deem civilian members, such as representatives from the Federal Bureau of Investigation (FBI) or U.S. Attorney's office appropriate to serve as IST Members.

d. Convene the IST when a child sexual/severe physical abuse case in a DoD operated or sanctioned activity involves the potential for multiple victims, the potential for creating alarm within the military, and/or the potential for generating adverse media coverage.

e. The FAPM, SJA, CID, and C, SWS will jointly determine the need for convening the IST. The FAPM will brief the chain of command and recommend the team be convened. The DMWR will convene the IST. The DMWR will provide management of the IST with the FAPM serving as action officer.

f. The DMWR will direct the development and implementation of an Installation Plan of Action and Installation Plan of Response by the IST. The plans will function to monitor the operations of the abuse incident(s) alleged to have occurred. DMWR will design the plans to ensure support for parents of potential victims; ensure the coordination of treatment for the alleged victim(s), alleged offender(s), family members of the alleged victim(s), and offender(s); establish and maintain effective communication with parents, press, and the public; support staff not involved with the abuse; and to identify and request resources to accomplish the plan.

g. The IST will provide the Installation Commander with a recommendation on the need to bring in outside resources, such as the Department of the Army (DA) Family Advocacy Rapid Response Team or the DoD Family Advocacy Command Assistance Team.

h. Effective cooperation and collaboration between team members is critical in the management of out-of-home child abuse cases to: reduce trauma involved in the cases; provide a uniform, systematic, and structured approach to investigation of the cases; ensure protection of the child(ren) and successful prosecution of the offender(s); provide procedures for mutual assistance among agencies and professionals in the performance of their duties; prevent future maltreatment of children; and to establish a safe environment in DoD operated or sanctioned activities in which the absence of abuse is the standard.

9. RESPONSIBILITIES.

a. The Installation Commander, by virtue of his/her inherent authority as commander and through specific authority granted to him under AR 608-18, is responsible for the protection of abused children and spouses of military families within

his/her command, as well for maintaining laws, order, and discipline on the installation. Within his/her authority, the Installation Commander will--

(1) Establish a program for the prevention, reporting, investigation, and treatment of spouse and child abuse as outlined in AR 608-18.

(2) Appoint an installation FAPM on orders to coordinate and manage the FAP, and to ensure compliance with this regulation.

(3) Designate a Report Point of Contact (RPOC) and ensure a 24-hour emergency response system exists on the installation that is capable of providing immediate protection to victims of spouse and child abuse.

(4) Appoint members of the CRC and FAC by written orders and by name to serve as members for 1 year, subject to reappointment.

(5) Direct the development of a MOA with DHS and other authorities in the civilian jurisdictions adjoining the Army installation.

(6) Review CRC Minutes.

(7) Consider CRC recommendations when taking or recommending disciplinary and administrative actions with regards to Soldiers and civilian family members involved in spouse or child abuse.

b. The Installation Command Sergeant Major will serve as a member of the FAC.

c. The Garrison Commander will--

(1) Serve as the chairperson of the FAC.

(2) Review and approve minutes of the FAC.

d. The Commander, III Corps Artillery will--

(1) Establish mandatory counseling and educational programs under the FAP for Soldiers involved in spouse and/or child abuse.

(2) Consider CRC recommendations when taking or recommending disciplinary and administrative actions with regard to Soldiers involved in spouse and/or child abuse.

(3) Ensure that all subordinate commanders are briefed on the FAP within 45 days prior to or following assumption of command.

(4) Designate a representative to serve as a member of the FAC.

e. The Commander, Field Artillery Training Center will--

(1) Establish mandatory counseling and educational programs under the FAP for Soldiers involved in spouse and/or child abuse.

(2) Consider CRC recommendations when taking or recommending disciplinary and administrative actions with regard to Soldiers involved in spouse and/or child abuse.

(3) Ensure that all subordinate commanders are briefed on the FAP within 45 days prior to or following assumption of command.

(4) Designate a representative to serve as a member of the FAC.

f. Unit commanders will--

(1) Attend education programs on child and spouse abuse designed for unit commanders.

(2) Schedule time for Soldiers to attend annual troop awareness briefings.

(3) Be familiar with rehabilitative, administrative, and disciplinary procedures relating to spouse and child abuse.

(4) Report suspected spouse and child abuse to the Fort Sill Military Police (the installation RPOC) and provide all relevant information to those investigating the report, including law enforcement and SWS.

(5) Attend (as a nonvoting member) CRC case presentations pertaining to Soldiers in their command.

(6) Ensure that Soldiers involved in allegations of child and/or spouse abuse, after properly being advised of their Article 31(b), UCMJ rights against self-incrimination, are encouraged to cooperate with FAP personnel to the maximum extent possible from initial report to case closure. This includes participation in individual and family interview or examinations by appropriate social services, medical, and law enforcement personnel.

(7) Support and comply with CRC treatment recommendations to the maximum extent possible. Provide nonconcurrency with CRC treatment recommendations in writing through chain of command to the MTF commander.

(8) Consider CRC recommendations--

(a) Before requiring Soldiers to receive counseling and referral assistance in mandatory counseling programs established under the FAP.

(b) When taking or recommending disciplinary and administrative actions in spouse and child abuse cases. However, do not delay such actions pending CRC recommendations.

(c) Before recommending deferment or deletion from reassignment of Soldiers who themselves or whose family members are receiving professional counseling for spouse or child abuse.

(d) When required treatment is unavailable and reassignment is the only viable means of providing treatment to the abuser or protecting family members from further abuse. Do not reassign a Soldier while pending disciplinary action (e.g., court-martial, nonjudicial punishment).

(e) Before initiating personnel actions to separate service members for spouse or child abuse. Reference AR 635-100, Officer Personnel and AR 635-200, Enlisted Personnel.

(9) Notify the CRC Chairperson when orders are issued reassigning Soldiers or moving family members, who are involved in treatment for spouse or child abuse.

(10) Encourage the participation of civilian family members in treatment programs.

g. The DMWR will--

(1) Ensure that programs under his/her direct control have established SOPs for the identification and reporting of spouse and child abuse in accordance with AR 608-18.

(2) Review and sign all SOPs for programs under his/her direct control.

(3) Support an effective and coordinated installation FAP.

(4) Ensure the FAPM has access to the Installation Commander to conduct briefings in accordance with AR 608-18.

(5) Review and forward FAP consolidated budget (MTF and ACS) for approval by the Garrison Commander.

(6) Chair the IST.

h. The ACS Director will--

(1) Ensure that a paid staff person is appointed on orders to serve as the FAP Manager.

(2) Supervise the FAPM, monitor and evaluate FAP services provided through ACS.

(3) Ensure management of Office of the Secretary of Defense (OSD) funding is handled IAW established guidelines.

(4) Ensure coordination with other ACS programs, as appropriate.

(5) Ensure ACS paid staff or volunteers do not provide FAP treatment services.

i. Installation FAPM, as overall program manager, will--

(1) Coordinate the prevention, direct services, administration, evaluation, and training efforts of the FAP on the installation to ensure compliance with this regulation.

(2) Ensure that any reports received by ACS are referred to the installation RPOC.

(3) Serve as the point of contract for all FAP briefings or training requests related to FAP or family violence.

(4) Serve as the Contracting Officer's Representative (COR) for any ACS prevention contracts.

(5) Ensure compliance with DoD quality assurance standards.

(6) Provide liaison with civilian and military service providers, and assume lead responsibility for developing and coordinating an installation MOA.

(7) Assess the special FAP needs of military families residing on the installation and in the surrounding communities.

(8) In coordination with the C, SWS, identify required prevention and treatment resources and submit the MTF and ACS budget requirements IAW published guidelines to the Garrison Commander for review and approval.

(9) Coordinate the management of the FAP with other programs serving military families, including those on-post, off-post, and at nearby installations, to ensure cost effectiveness and avoid duplication of efforts.

(10) Periodically provide verbal and written reports to the chain of command on the status of the FAP, emerging prevention and treatment issues and trends, and the results of prevention programs. Normally, conduct the initial briefing to the Installation Commander within 8 weeks of the commander's assignment.

(11) Consolidate and analyze statistical data on family violence.

(12) Develop a post-wide community education program to--

(a) Inform all personnel about the seriousness of spouse and child abuse, including the causes, effects, and remedies.

(b) Publicize procedures for reporting incidents of spouse and child abuse and available services.

(c) Emphasize the importance of total community involvement in the installation FAP.

(13) Implement ongoing training to ensure each unit commander is briefed on the FAP within 45 days prior to, or upon assumption of, command.

(14) Brief all installation staff members involved in FAP (DMWR, SJA, DES, USACIDC, MTF Commander, DENTAC Commander, ASAP Director, CYS Coordinator, Chaplain, and ACS Director) about the FAP whenever there is a staffing change in any of these positions.

(15) Train CYS staff, volunteers, and other installation professionals with access to children on how to identify and report suspected child abuse.

(16) Implement a safety education program targeted at children, parents, teachers, and caretakers.

(17) Apply to attend the Family Advocacy Staff Training (FAST) Course within a year of appointment as FAPM.

(18) Establish procedures for liaison and referral with local military and civilian health and human services agencies capable of assisting victims and perpetrators of spouse or child abuse, and maintain a list of existing services, key contact people, emergency and regular referral procedures, and eligibility requirements.

(19) Provide information and assistance on the Transitional Compensation Program.

(20) Serve as a member of the CRC, FAC, the Fatality Review Committee for child and spouse abuse cases, and the IST for out-of-home cases of child abuse.

(21) Serve on the CYS Installation Evaluation Team.

j. The MTF Commander (C, SWS) will--

(1) Supervise the multidisciplinary CRC. Designate a paid professional, assigned to the MTF (a military officer or GS-11, or above, who meets the Level II personnel requirements as described in DoD Quality Assurance Standards for Treatment services) to chair the CRC.

(2) Ensure that a social work officer with appropriate training and experience, in accordance with DoD quality assurance standards, is responsible for direct services and clinical counseling.

(3) Ensure that the Spouse Abuse Matrix (SPAM) and Child Abuse Matrix (CHAM) are used to determine the appropriate level of treatment services.

(4) Develop written protocols to address treatment, clinical evaluation, and follow-up of spouse and child abuse.

(5) Ensure that all allegations of spouse and child abuse are reported to the Military Police (RPOC) as required.

(6) Establish an education program in coordination with the FAPM to train MTF personnel and members of the CRC in the identification and management of spouse and child abuse.

(7) Ensure that needed medical follow-up care or assistance is provided to the victims and perpetrators of spouse and child abuse.

(8) Provide assistance as required, and in accordance with this publication, when allegations of abuse involving service members of the U.S. Air Force (USAF), U.S. Navy (USN), U.S. Marine Corps (USMC), or U.S. Coast Guard (USCG) occurs on or near the installation.

(9) Provide advice and guidance on the Uniformed Services Health Benefit Program.

(10) Maintain confidentiality of information contained in medical records IAW law and regulations.

(11) Ensure that all direct services and supervisory staff in the MTF receive appropriate clinical training through in-service continuing education.

(12) Coordinate all phases of program development with the FAPM to assure that roles and responsibilities for training and counseling services are clearly defined.

(13) Provide oversight in the distribution of OSD FAP funding to include ensuring that OSD funded personnel are supported with resources, space, and standard office supplies. Do not bill these items to the OSD FAP budget.

(14) Ensure adequate and appropriate medical staff, clinical, and clerical support to provide crisis intervention, case management, medical or clinical evaluation, diagnostic assessment, counseling, treatment, follow-up, and reporting of all abuse cases. Assure that personnel providing treatment/ intervention services as defined by the DoD standards meet required educational and professional criteria.

(15) Ensure that a standardized intake procedure for spouse and child abuse is established.

(16) Provide local statistics and other pertinent information on the FAP to the FAPM for community and command information programs, to identify trends, and to prepare reports.

(17) Periodically report to the Installation Commander on CRC operations, issues, and other pertinent information.

(18) Ensure that the individual, against whom an adverse finding is made, receives a copy of the published CRC adverse determination review process.

(19) Ensure that the standards of care outlined in the regulation are consistently applied and incorporated in existing quality improvement and medical protocols.

(20) Designate a MTF staff member to prepare the minutes of the CRC meetings.

(21) Assign a Pediatrician to serve as a member of the CRC, FAC, and IST.

k. The C, SWS, will--

(1) Assess reports of spouse and child abuse to identify potential family problems and intervene as necessary to prevent injury to parties involved.

(2) Initiate and maintain communication with the unit commander to include--

(a) Providing a written notification of the incident with the date and time of the CRC meeting at which the case will be reviewed

(b) Providing a written notification regarding the CRC case determination and recommended treatment plan.

(c) Completing reports of attendance and cooperation with the treatment plan.

(d) Conducting evaluations of service member's progress in treatment.

(3) Ensure that prompt notification to the Army Central Registry is made and DD Form 2486 (Child/Spouse Abuse Incident Report) is accurately completed and submitted in a timely manner.

(4) Coordinate treatment service in each case of spouse or child abuse.

(5) Maintain case records of all case procedures IAW standard record format and AR 25-400-2.

(6) Ensure proper case transfer procedures are followed.

(7) Ensure ACR access is IAW AR 608-18.

l. The CHN will--

(1) Serve as a member of the FAC.

(2) Provide services directed toward the prevention of spouse and child abuse through health education to individuals, families, and groups (e.g., new parent support, expectant parents, child development classes), and coordinate such efforts with the ACS FAPM.

(3) Assist with the identification of high risk families and provide direct services to selected families.

(4) Refer cases to the RPOC when spouse or child abuse or neglect is suspected.

(5) Upon request, serve as a consultant to the CRC to provide nursing input into the assessment, intervention, and evaluation process of individual cases.

(6) Receive referrals from CRC for family health counseling and nursing assessment, and provide this service in the clinic, CHN office, or family home.

(7) Participate in Child Abuse Prevention Month events.

m. The DENTAC Commander will--

(1) Serve, or provide a representative to serve, as a consultant to the CRC upon request.

(2) Serve, or provide a representative to serve, as member of the FAC.

(3) Develop written protocols to address spouse and child abuse.

(4) Screen dental and medical records in order to identify and record all incidents of injury suggestive of spouse and child abuse.

(5) Identify and report all child abuse as outlined in AR 608-18.

(6) Participate in FAP prevention programs as requested.

n. The Chief, Military Personnel Division will--

(1) Give the C, SWS, or CRC Chairperson access to reassignment rosters to determine if active cases are being reassigned.

(2) Process application for deletion, deferment, and compassionate reassignments based on the Soldier's individual situation, the commander's request, or the CRC recommendation.

o. The Provost Marshall will--

(1) Serve, or provide a senior representative to serve, as a member of the CRC, FAC and IST.

(2) Serve as the Installation 24-hour RPOC for spouse and child abuse reports.

(3) Conduct preliminary inquiries or investigations involving allegations of spouse or child abuse in accordance with AR 190-30, Military Police Investigations; AR 195-2, Criminal Investigation Activities; and AR 608-18. Coordinate with CID when appropriate.

(4) Coordinate with civilian law enforcement agencies when abuse occurs off the military installation, or when the assistance of civilian law enforcement is required to conclude an investigation.

(5) Notify SWS, within 24 hours, of all reports of spouse and child abuse. Notify the FAPM within 24 hours of all reports of child abuse against staff, contractors, or volunteers in Army Operated or Sanctioned Child Care Activities.

(6) Provide a copy of the blotter and Military Police Serious Incident Report (SIR) filed in any spouse or child abuse case to the FAPM and C, SWS. As appropriate, provide the CYS Coordinator copies of any SIR related to child abuse reports occurring in an Army operated or regulated activity.

(7) Ensure crisis intervention training is provided for all federal police performing law enforcement duties within 90 days of being assigned duties that would typically require them to respond to domestic violence. Conduct training in coordination with the FAPM and cover the physical and emotional trauma associated with spouse and child abuse, and proper management procedures. Require recertification of all federal police annually.

(8) Support the prevention and awareness efforts conducted by FAP.

(9) Conduct a check of local law enforcement records upon request from the Family Advocacy Social Worker or CRC Chairperson to determine if alleged spouse and child abusers have had past incidents of behavior requiring police intervention. Conduct a check of local law enforcement records upon the request from the CYS Coordinator or FAPM on all staff, contractors, and volunteers applying to work directly with children.

(10) Transport children suspected of being abused to the MTF or civilian hospital for medical assessment, upon request by the Chairperson, CRC.

(11) Ensure that personnel attend Domestic Violence Intervention Training (DVIT) and Child Abuse Prevention and Investigation Techniques (CAPIT) courses and other specialized training on child and spouse abuse.

p. The local USACIDC Special Agent in Charge will--

(1) Notify the RPOC of all reports of child and spouse abuse.

(2) Conduct investigations IAW AR 195-2, Criminal Investigation Activities, which include--

(a) Investigations of all alleged offenses for which the maximum punishment under the Uniform Code of Military Justice (UCMJ) is confinement for 1 year or more (felonies).

(b) Assaults (consummated by a battery) on a child under the age of 16 years, and/or acts or liberties with a child under the age of 16 years IAW AR 195-2.

(c) Aggravated assaults against any victim who is hospitalized for treatment in excess of 24 hours.

(d) Indecent acts or liberties with, or sexual abuse of, a child under the age of 16 years and rape or indecent assault regardless of the age of the victim.

(e) All alleged incidents of child abuse (i.e., physical abuse, sexual abuse, or neglect) which take place within an Army operated or regulated activity.

(3) Provide reports of investigation to the appropriate commanders and the C, SWS.

(4) Conduct a Crime Records Center check, upon request from the FAP Social Worker or CRC Chairperson, to determine if the alleged spouse and/or child abusers have had past incidents of behavior requiring intervention by law enforcement agencies.

(5) Provide a special agent to serve as a member of the CRC, FAC, and IST.

(6) Ensure that personnel attend DVIT and CAPIT courses and other specialized training on child and spouse abuse.

q. The SJA will--

(1) Serve, or provide a representative to serve, as member of the CRC, FAC, and IST.

(2) Advise commanders and the CRC on applicable laws and regulations affecting current spouse and child abuse cases and other FAP issues.

(3) Advise commanders on disciplinary and administrative actions against Soldiers in spouse and child abuse cases and on measures to protect victims from further abuse.

(4) Coordinate with federal, state, and local authorities, as required, on the criminal prosecution of spouse and child abuse not subject to the UCMJ and on cases occurring off post.

(5) Recommend alternative courses of action to the commander and the CRC when those actions under consideration are prohibited or otherwise limited by applicable law or regulation.

(6) Perform the legal review of an installation MOA involving the handling of spouse and child abuse within the command.

(7) Perform the legal reviews in negotiation of MOAs with Oklahoma DHS and other civil authorities in the jurisdictions adjoining the Fort Sill Community.

(8) Advise the commander, CRC Chairperson, FAPM, and MTF commander on all legal issues regarding the release of information and records, the extent to which, if at all, the confidentiality of those making reports of spouse and child abuse are protected under applicable laws and regulations.

(9) Advise the commander, MTF Commander, CRC, FAC, and others as to the extent to which, if at all, state laws mandating the reporting of child abuse apply to those assigned to or residing on the installation.

(10) Advise the commander and CRC on the legal authority that a state may exercise over Soldiers and family members involved in spouse and child abuse cases residing on and off the installation.

(11) Make legal assistance attorneys available to abused family members and Soldiers to advise and counsel them on their legal rights regarding housing and financial support, divorce, legal separation and child custody, and on civil actions and remedies available to them to enforce their legal rights and to protect themselves from further abuse.

(12) Designate a person to serve as victim/witness liaison through which abuse victims and witnesses may obtain information and assistance in securing available victim/witness services. (See AR 27-10, Military Justice, chapter 18 for procedures).

(13) Appoint a judge advocate to serve as a liaison with local civil authorities to ensure that courts conducting civil or criminal proceedings relating to child abuse

involving Soldiers and their family members are made aware of relevant information, to include securing of witnesses, documents, and other evidence.

(14) Provide victims of dependent abuse, or the FAPM, with information and documents needed to complete the transitional compensation application packet.

r. The Installation Chaplain will--

(1) Serve, or provide a representative to serve, as member of the CRC and FAC.

(2) Be responsible for informing the CRC on family compliance with treatment plans when the CRC refers a case to the Chaplain Program and the Chaplain accepts the referral. In the military, a person has the privilege to refuse to disclose, and to prevent another from disclosing, a confidential communication by the person to a clergyman if such communication is made as a formal act of religion or as a matter of conscience (Reference AR 608-18, appendix G-5).

(3) Assure that pastoral care is available for Soldiers and family members in abuse cases.

(4) Provide programs that assist with family wellness, effective parenting, family enrichment, and family spiritual life.

(5) Ensure that chaplains providing treatment at Level II, as defined by the DoD Manual 6400.1-M, meet the required education and experience.

s. The PAO will--

(1) Conduct media campaigns to increase community awareness of the problems of child and spouse abuse and the availability of resources (medical, law enforcement, legal, and other assistance and counseling).

(2) Coordinate the release of all spouse and child abuse public awareness materials with the FAPM.

(3) After careful coordination with the SJA, FAPM, and law enforcement, and with the approval of the Garrison Commander or his/her designee, release information to the media regarding specific spouse or child abuse incidents that have aroused public concern.

(4) Advise the CRC on public affairs policies and procedures involving child and spouse abuse, including the provisions of AR 360-1, The Army Public Affairs Program, and the public release of certain investigative reports.

(5) Obtain DA/Major Command (MACOM) public affairs guidance as required for specific situations with potential for adverse publicity for the DA.

(6) Serve as a member of the IST.

t. The Clinical Director, ASAP will--

(1) Provide education and counseling services to individuals whose alcohol or drug abuse may play a part in spouse and child abuse.

(2) At intake, inquire about the existence of spouse and child abuse. (See AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.)

(3) Coordinate with the FAPM to provide training to drug and alcohol counselors in the identification, reporting, family dynamics, and treatment of spouse and child abuse.

(4) Serve as a member of the CRC and FAC.

u. The CYS Coordinator will--

(1) Ensure training on spouse abuse, child abuse and neglect, identification, and reporting criteria are provided to all CYS staff, family childcare providers, and volunteers. Conduct the training in coordination with the FAPM.

(2) Establish internal procedures to ensure that all suspected cases of child and spouse abuse are immediately reported to the RPOC.

(3) Screen all caregivers and FCC provider applicants for prior involvement in reported incidents of spouse or child abuse under provisions of AR 608-10.

(4) Service as a member of the FAC and IST. Ensure CYS program managers serve as consultants to the CRC when called upon to do so.

(5) Participate with the CRC treatment plan when an abused child is placed in CYS care after abuse has occurred or when the allegation involves a CYS activity.

(6) Implement a child safety education program in CYS IAW AR 608-18 and AR 608-10.

v. The School Liaison Officer will serve as a member of the FAC.

w The Garrison Command Sergeant Major will serve as a member of the FAC.

x. The Commander, Marine Corp Detachment (MCD) will--

(1) Report suspected spouse and child abuse to the RPOC, and provide all relevant information to those investigating the report, including law enforcement, Family Advocacy, and Department of Social Services.

(2) Be familiar with rehabilitative, administrative, and disciplinary procedures relating to spouse and child abuse.

(3) Support and comply with CRC treatment recommendations to the maximum extent possible.

10. PREVENTION AND EDUCATION.

a. The FAPM is responsible for providing and coordinating community-wide prevention and education efforts regarding family violence. FAPM offers the following programs, unless prohibited by personnel and fiscal resource constraints:

(1) Community Awareness Program. This program is designed to inform the military community of reporting procedures, the dynamics of child and spouse abuse, indicators of child and spouse abuse, and services available in the Fort Sill Community. FAPM will conduct awareness programs for parents, Family Readiness Groups (FRGs), school groups, church groups, and similar organizations.

(2) Military Education Program. FAPM will provide this program to commanders and troops, in separate sessions. FAPM will brief troops annually on reporting procedures, the dynamics of child and spouse abuse, and indicators of child and spouse abuse, Transitional Compensation Program, and services available in the Fort Sill Community. Commanders and First Sergeants will receive training on all topics covered in troop training plus command responsibilities, coordination with the CRC, and Army policies on domestic violence.

(3) Parent Education Program. FAPM will hold parenting classes on an on-going basis and include classes specially geared towards early childhood, with other classes offered as needed. The Parent Education and Support is partly accomplished through the New Parent Support/New Parent Support Plus that conducts in-home visitations utilizing the Parents as Teachers Curriculum for at-risk parents of children birth to 3 years. ACS personnel that meet Army standards regarding New Parent Support Plus programming administer the Parents as Teachers Program.

(4) Child Safety Program. Age appropriate child abuse and child safety classes are taught to children attending CYS programming, children attending Geronimo Road and Sheridan Road Elementary Schools, and military connected children attending school off the installation as funding is available.

(5) Victim Advocacy Program and Transitional Compensation. Victim Advocacy and Transitional Compensation classes are offered to Soldiers, commanders, and FRGs.

(6) Professional Education Training. Professional and para-professionals that work with children receive training in the dynamics of child abuse, identification, and reporting responsibilities. Professional and para-professionals who work with families in the

medical, legal, and law enforcement fields also receive training on the dynamics of family violence, identification, and reporting responsibilities, services available in the community, Army policy, Victim Advocacy, and Transitional Compensation.

b. Members of the USAFACFS community may contact the FAPM at 442-6801, ACS, MWR One-Stop Center (4700N Mow-Way Road), to arrange for prevention and education events for specific groups.

11. TRAINING REQUIREMENTS.

a. The FAPM will inform CRC members of dates of the FAST Course and FAST Advanced (FASTA) courses and strongly encourage their attendance during their first year of appointment to the CRC.

b. FAP personnel will attend in-service training on a regular basis.

c. The FAPM and MTF FAP staff will complete 30 hours of continuing education annually regarding spouse and child abuse.

d. All installation staff officers and tenant organizations involved in cases of spouse and child abuse will coordinate with the FAPM to provide training at least annually to all their personnel regarding proper procedures in identifying and responding to reports of spouse and child abuse.

12. PARTNERSHIPS

a. The USAFACFS will work cooperatively with local communities in identifying, reporting, and investigating child and spouse abuse cases; protecting abused children from further abuse; and in providing services and treatment to families in which abuse has occurred. FAPM will establish a MOA with these communities to address these issues. The FAPM will notify Southwest Region in the event that a civilian community or state agency refuses to enter into such an agreement.

b. FAPM establishes MOA with--

(1) Local shelters offering services to battered women.

(2) Civilian Criminal Justice Agencies for coordination of off-post domestic violence cases.

(3) State of Oklahoma DHS regarding child protective services.

(4) State of Oklahoma DHS regarding foster care on the installation.

(5) Local violence prevention agencies for the provision of group treatment services.

(6) Local family support agencies, for the provision of educational services.

(7) Local therapeutic foster care agencies regarding foster care on the installation.

c. The USAFACFS will work cooperatively with installation, other military services, and community agencies to provide prevention education and awareness programs, crisis/respite care, professional training, and outreach. FAPM will establish MOA (and contracts, as required).

d. SJA will review MOAs for legal sufficiency and statutory compliance. The FAC will review all existing MOAs annually or as required and will recommend revisions as needed.

13. REPORTING PROCEDURES. Appendix C contains a schematic of the Reporting Procedures.

a. Reporting Responsibilities.

(1) Individuals can report suspected child and/or spouse abuse 24 hours a day to the RPOC, 442-2103. For information on child or spouse abuse, contact the FAPM at 442-6801.

(2) Every service member, employee, and member of the military community is encouraged to report information about known or suspected child abuse/neglect or spouse abuse to the RPOC as soon as the information is received. Individuals can make anonymous reports.

(3) AR 608-18 also requires that all installation law enforcement personnel, physicians, nurses, social workers, school personnel, CYS personnel, psychologists and other medical personnel, and all personnel working in or supporting the FAP will report information about known or suspected cases of child or spouse abuse to the RPOC as soon as the information is available.

(4) Title 10, Oklahoma Statutes, Section 7103, mandates anyone having knowledge of or suspecting child abuse to report such suspicion immediately, with the exception of clergy, who obtain the information in their official capacity, as that communication is deemed to have privilege.

(5) Commanders will report allegations of abuse involving their Soldiers to the RPOC.

b. Reporting Procedures for Child Abuse.

(1) Immediately report suspected child abuse or neglect, including those alleged to have occurred in an Army operated or regulated activity, to the RPOC, 442-2103.

(2) Upon receipt of report, the RPOC will notify the Police Investigators, and, if appropriate, the CID.

(3) The RPOC will telephonically notify SWS, and in the case of abuse alleged to have occurred in an Army operated or regulated activity, the FAPM, and forward the blotter and police reports to SWS and the FAPM as they become available.

(4) When SWS receives the initial report of suspected abuse, he/she will immediately notify the RPOC.

(5) The SWS Case Manager will notify the appropriate unit commander within 24 hours of a report of suspected child abuse.

(6) The SWS Case Manager will notify Oklahoma DHS, IAW with the MOA.

(7) The FAPM will notify the PAO of child abuse reports when there is a fatality or serious injury requiring inpatient medical attention or when a case has an unusual aspect that may draw media attention.

(8) When a case is substantiated by the CRC to be child neglect, child emotional, physical or sexual abuse, the C, SWS will report this information on DD Form 2486 (Child/Spouse Abuse Incident Report) to the Army Central Registry at Fort Sam Houston, Texas.

c. Out-of-Home Child Abuse. If the suspected incident allegedly occurred in an Army operated or regulated activity, implement the following procedures, in addition to those above:

(1) Report the incident as stated above. CID has primary responsibility for investigating these reports.

(2) Immediately report the incident to the FAPM, who will then contact the DMWR. The DMWR will report the incident to the GC.

(3) Report the incident to PAO and seek their assistance in preparing possible statements for release to the media.

(4) Within 48 hours of receipt of a credible report, the FAPM will telephonically provide information regarding the alleged incident to the Southwest Region Headquarters FAPM. The FAPM will then complete DA Form 7318-R (Initial Report of Child Abuse in DoD Operated or Sanctioned Activities) and forward to the MACOM within 5 days following the initial telephonic report.

(5) FAPM sends follow-up/interim reports using DA Form 7318-1-R (Follow-up/Interim Report of Child Abuse in DOD Operated or Sanctioned Activities) to the MACOM when significant changes in the status of the case occur, requested by

MACOM or Headquarters DA, or when changes develop resulting in increased community sensitivity.

(6) FAPM will submit a Closeout Report using DA Form 7318-2-R (Closeout Report of Child Abuse in DoD Operated or Sanctioned Activities) to the MACOM, when all investigations have been completed.

(7) When a DA reportable (per AR 608-18, paragraph 8-9) allegation/incident has occurred, the FAPM will recommend to the Garrison Commander that the IST be convened. (See IST SOP). The IST may recommend that the DA Regional Rapid Response Team or the DoD Family Advocacy Command Assistance Team be contacted for assistance in responding to the allegations.

(8) Case manager presents allegations of out-of-home abuse to the CRC. If the case is substantiated, the C, SWS, will report child abuse on DD Form 2486 (Child/Spouse Abuse Incident Report) to the Army Central Registry at Fort Sam Houston, Texas.

d. Reporting Procedures for Spouse Abuse.

(1) Reports of spouse abuse should be made to the RPOC, 442-2103.

(2) When ACS receives a report involving an incident of spouse abuse, the FAPM or designee will provide crisis intervention to the client and report the incident to the RPOC and SWS to expedite treatment service and case management.

(3) When responding to a domestic violence call, the MPs will first determine the immediate safety of all parties and assess if the situation is stabilized. The first priority is the alleged victim.

(4) The MP will assess the situation to determine if--

(a) He/she can resolve the verbal dispute at the scene and that there is no potential for violence. The MP will notify the service member's chain-of-command of the incident. The unit commander, or designee, will decide whether or not to house the service member in the barracks or other location.

(b) There is still a potential for violence. The MP will notify the service member's chain-of-command of the incident. The unit commander, or designee, will make arrangements to house the service member in the barracks or other supervised location.

(c) There has been a physical assault. Police procedures are to apprehend and process the offender. If the offender is military, the MPs may release him/her to the unit and the unit will place the service member in a supervised location. If the offender is the family member, removal may be an appropriate means of protecting a military

spouse and/or minor children from further abuse. The MP may request that the Installation Commander issue a temporary bar letter to the family member.

(5) To ensure the future safety of the family, consider the removal of privately-owned weapons (PWs) from the home. The MP will contact the Installation Commander, or his/her designee, prior to the seizure of any PWs, unless the PWs are being seized as evidence of criminal misconduct.

(6) Provide victims with information regarding victim's rights, advocacy, and shelters. In cases of verbal disputes with no further potential for violence, the MP will provide the victim with the above-mentioned information. In cases of verbal disputes with potential for violence and physical assault, the MP will contact the Victim Advocate immediately after the removal of the alleged offender. The Victim Advocate will provide information regarding victim's rights, advocacy, and shelters.

(7) Inform and refer victims of abuse to Marie Detty Youth and Family Services, Inc./New Directions. The victim has the right to decide whether to enter, or not to enter, the shelter.

(8) When a case is substantiated by the CRC to be spouse abuse, the C, SWS, will report this information on DD Form 2486 (Child/Spouse Abuse Incident Report) to the Army Central Registry at Fort Sam Houston, Texas.

14. EMERGENCY RESPONSE IN CHILD ABUSE CASES.

a. In some cases it will be apparent that immediate intervention by the DHS is required to protect the victim from further harm. The MP or CID will follow procedures outlined in the MOA between USAFACFS and Oklahoma DHS for placing a child in emergency protective care.

b. In cases of suspected abuse or neglect where the family resides on Fort Sill, DHS will need the assistance of the MP and/or CID to remove a child(ren) from his/her parents in order to provide for the child(ren)'s immediate safety.

c. Use the following protocol in cases of suspected serious physical abuse or child sexual abuse where the incident occurred on post and the suspect is active duty Army and a member of the victim's family:

(1) If the report originated with the RPOC, the agency will immediately report to CID to coordinate the immediate assessment of the child(ren)'s current safety and begin the forensic investigation.

(2) If the MP or CID determines during the initial interviews that there is a reason to suspect abuse from an identified abuser, and the abuser has not been incarcerated, remove him/her from the quarters and house him/her in another supervised location. This action will minimize the need to remove a child(ren) to foster care. This is an

option when the MP or CID determines that there is a nonoffending spouse who can appropriately protect, support, and meet the needs of the child(ren).

d. In cases where suspected serious physical abuse or child sexual abuse occurred on post and the suspect is a civilian, CID will notify the FBI. Take procedures as described above, to safeguard the child(ren).

e. Use the following protocol in cases of suspected serious physical abuse or child sexual abuse where the incident took place off-post and the suspect is active duty military.

(1) Upon clarification of the military status, DHS will notify the RPOC of the incident.

(2) Coordinate investigation and treatment with DHS in accordance with the MOA.

(3) The RPOC will also ensure that the FAPM and C, SWS, are informed of the incident if the report was initiated outside of these channels.

15. VICTIM'S RIGHTS. Protect the safety and rights of victims. These are their rights.

a. Treat victims with fairness and with respect for their dignity and privacy.

b. Reasonably protect victims from the accused offender.

c. Notify victims of court proceedings.

d. Victims have the right to be present at all public court proceedings related to the offense, unless the court determines that their testimony would be materially affected if they, as the victim, heard other testimony at trial.

e. Victims have the right to confer with an attorney for the government in the case.

f. Victims have the right to information about conviction, sentencing, imprisonment, and release of the offender.

16. INVESTIGATION.

a. The investigation of child and spouse abuse is a collaborative effort on the part of various USAFACFS and civilian agencies. It is the goal of such collaboration that the victims in the cases be spared the additional trauma of multiple interrogations, as well as to expedite the various investigations into the allegations, and protect the victim from further harm.

b. The roles of the different military and civilian agencies are distinct. The FAPM, Chief of SWS, and Oklahoma DHS (in child cases) are charged with assuring the continued safety of victims, as well as assessing the incident to determine if abuse

actually occurred, and develop a treatment plan. It is the role of the MP and the CID to investigate possible criminal misconduct. The immediate notification of the appropriate parties facilitates collaboration in the investigative process. However, if one of the parties is not immediately available, the initial interview will not necessarily be delayed. The CID/MP is the lead agency in the interviewing process. The purpose of the criminal investigation is to obtain and preserve verbal testimony and evidence. However, the protection of the alleged victim(s) will be the first priority in providing an assessment of the situation, intervention, and investigation.

c. The FAP treatment personnel will use the following guidelines when interviewing child victims and any other children in the home:

(1) Interview the child on an age-appropriate basis when the child is the primary source of information.

(2) When interviewing child victims, make every effort to coordinate with law enforcement and medical and social work personnel to prevent unnecessary and repeated questioning of child victims.

(3) Interview the child in a child-centered environment and not in the presence of the alleged offender. Use the Sanctuary Child Advocacy Center in Lawton for interviews of child sexual abuse victims and, when available, other child victim interviews.

(4) Personnel who have successfully completed CAPIT, FASTA-Multi-Victim, or other accredited child forensic interview training will conduct child interviews.

17. ASSESSMENT AND TREATMENT.

a. Upon notification of a child or spouse abuse incident, the C, SWS will, IAW the SWS SOP, arrange interviews with all parties and conduct a social work assessment following Medical Command (MEDCOM) Protocol (see SWS SOP). C, SWS will present information gathered through this assessment and other sources to the CRC. The CRC will review all reports of abuse.

b. The CRC is responsible for recommending a treatment plan, providing rehabilitative treatment (as appropriate), referring families to private treatment resources, and coordinating treatment through the C, SWS.

c. Upon determination of the status of the case, the C, SWS will provide reports to the appropriate unit commander to include the treatment plan, duration of follow-up treatment, degree of cooperation from the Soldier, and ways in which the command may facilitate treatment, including suggestions for duty limitation.

d. Personnel will maintain the CRC case records at the Department of Behavioral Medicine Annex, 2442 Crane Road, Fort Sill, OK, IAW AR 25-400-2.

e. The CRC will meet the first and third Thursday of every month. The CRC Chairperson may request additional meetings as deemed necessary. The CRC will review each substantiated case at least every 90 days to evaluate the progress of the treatment plan.

f. Treatment goals are to prevent the repetition of abuse, restore the health of victims and innocent family members who have suffered physical and/or psychological damage from abuse, and to return the abusers and families affected by abuse to a functioning state.

g. The C, SWS will inform the unit commander of the services provided, the status of the treatment plan, and the CRC's decision to close the case.

18. JUDICIAL AND DISCIPLINARY ACTIONS.

a. The service member's commander can initiate disciplinary actions, either of an administrative or judicial nature, against a service member.

b. Commanders will coordinate judicial actions against family members through the SJA Office.

c. Personnel should refer any questions regarding the civilian or military jurisdiction of an offense to the SJA Office.

d. For substantiated incidents that are reported to the RPOC, commanders will receive a DA Form 3975 (Military Police Report) that provides details of maltreatment by a service member. Commanders will determine appropriate administrative or judicial action and notify the MP of the disposition on DA Form 4833 (Commander's Report of Disciplinary or Administrative Action). Additionally, if the CID initiates either an active or a collateral investigation into the allegations IAW AR 195-2, Criminal Investigation Activities, the report to the commander will be in the form of a CID Report of Investigation (ROI). In these cases, provide the commander's report of administrative or judicial action taken against the subject of the CID ROI to the originating CID office. Provide copies of the initial police report and /or CID ROI to the C, SWS as soon as possible.

e. Commanders should consult with the C, SWS regarding CRC plans and recommendations prior to taking action. The Trial Counsel (SJA) assigned to the service member's unit is also available to discuss disciplinary or administrative questions with commanders. This ensures that legal guidelines are followed and rehabilitation is not circumvented.

f. Upon considering a service member for administrative separation, the commander should review AR 635-200, AR 635-10, etc., and consult with the local Trial Counsel or the SJA office.

g. The C, SWS can provide commanders with documentation of the incident(s) of maltreatment, rehabilitative treatment attempted, outcome of treatment, and a recommendation. Family violence differs from other criminal activities in that the goal is to allow the perpetrator to remain with, or return to, the victim and family, instead of punishing by separation. Automatic criminal penalties taken against a cooperative suspect can cause additional harm to the victim.

h. Therefore, civil, administrative, and rehabilitative actions are often more appropriate than punitive actions in family advocacy cases. However, in some cases, punitive action is an important part of the process.

i. Commanders should ensure that when a Soldier is separated as a result of a spouse or child abuse offense that the offense is clearly specified in the separation action. This will be the basis for an eligible victim to file for Transitional Compensation benefits. (See Transitional Compensation SOP.)

j. Close collaboration among the involved agencies is the best means to determine the appropriate course in each case. The decision whether punitive action should be taken, however, is a command determination.

19. STATISTICAL RECORDS.

A. The MTF will maintain accurate statistics on the number of cases of spouse and child abuse reported, substantiated and unsubstantiated. Make these statistics available to the FAPM for the ACS annual report and presentation quarterly to the FAC.

b. All CRC substantiated and unsubstantiated cases of spouse abuse will be forwarded to the Army Central Registry at Fort Sam Houston, Texas, within 30 days of determination, using DD Form 2486.

c. The FAPM will maintain attendance records for prevention and education briefings and classes, and individual records for crisis intervention, Victim Advocacy, New Parent Support Plus, and Parents as Teachers clients.

APPENDIX A

DEFINITIONS

1. **Abuser** - A person who abuses children or his/her spouse.
2. **Army Central Registry** - An Army-wide index of abuse reports.
3. **At-Risk** - A situation involving an individual who is vulnerable to spouse or child abuse but where no abuse has occurred. Characteristics that may place children at increased risk for abuse and neglect include premature birth of a child to adolescent parents; the presence of an infant with colic accompanied by continuous crying, congenital deficiencies, or abnormalities; extreme financial distress; substance abuse; or any other condition that interferes with parent-child attachment.
4. **Case Management** - The process of coordinating health and social services so that the client receives the most appropriate care in a timely, efficient manner.
5. **Child** - An unmarried minor, whether a biological child, adopted child, foster child, stepchild, or ward of a military member, or a civilian for whom treatment is authorized in a medical facility of the military services, who is under the age of 18 years or is incapable of self-support because of a mental or physical incapacity.
6. **Child Physical Abuse** - A type of maltreatment that refers to physical acts that caused or may have caused physical injury to the victim. Includes injuries to a child such as brain damage or skull fracture, subdural hemorrhage or hematoma, bone fracture, shaking or twisting of infants and young children, dislocations or sprains, internal injury, poisoning, burns or scalds, severe cuts, lacerations, bruises or welts, or other physical injury that seriously impairs the health or physical well-being of the victim. Minor injuries include cuts, bruises or welts; or other shaking or twisting incidents that do not result in injury that impairs the health or physical well being of the victim.
7. **Child Protective Services** - Any state, local, or foreign department, agency, or office that provides child protective services to families affected by child abuse.
8. **Child Sexual Abuse** - The employment, use persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct), or the rape, molestation, prostitution, or other such forms of sexual exploitation of children or incest with children. All sexual activity between an offender, male or female, regardless of age, and a child, when the offender is in a position of power over the child whether in a caretaker role or not, is considered sexual abuse. Consider the child victim for appropriate Family Advocacy Program services, if eligible. Sexual maltreatment specifically includes, but is not necessarily limited to, the following: (State law may provide additional grounds).

a. **Exploitation:** Forcing a child to look at an offender's genitals, forcing a child to observe an offender's masturbatory activities, exposing of a child's genitals for gratification of the offender(s) sexual desires, talking to a child in a sexually explicit manner, surreptitious viewing of a child while undressed for the offender(s) sexual gratification, or involving a child in sexual activity such as pornography or prostitution in which the offender does not have direct physical contact with the child.

b. **Rape:** Generally, any act of sexual intercourse between an offender and a female, committed by force and without consent. Any penetration of the vagina, however slight, constitutes rape when done by force and without consent. Children of tender years who are not capable of understanding the nature of the act are not capable of giving consent. Force may be physical, mental coercion, or emotional manipulation.

c. **Carnal Knowledge:** Sexual intercourse under circumstances not amounting to rape between an offender and a child who has not attained the legal age of consent (age 16 under the Uniform Code of Military Justice) (UCMJ). Any vaginal penetration, however slight, is sufficient to complete the offense. Ignorance of the child's age is not a defense.

d. **Sodomy:** Unnatural carnal copulation with another person of the same or opposite sex or with an animal. It is unnatural carnal copulation for a person to take into that person's mouth or anus the sexual organ of another person or of an animal; or to place that person's sexual organ in the mouth or anus of another person or of an animal. Sodomy may be either consensual or forcible. Any penetration, however slight, is sufficient to complete the offense.

e. **Molestation/indecent acts:** May include fondling or stroking of breast or genitals, or attempted penetration of the child's vagina or rectum, either digitally or with an object.

f. **Incest:** Sexually explicit activity identified above between a child and biological parent, step-parent, adoptive parent, a sibling, or other relative too closely related to be permitted by law to marry. Sexual abuse by familial caretakers (i.e., other live-in guardians) may sometimes be viewed clinically as incest depending on the specifics of the case.

g. **Other Sexual Maltreatment:** Other sexual activity with a child, including encouraging another to engage in any of the above activities, encouraging or observing masturbation, or taking sexually explicit photographs of a child, etc. May also include acting as a principal or accessory after the fact in any of the above listed activities.

9. **Department of Defense (DoD) Operated or Sanctioned Activity** - May be either a nongovernmental activity or activity operated by U.S. Government employees that is involved in the care of children. The care of children may be either its primary or incidental mission in carrying out another mission. Examples include Child Development Service, Youth Services, childcare activities provided as part of Chaplain's

programs, or as part of another Morale, Welfare, or Recreation program, Family Child Care, contracted childcare services provided by private organizations, and Boy/Girl Scouts.

10. **Emotional Abuse** - A pattern of active, intentional berating, disparaging, or other abusive behavior toward the victim that may not cause observable injury. Emotional neglect involves passive or passive-aggressive inattention to the victim's emotional needs, nurturing, or psychological well-being.

11. **Extra Familial Abuse** - This is applicable in cases of child abuse where the offender has no family relationship to the child. This may range from individuals who are known to the victim to those who are not, and many include individuals living or visiting in the same residence who are unrelated to the victim by blood or marriage, and who are not cohabiting with the child's parent. This also includes individuals having out-of-home care supervision of the child, such as school, child or family care personnel, volunteers, or other DoD sanctioned or operated activities such as:

a. **Childcare Centers.** Child development or childcare services, nursery schools, preschools, or parent co-ops provided in a centralized facility. This does not include home-based childcare.

b. **Family Childcare.** Home-based childcare provided on a regular or daily basis for compensation. This does not include an individual offering random, temporary baby-sitting service.

c. **School Personnel.** Any staff member or volunteer in a public or private school.

d. **Youth Personnel.** Any staff member or volunteer in a DoD sponsored or sanctioned program, service or activity focused on youth, including but not limited to recreation, camps, scouting, clubs, and classes (outside the school system).

12. **Family Member** - An individual, whose relationship to the sponsor authorizes entitlement to treatment in a medical facility of the military services.

13. **Foster Care** - A voluntary or court-mandated program that provides 24-hour care and supportive services in a family home or group facility for children who their own families cannot care them.

14. **Foster Child** - A child other than the sponsor's child who resides in the sponsor's home whose care, comfort, education, and upbringing have been entrusted to the sponsor by a court or a civilian agency or by a parent of the child on a temporary or permanent basis. A foster child also includes a sponsor's child a local civilian authority has placed in foster care.

15. **Installation** - A grouping of facilities, located in the same vicinity, which support particular functions. Land and improvements permanently affixed there to which are

under the control of the Department of the Army and used by Army organizations. A military community in foreign countries may be equivalent to an installation.

16. **Medical Protective Custody** - Emergency medical care or custody of a child without parental consent that is approved by a medical treatment facility commander in cases where the circumstances or condition of the child are such that continuing the child in the care or custody of the parents presents imminent danger to the child's life or health.

17. **Out-of-Home Child Abuse** - Child abuse that occurs in a DoD operated or sanctioned activity. The abuser has a care-taking responsibility or is another adult or child who is commonly present in that environment (e.g., custodial staff).

18. **Parent** - The father or mother of a child related by blood, a father or mother by marriage (step-parent), a father or mother of an adopted child (adoptive parent), a guardian, or any other person charged with a parent's rights, duties, and responsibilities.

19. **Report Point of Contact** - The person or location on the installation designed to receive all reports of spouse and child abuse and to notify the appropriate authorities with regard to such reports.

20. **Sponsor** - An active duty military member or employee of the DoD who is authorized treatment in a medical facility of the military services.

21. **Staff Judge Advocate (SJA)** - A judge advocate so designated in the Army, Air Force, or Marine Corps; the principal legal advisor of a command in the Navy and Coast Guard who is a judge advocate. The SJA advises the commander on laws and regulations affecting the command. Does not include attorneys assigned to the U.S. Army Trial Defense Service.

22. **Substantiated Case** - A case that has been fully investigated for which the preponderance of the available information indicates that abuse occurred.

23. **Unit Commander** - The immediate officer-in-charge or in a position of command, who has control over persons subject to military law.

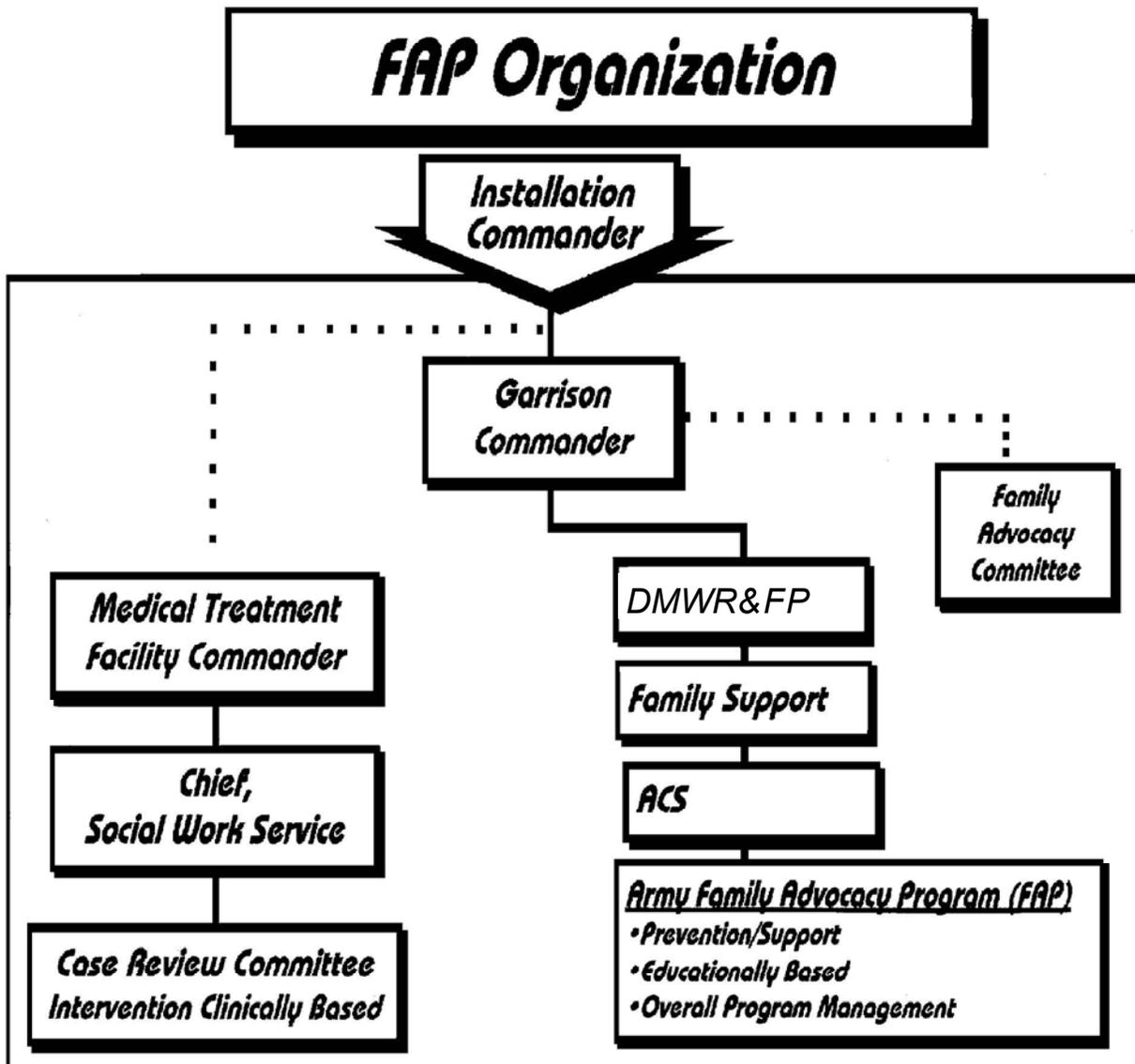
24. **Unsubstantiated Case** - A case of abuse that has been fully investigated for which the available information is insufficient to substantiate that abuse occurred.

25. **Ward** - A child (other than the sponsor's child) or adult who resides in the sponsor's home whose care has been entrusted by a court (or voluntarily assumed by the sponsor) because of age, or a physical, mental, or emotional disability.

26. **Youthful Sex Offenders** - A child under the age of 18 years who commits any act of sexual abuse against any person, including another minor child, either against the

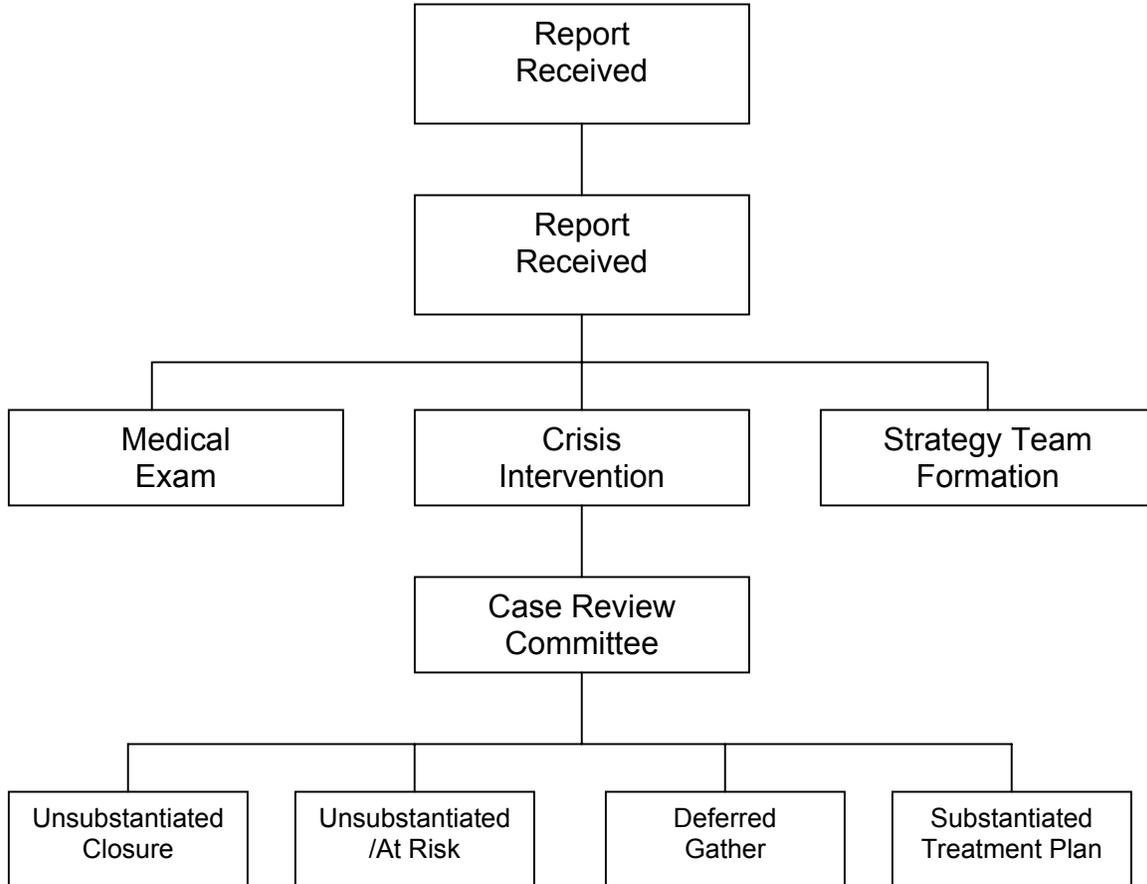
victim's will, through coercion, or trickery, fraud, or in an exploitative or threatening manner. Sexual abuse generally may include, but is not limited to, the acts described under the definition of Child Sexual Abuse, even when applied to an adult. Children of tender years who are not capable of understanding the nature of the act cannot consent.

APPENDIX B



APPENDIX C

FLOW CHART OF REPORTING PROCEDURES



APPENDIX D
Summary of Acronyms

ACR	Army Central Registry
ACS	Army Community Service
AG	Adjutant General
ASAP	Army Substance Abuse Program
CCR	Coordinated community Response
CRC	Coordinated Community Response
CHN	Community Health Nurse
CID	Criminal Investigation Division
COR	Contracting Officer Representative
CYS	Child and Youth Services
DA	Department of the Army
DHS	Department of Human Services
DMWR	Director of Morale, Welfare, Recreation, and Family Programs
DoD	Department of Defense
FAC	Family Advocacy Committee
FACRC	Family Advocacy Case Review Committee
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FAST	Family Advocacy Staff Training
FCC	Family Child Care
GC	Garrison Commander
IAW	In Accordance With
ICYET	Installation Child and Youth Evaluation Team
MEDDAC	Medical Department Activity
MOA	Memorandum of Agreement
MP	Military Police
MPI	Military Police Investigator
MTF	Medical Treatment Facility
NCO	Noncommissioned Officer
PAD	Patient Administration Division
PAO	Public Affairs Office
PCS	Permanent Change of Station
POC	Point of Contact
RACH	Reynolds Army Community Hospital
RPOC	Reporting Point of Contact
SJA	Staff Judge Advocate
SOP	Standing Operating Procedure
SWS	Social Work Service
UCMJ	Uniform Code of Military Justice

Suggested improvements. The proponent of this pamphlet is Army Community Service (ACS), USAFACFS. Users may send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Forms) through channels to Commander, USAFACFS, ATZR-P, Fort Sill, OK, 73503.

(ATZR-P)

FOR THE COMMANDER:



MARK A. GRAHAM
COL, FA
Chief of Staff

KATHY L. BANKS
Director of Information
Management

DISTRIBUTION:
Fort Sill Internet