

Department of the Army
Headquarters, U.S. Army Garrison
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*Fort Sill Regulation 608-4

Personal Affairs
FAMILY ADVOCACY PROGRAM

Summary. This publication sets forth guidelines and procedures for the prevention, identification, reporting, investigation and treatment of domestic and child maltreatment offenses involving military personnel assigned or attached to Fort Sill and its tenant organizations.

Applicability. This publication applies to all military personnel assigned or attached to Fort Sill and their Family members.

Supplementation. Supplementation of this regulation is prohibited without approval from the Directorate of Family and Morale, Welfare and Recreation (DFMWR), Army Community Service (ACS), 4700 Mow-Way Road, Fort Sill, OK 73503.

Suggested Improvements. The proponent of this regulation is the DFMWR, ACS. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to DFMWR, ACS.

Distribution. This regulation is distributed solely through DHR, ASD Homepage at http://sill-www.army.mil/dhr/Admin_Svcs_Div/index.html.

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Chapter 1 Introduction

1-1. Purpose. This publication sets forth procedures and policies to be used at Fort Sill for the prevention, identification, reporting, investigation and treatment of domestic and child abuse and assigns responsibilities for the Family Advocacy Program (FAP).

1-2. References. Required and related publications; and, prescribed and referenced forms, are listed in Appendix A.

1-3. Explanation of Abbreviations and Terms. Abbreviations and terms used in this regulation are explained in the glossary.

1-4. Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of IAW AR 25-400-2, The Army Records Information Management System (ARIMS) and DA Pam 25-403, Guide to Recordkeeping in the Army. Record titles and descriptions are available on the Army Records Information Management System website <https://www.arims.army.mil>.

Chapter 2 Organization

2-1. Family Advocacy Program. The Family Advocacy Program (FAP) is a Commander's Program under the direction of the installation commander. The installation FAP function organizational chart is at Appendix B.

a. Army Community Service is designated as the agency responsible for the overall management of the FAP. The Family Advocacy Program Manager (FAPM) administers and directs the U.S. Army Garrison and Fort Sill FAP. The FAPM serves as the installation commander's subject matter expert on child and domestic 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.

b. Army Community Service is specifically responsible for prevention programs, community education, advocacy, and coordination of community support services.

c. The Medical Treatment Facility (MTF) is responsible for the medical and clinical evaluation, treatment services and providing a qualified person to chair the Case Review Committee (CRC). The provision of these services will be established through a Support

Agreement between U.S. Army Garrison, Fort Sill and Reynolds Army Health Clinic, Fort Sill, Oklahoma.

2-2. Family Advocacy Committee.

a. The Family Advocacy Committee (FAC) is a multidisciplinary team appointed on orders by the installation/garrison commander and will advise on installation FAP programs and procedures, training and administrative concerns. The FAC will meet quarterly to—

(1) Provide recommendations for FAP programs and procedures.

(2) Facilitate an integrated community approach to the prevention and treatment of domestic and child abuse.

(3) Recommend new resources and programs.

(4) Identify long-range, intermediate and immediate FAP needs, and initiate actions 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 Command Sergeant Major, or the Deputy Garrison Commander may chair the meeting. The FAPM provides logistical support for the FAC.

c. Family Advocacy Committee members are appointed IAW AR 608-18; 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, advocacy, diagnosis, or treatment of domestic and child abuse.

d. The Family Advocacy Program Manager will report to the FAC on—

(1) Identified trends, which may require a command or community response, the establishment of new programs, and plans for implementation.

(2) The results of the command training program, to include the number of new commanders trained.

(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.

(6) Feedback received by clients, or group participants, of FAP programming.

(7) Recommendations for program changes based on client feedback and needs.

(8) Results of command attendance at Case Review Committee (CRC) meetings by unit commanders.

e. The Chief, Family Advocacy Program Clinic (FAPC) / Chairperson of the Case Review Committee (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 domestic 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 resource, or program requirements for treatment.

(5) The number of military foster homes, and number of military children, in foster placement.

f. The DHS Ex officio will serve as a non-voting member of the FAC.

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

h. Comprehensive minutes will be forwarded to the Garrison Commander for approval. Approved minutes will be kept on file at the FAP Manager's office IAW AR 25-400-2. Copies of approved minutes will be distributed via email to the Installation Commander, Medical Treatment Facility Commander, and each committee member.

2-3. 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 work assessment, identification, command intervention, and investigation and treatment functions from the initial report of spouse or child abuse to case closure. The CRC will handle both domestic 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. Members will be placed on orders IAW AR 608-18 for a minimum of 1 year, subject to reappointment. Members must have supervisory or function responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of domestic and child abuse. Members of the CRC will include those listed in IAW AR 608-18.

d. Additional representatives may be requested to act as professional consultants to the CRC and may be invited to attend CRC meetings on an individual case basis.

e. The CRC will determine whether each case met criteria or did not meet criteria. Only those persons on orders as CRC members may vote. Alternates on orders may vote in the primary person's absence. Persons attending the meeting as professional consultants will not vote. A quorum (two-thirds) of members must be present to vote on case determinations. When a quorum is not present, the meeting will be postponed, but must be rescheduled 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 the CRC members present is required to determine whether a case meets, or does not meet criteria, for abuse. Case managers may vote only on their assigned cases. The chairperson votes only to break a tie. The CRC minutes will reflect members present and number of votes cast to substantiate each case.

h. The minutes will be presented 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 days.

2-4. Fatality Review Committee.

a. The Fatality Review Committee (FRC) will meet, as a subcommittee of the FAC, quarterly to review all fatalities, whether homicide, suicide, or accident, which are known or suspected to have a domestic or child abuse component. Cases will be reviewed once all pending legal action is complete for the purpose of gathering installation and Army level lessons learned toward the prevention of further fatalities.

b. Members of the FRC sit on appointment orders, IAW AR 608-18, for a period of 1 year subject to reappointment.

c. The FRC will review findings at quarterly FAC meetings and prepare the annual Fatality Review Report for the Garrison Commander's signature.

Chapter 3 Responsibilities

3-1. The Installation Commander, by virtue of his/her inherent authority as commander and through specific authority granted to him/her 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--

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

b. Appoint an installation Family Advocacy Program Manager on orders to coordinate and manage the FAP, and to ensure compliance with this regulation.

c. Designate a Reporting 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 domestic and child abuse.

d. Appoint members of the Case Review Committee (CRC) and Family Advocacy Committee (FAC) by written orders and by name to serve as members for 1 year, subject to reappointment.

e. Direct the development of a Memorandum of Agreement (MOA), with Department of Human Services and other authorities in the civilian jurisdictions adjoining the Army installation.

f. Review CRC Minutes.

g. Consider CRC recommendations when taking or recommending disciplinary and administrative actions with regards to Soldiers and Family members involved in domestic or child abuse.

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

3-2. The Garrison Commander will—

a. Serve as the chairperson of the FAC.

b. Review and approve minutes of the FAC.

c. Establish mandatory counseling and educational programs under the FAP for Soldiers involved in domestic and/or child abuse.

3-3. Unit Commanders will—

a. Attend education programs on child and domestic abuse designed for unit Commanders.

b. Schedule time for Soldiers to attend Domestic and Child Abuse Prevention briefings.

c. Be familiar with rehabilitative, administrative, and disciplinary procedures relating to domestic and child abuse.

d. Report suspected domestic 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 FAPC.

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

f. Ensure that Soldiers involved in allegations of domestic and/or child 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.

g. 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.

h. Consider CRC recommendations when taking or recommending disciplinary and administrative actions with regard to Soldiers involved in domestic and/or child abuse.

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

(2) When taking or recommending disciplinary and administrative actions in domestic and child abuse cases. However, such actions will not be delayed pending CRC recommendations.

(3) Before recommending deferment or deletion from reassignment of Soldiers who themselves or whose Family members are receiving professional counseling for domestic or child abuse.

(4) 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. A Soldier cannot be reassigned while pending disciplinary action (e.g., court martial, nonjudicial punishment).

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

(6) Notify the CRC chairperson when orders are issued reassigning Soldiers or moving Family members, who are involved in treatment for domestic or child abuse.

(7) Encourage the participation of civilian Family members in treatment programs.

i. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-4. The Director of Family and Morale, Welfare and Recreation (DFMWR) will--

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

b. Review and sign all SOPs for programs under his/her direct control.

c. Support an effective and coordinated installation FAP.

d. Ensure the FAPM has access to the Installation Commander to conduct briefings IAW AR 608-18.

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

f. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-5. The Army Community Service (ACS) Director will--

a. Ensure that a paid staff person is appointed on orders to serve as the FAP manager.

b. Supervise the FAPM, monitor and evaluate FAP services provided through ACS.

c. Ensure management of OSD funding is handled IAW established guidelines.

d. Ensure coordination with other ACS programs, as appropriate.

e. Ensure ACS paid staff or volunteers do not provide FAP treatment services.

3-6. The Installation Family Advocacy Program Manager, as overall program manager, will--

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

b. Ensure that any reports received by ACS are referred to the installation RPOC and the C,FAPC.

c. Serve as the point of contact for all FAP briefings or training requests related to FAP or to Family violence.

d. Serve as the Contracting Office Representative (COR) for any ACS prevention contracts.

e. Ensure compliance with Department of Defense (DoD) quality assurance standards.

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

g. Assess the special FAP needs of military Families residing on the installation and in the surrounding communities.

h. In coordination with the Chief, Family Advocacy Program Clinic, 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.

i. Coordinate the management of the FAP with other programs serving military Families to ensure cost effectiveness and avoid duplication of efforts.

j. 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. The initial briefing to the Installation Commander should be conducted within 8 weeks of the commander's assignment.

k. Consolidate and analyze statistical data on Family violence.

l. Develop a post-wide community education program to—

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

(2) Publicize procedures for reporting incidents of domestic and child abuse and available services.

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

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

n. Brief all installation staff members involved in FAP (DFMWR, SJA, Chief of Military Police, USACIDC, MTF Commander, DENTAC Commander, Army Substance Abuse Program (ASAP) Director, Child and Youth Services (CYS) Coordinator, Chaplain, and ACS Director about the FAP whenever there is a staffing change in any of these positions.

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

p. Implement a safety education program targeted at children, parents, teachers, and caretakers.

q. Apply to attend the FAST Course within a year of appointment as FAPM.

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

s. Provide information and assistance on the Transitional Compensation Program.

t. Serve as a member of the Case Review Committee (CRC), Family Advocacy Committee (FAC), and the Fatality Review Committee (FRC) for child and domestic abuse cases.

u. Serve on the CYS Multidisciplinary Team Inspection (MDTI).

v. Provide assistance to mandatory reporters, review for accuracy, and forward DA Form 7318 (Initial Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities through channels to IMCOM G-9 (FAPM) within 24 hours of receiving a report.

w. Provide assistance to mandatory reporters, review for accuracy, and forward DA Form 7318-1 (Interim Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities through channels to IMCOM G-9 (FAPM).

x. Provide assistance to mandatory reporters, review for accuracy, and forward DA Form 7318-2 (Closeout Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities after all investigations have been completed through channels to IMCOM G-9 (FAPM).

y. Provide CA/DV fatalities within 24 hours of receipt through channels to IMCOM G-9 (FAPM).

z. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-7. The Medical Treatment Facility (MTF) Commander will--

a. 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.

b. 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.

c. Develop written protocols to address treatment, clinical evaluation and follow-up of domestic and child abuse.

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

e. Establish an education program in coordination with the FAP Manager to train MTF personnel and members of the CRC in the identification and management of domestic and child abuse.

f. Ensure that needed medical follow-up care or assistance is provided to the victims and perpetrators of domestic and child abuse.

g. Provide assistance as required, and in accordance with this SOP, 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.

h. Provide advice and guidance on the Uniformed Services Health Benefit Program as it relates to treatment of domestic or child abuse.

i. Maintain confidentiality of information contained in medical records IAW laws and regulations.

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

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

l. 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. These items will not be billed to OSD FAP budget.

m. 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.

n. Ensure that a standardized intake procedure for domestic and child abuse is established.

o. 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.

p. Periodically report to the Garrison Commander on CRC operations, issues, and other pertinent information.

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

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

s. Designate a MTF staff member to prepare the minutes of the Case Review Committee meetings.

t. Assign a pediatrician to serve as a member of the Case Review Committee, and Family Advocacy Committee.

u. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-8. The Chief of Family Advocacy Program Clinic (C, FAPC) will—

a. Assess reports of domestic and child abuse to identify potential Family problems and intervene as necessary to prevent injury to parties involved.

b. Initiate and maintain communication with the unit commander to include--

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

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

(3) Completing reports of attendance and cooperating with the treatment plan.

(4) Conducting evaluation of service member's progress in treatment.

(5) Submit DA Form 7517 to the ACR within 10 working days following the CRC determination of case status and review by the CRC chairperson.

(6) Coordinate treatment service in each case of domestic or child abuse.

(7) Maintain case records of all case procedures IAW standard record format, MEDCOM Regulation and AR 25-400-2.

(8) Ensure proper case transfer procedures are followed.

c. Report on the number of military foster homes, and the number of military children in foster placement, during the quarterly FAPC report to the FAC.

d. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-9. The Community Health Nurse (CHN) will--

a. Assist with the identification of high risk families.

b. Refer cases to the RPOC when domestic or child abuse or neglect is suspected.

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

d. Participate in Child Abuse Prevention Month events.

e. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-10. The Dental Activity (DENTAC) Commander will--

- a. Serve, or provide a representative to serve, as a consultant to the CRC and FRC, upon request.
- b. Serve, or provide a representative to serve, as member of the FAC.
- c. Develop written protocols to address domestic and child abuse.
- d. Screen dental and medical records in order to identify and record all incidents of injury suggestive of domestic and child abuse.
- e. Identify and report all child abuse as outlined in AR 608-18.
- f. Participate in FAP prevention programs as requested.
- g. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-11. The Chief, Military Personnel Division, Directorate of Human Resources, will--

- a. Give the C, FAPC or CRC Chairperson access to reassignment rosters to determine if active cases are being reassigned.
- b. Process application for deletion, deferment, and compassionate reassignments based on the Soldier's individual situation, the commander's request, or the CRC recommendation.
- c. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-12. The Provost Marshall will--

- a. Serve, or provide a senior representative to serve, as a member of the CRC, and FAC.
- b. Serve as the installation report point of contact for domestic and child abuse reports.
- c. Conduct preliminary inquires or investigations involving allegations of domestic 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.
- d. 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 with the host nation law enforcement authorities and collaterally or jointly by the appropriate Army or law enforcement authority.

e. Notify FAPC and FAPM, within 24 hours, through journal and blotter extracts, of all reports of domestic and child abuse and CA/DV fatalities. Notify FAPC and the FAPM within 24 hours of all reports of child abuse against staff, contractors or volunteers in Army Operated or Sanctioned Child Care Activities. Immediately notify the on-call victim advocate of all physical domestics occurring on-post to ensure on-scene VAP services immediately after the offender is removed and the scene is secure.

f. Provide a copy of the SIR filed in any CA/DV case to the FAPM, and when appropriate, to the CYSS Coordinator.

g. 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. Training will be conducted in coordination with the FAPM and will cover the physical and emotional trauma associated with domestic and child abuse, and proper management procedures. Require recertification of all federal police annually.

h. Support the prevention and awareness efforts conducted by FAP.

i. Conduct a check of local law enforcement records upon request from a FAPC Social Worker or CRC Chairperson to determine if alleged domestic and child abusers have had past incidences of behavior requiring police intervention.

j. Conduct a check of local law enforcement records upon the request from the CYSS Coordinator or FAPM on all staff, contractors, and volunteers applying to work directly with children.

k. Transport children suspected of being abused to the MTF for medical assessment.

l. 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 domestic abuse.

m. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-13. The local U.S. Army Criminal Investigation Command (USACIDC) Special Agent in Charge will--

a. Notify the RPOC (the Military Police) of all reports of child and domestic abuse in order to obtain treatment and support for the victims.

b. Conduct investigations IAW AR 195-2, Criminal Investigation Activities, which include--

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

(2) 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.

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

(4) Provide reports of investigation to the appropriate commanders and share information with the C, FAPC.

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

c. Provide a special agent to serve as a member of the CRC, FAC, and FRC.

d. Endeavor to 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 domestic abuse.

e. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-14. The Staff Judge Advocate (SJA) will--

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

b. Advise commanders and the CRC on applicable laws and regulations affecting current domestic and child abuse cases and other FAP issues.

c. Advise commanders on disciplinary and administrative actions against Soldiers in domestic and child abuse cases and on measures to ensure the rights of offenders and protect victims from further abuse.

d. Coordinate with federal, state, and local authorities, as required, on the criminal prosecution of domestic and child abuse not subject to the UCMJ.

e. 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.

f. Perform the legal review of installation MOAs involving the handling of domestic and child abuse within the command.

g. Advise the commander, CRC Chairperson, FAPM, and the 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 domestic and child abuse are protected under applicable laws and regulations.

h. Advise the commander, MTF commander, the CRC and 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.

i. Advise the commander and the CRC on the legal authority that may be exercised by the State over Soldiers and Family members involved in domestic and child abuse cases residing on and off the installation.

j. 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.

k. Provide legal consultation to victims and non-offending parties through its Legal Assistance Division, for those entitled by AR 27-3. Provide support and advice to victims and non-offending parties through its Victim Witness Liaison, for those entitled by AR 27-

l. Ensure victims and non-offending parties are informed about the status of the case and other pertinent details including courtroom procedures IAW 27-10, chapter 17.

m. Provide notice for victims of sexual assault that they have the opportunity to consult and be represented by a Special Victims' Counsel, for those entitled by AR 27-3. The Special Victims' Counsel will advocate for and counsel the victim throughout the investigation, court-martial process, and post-trial.

n. Where appropriate, 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.

o. Provide victims of dependent abuse, the FAPM or DAVA, with information and documents needed to complete the transitional compensation application packet and complete the legal sufficiency review prior to GC signature.

p. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-15. The Installation Chaplain will--

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

b. 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).

c. Assure that pastoral care is available for Soldiers and Family members in abuse cases.

d. Provide programs that assist with Family wellness, effective parenting, Family enrichment, and Family spiritual life.

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

f. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-16. The Installation Public Affairs Officer (PAO) will--

a. Conduct, in coordination with the FAPM, media campaigns to increase community awareness of the problems of child and domestic abuse and the availability of resources (medical, law enforcement, legal, and other assistance and counseling).

b. 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 domestic or child abuse incidents that have aroused public concern.

c. Advise the CRC on public affairs policies and procedures involving child and domestic abuse, including the provisions of AR 360-5, Public Information, and the public release of certain investigative reports.

d. Obtain DA/Major Command (IMCOM) public affairs guidance as required for specific situations with potential for adverse publicity for the Department of the Army.

e. Serve as a consultant to the Family Advocacy Committee.

f. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-17. The Clinical Director, Alcohol and Substance Abuse Program (ASAP) will--

a. Provide education and counseling services to individuals whose alcohol or drug abuse may play a part in domestic and child abuse.

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

c. Coordinate with the FAPM to provide training to drug and alcohol counselors in the identification, reporting, Family dynamics, and treatment of domestic and child abuse.

d. Serve as a member of the CRC, FAC, and FRC. Share relevant case information necessary to complete FRC annual reporting requirements.

e. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-18. The Child and Youth Services (CYS) Coordinator will--

a. Ensure training on domestic abuse, child abuse and neglect, identification and reporting criteria is provided to all CYS staff, Family childcare providers, and volunteers.

b. Ensure training is conducted in coordination with the FAPM.

c. Establish internal procedures to ensure that all suspected cases of child and domestic abuse are immediately reported to the RPOC.

d. Screen all caregivers and Family Child Care (FCC) provider applicants for prior involvement in reported incidents of domestic or child abuse under provisions of AR 608-10.

e. Serve as a member of the FAC and FRC. Ensure CYS program managers serve as consultant to the CRC when called upon to do so.

f. 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.

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

h. Complete DA Form 7318 (Initial Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities and provide to installation FAPM within 24 hours of the reported allegation.

i. Complete DA Form 7318-1 (Interim Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities when significant changes in the status of the case occur and provide to installation FAPM.

j. Complete DA Form 7318-2 (Closeout Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities after all investigations have been completed and provide to installation FAPM.

k. IAW AR 608-10, Para 2-20.2.D., provide e-mail notification of the incident to IMCOM G-9/OACSIM (DAIM-ISS), within 10 hours of the allegation.

l. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

3-19. The School Liaison Officer will serve as a member of the FAC.

3-20. The Garrison Command Sergeant Major will serve as a member of the FAC.

3-21. The Commander, Marine Corp Detachment (MCD) will—

a. Report suspected domestic and child abuse to the Military Police (the installation RPOC), and provide all relevant information to those investigating the report, including law enforcement, Family Advocacy Program, and Department of Social Services.

b. Be familiar with rehabilitative, administrative, and disciplinary procedures relating to domestic and child abuse.

c. Support and comply with CRC treatment recommendations to the maximum extent possible.

d. Review chapter 8-2 of this document to further assess individual responsibilities within the chronological flow of the reporting procedures.

Chapter 4

Prevention and Education

4-1. The FAPM is responsible for providing and coordinating community-wide prevention and education efforts regarding Family violence. The following programs will be offered, unless prohibited by personnel and fiscal resource constraints:

a. Community Awareness Program. This program is designed to inform the military community of reporting procedures, the dynamics of child and domestic abuse, indicators of child and domestic abuse, and services available in the Fort Sill Community. Awareness programs will be conducted for parents, Family readiness groups, school groups, church groups, and similar organizations.

b. Military Education Program. This program will be provided to commanders and troops, in separate sessions. Troops will be briefed annually on reporting procedures, the dynamics of domestic and child abuse, indicators of domestic and child abuse, Transitional Compensation Program, and services available in the Fort Sill Community., Commanders and First Sergeants will receive training on all topics covered plus command responsibilities, coordination with the CRC, and Army policies on domestic violence.

c. Parent Education Program. Parenting classes will be held on an on-going basis and include classes specially geared towards early childhood, with other classes offered as needed. The New Parent Support Program (NPSP), an in-home visitation program, is a specialized parent education program for primarily at-risk parents of children birth to 3 years and comprises parent education and support on Fort Sill.

d. Child Safety Program. Age appropriate child abuse and child safety classes are taught to children attending CYS programming, children attending Freedom Elementary, and military connected children attending school off the installation as funding is available.

e. Domestic Abuse Victim Advocacy Program (DAVAP) and Transitional Compensation. Domestic Abuse Victim Advocacy and Transitional Compensation classes are offered to Soldiers, commanders and Family readiness groups. DAVAP Services are provided as outlined in the DAVAP contract.

f. Professional Education Training. Professional and paraprofessionals who work with children receive training in the dynamics of child abuse, identification and reporting responsibilities. Professional and paraprofessionals 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.

4-2. Members of the Fort Sill community may contact the FAPM at 442-6458/4916, Army Community Service, Welcome Center (Building 4700 on Mow-Way Road), to arrange for prevention and education events for specific groups.

Chapter 5 Training Requirements

5-1. The FAPM Manager will inform CRC members of dates of the Family Advocacy Staff Training (FAST) Course and FASTA (FAST Advanced) Courses and strongly encourage their attendance during their first year of appointment to the CRC.

5-2. FAP personnel will attend in-service training on a regular basis.

5-3. The FAPM and MTF FAP staff will complete 30 hours of continuing education annually regarding domestic and child abuse.

5-4. All installation staff officers and tenant organizations involved in cases of domestic 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 domestic and child abuse.

Chapter 6 Partnerships

6-1. Fort Sill will work cooperatively with local communities in preventing, educating, identifying, reporting, and investigating child and domestic abuse cases; protecting abused children from further abuse, and in providing services and treatment to families in which abuse has occurred. Memorandum of Agreement (MOA) will be established 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. Memorandum of Agreements will be established with—

- a. Local shelters offering services to battered women.
- b. Civilian Criminal Justice Agencies for coordination of off-post domestic violence cases.
- c. State of Oklahoma Department of Human Services regarding child protective services, foster care, preventive education, and treatment.

6-2. Memorandum of Agreements will be reviewed for legal sufficiency and statutory compliance by the Staff Judge Advocate. The FAC will review all existing MOA's annually and will recommend revisions as needed.

Chapter 7 Foster Care

7-1. Fort Sill will work cooperatively with OKDHS to recruit military foster parents and to make placing military children in need of foster care with military foster Families a priority. A Memorandum of Agreement (MOA) will be established with OKDHS to ensure that military-connected foster children are identified, and placed with military foster homes, if possible.

7-2. Responsibilities

a. Fort Sill will---

(1) Follow through with the responsibilities that are outlined in OKDHS/FCOEFS MOA.

(2) Develop a multi-focal Foster Parent Recruitment Campaign.

(3) Host a Military Foster Parent Support Group that will meet monthly. The support group will be co-led by a military foster parent volunteer and FAPC behavioral health staff.

(4) Update the installation housing application to include a question about foster care certification. State-certified military foster parents, who can provide a DHS foster care home certificate quarters authorization, may be eligible to move into larger housing quarters on the installation. This will be considered on a case-by-case basis and is not guaranteed.

b. OKDHS will—

(1) Follow through with the responsibilities that are outlined in OKDHS/FCOEFS MOA.

(2) Utilize a military registration packet to identify military children and gather demographic information. This information will be used to create a military foster home roster/rolodex so that the priority of placing military foster children in military homes, can be accomplished during emergency placement, during the CRC review phase, and permanency planning.

(3) DHS Ex Officio will attend FAC meetings, as a non-voting member.

Chapter 8 Reporting Procedures

8-1. Appendix C contains a schematic of the Reporting Procedures.

8-2. Reporting Responsibilities.

a. Reports of suspected child and/or domestic abuse can be made 24 hours a day to the RPOC, (Fort Sill MP) at 442-2103/2101. For information on child or domestic abuse, contact the FAPM at 442-6458/4916.

b. Every service member, employee, and member of the military community is encouraged to report information about known or suspected child abuse/neglect or

domestic abuse to the RPOC as soon as the information is received. Anonymous reports may be made.

c. AR 608-18 also requires that all installation law enforcement personnel, physicians, nurses, social workers, school personnel, CYSS 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 abuse or neglect requiring law enforcement assistance or medical treatment to the RPOC as soon as the information is available.

d. Oklahoma State Statute 10, 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.

e. AR 608-18 allows competent adult victims of abuse to seek advocacy, medical, pastoral, and counseling services under a Restricted Reporting Option. Victim advocates, medical personnel, and chaplains should not report domestic abuse to the RPOC if the victim requests to seek services under a Restricted Reporting Option. The FAPM, through the Domestic Abuse Victim Advocate Lead, will ensure that restricted reporting numbers are issued IAW the DAVAP Contract.

f. Commanders will report allegations of abuse involving their Soldiers to the RPOC.

g. Reporting Procedures for Child Abuse.

(1) Allegations of suspected child abuse or neglect, including those alleged to have occurred in an Army operated or regulated activity should be reported immediately to the RPOC (Fort Sill MPs) at 442-2103/2101.

(2) When an allegation is received, the RPOC will notify the Police Investigators, and, if appropriate, the Criminal Investigation Division (CID).

(3) The RPOC will notify FAPC and FAPM, within 24 hours, through journal and blotter extracts, of all allegations of child abuse. The Program Manager will provide a copy of the SIR filed in any CA/DV case to the FAPM, and when appropriate, to the CYS Coordinator.

(4) When FAPC receives the initial allegation of suspected abuse, he/she will immediately notify the Fort Sill MPs, the RPOC.

(5) The FAPC Case Manager will notify the appropriate unit commander within 24 hours of an allegation of suspected child abuse.

(6) The FAPC Case Manager will notify Oklahoma Department of Human Services (DHS), IAW with the MOA.

(7) The FAPM will notify the Public Affairs Office (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 determined to meet criteria for abuse by the CRC as child neglect, child emotional, physical or sexual abuse, the C, FAPC will report this information on DA Form 7517 to the ACR within 10 working days following the CRC determination of case status and review by the CRC Chairperson.

h. Out-of-home Child Abuse. If the suspected incident allegedly occurred in an Army operated or regulated activity the following procedures, in addition to those above, will be implemented:

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

(2) The RPOC will immediately notify the FAPM, who will then contact the DFMWR.

(3) The DFMWR will report the incident to the Garrison Commander.

(4) The FAPM will report the incident to Public Affairs and their assistance will be sought in preparing possible statements for release to the media.

(5) The FAPM will provide assistance to mandatory reporters, review for accuracy, and forward DA Form 7318 (Initial Report) on all CA cases occurring in DOD-operated or DOD-sanctioned activities through channels to IMCOM G-9 (FAPM) within 24 hours of receiving a report.

(6) Follow-up/Interim reports using DA Form 7318-1 (Interim Report) of Child Abuse in DoD Operated or Sanctioned Activities) will be sent to the IMCOM when significant changes in the status of the case occur, requested by IMCOM or HQDA, or when changes develop resulting in increased community sensitivity.

(7) A Closeout Report using DA Form 7318-2(Closeout Report of Child Abuse in DOD Operated or Sanctioned Activities) will be submitted to the IMCOM when all investigations have been completed.

(8) Allegations of out-of-home abuse will be presented to the CRC. If the case is substantiated, the C, FAPC will report child abuse on DA Form 7517 to the Army Central Registry within 10 working days after determination of case status and review by the CRC Chairperson.

i. Reporting Procedures for Domestic Abuse.

(1) AR 608-18 allows competent adult victims of abuse to seek advocacy, medical, pastoral, and counseling services under a Restricted Reporting Option. Victim advocates, medical personnel, and chaplains should not report domestic abuse to the RPOC if the victim requests to seek services under a Restricted Reporting Option. The FAPM, through the Victim Advocate Lead, will ensure that restricted reporting numbers are issued IAW the VAP Contract.

(2) Allegations of domestic abuse should be made to the RPOC, the Fort Sill MPs at 442-2103.

(3) When ACS receives an Unrestricted Report of domestic abuse, the FAPM or designee, will provide crisis intervention and advocacy services to the client and report the incident to the Fort Sill MPs and FAPC to expedite treatment service and case management. When the FAPM or victim advocate receives a restricted report of domestic abuse, the incident will only be reported to FAPC, medical, or chaplains per the victim's wishes as outlined in the Domestic Abuse Victim Reporting Option Statement.

(4) When responding to a domestic violence call, the Fort Sill MP will first determine the immediate safety of all parties and assess if the situation is stabilized. The protection of the responding officers and the alleged victim will be the first priorities.

j. The Fort Sill MP will assess the situation to determine the following:

(1) Verbal Disputes with no Potential for Violence. In the event of verbal disputes which can be resolved at the scene, and the MPs determine that there is no potential for violence, the service member's chain of command will be notified of the incident. The unit Commander, or designee, will decide whether or not to house the service member in the barracks or other location. The MP will provide the victim with a DAVA contact card. The C, FAPC and FAPM will be notified via journal/blotter extract the next duty day. The DAVA will attempt contact the next duty day and provide services as requested.

(2) Verbal Disputes with a Potential for Violence. Verbal disputes in which the Fort Sill MP believes that there is still a potential for violence. The service member's chain of command will be notified of the incident. The unit commander, or designee, will make arrangements to house the service member in the barracks or other supervised location and invoke a Military Protective Order (MPO). The MP at the scene will notify the DAVA immediately and provide the victim with a DAVA contact card. The DAVA will contact/respond as outlined in the DAVAP Performance Work Statement (PWS). The C, SWS and FAPM will be notified via journal/blotter extract the next duty day.

(3) Physical Assault. Police procedures are to apprehend and process the offender. If the offender is military, he/she may be released 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 domestic and/or minor child(ren) from further abuse. The Fort Sill MP may request that the installation commander issue a temporary bar letter to the Family member. The DAVA will be contacted and respond to the scene immediately after the alleged offender is removed and the scene secure. The C, FAPC and FAPM will be notified via journal/blotter extract the next duty day.

(4) To ensure the future safety of the Family, consideration will be given to the removal of privately-owned weapons (PWs) from the home. The Fort Sill MP will contact the installation commander, or his/her designee, prior to the seizure of any PWs, unless the PWs are to be seized as evidence of criminal misconduct.

(5) Victims will be provided information regarding victim's rights, advocacy, and shelters. In cases of verbal disputes, with no further potential for violence, the Fort Sill MP will provide the victim with the aforementioned information. In cases of verbal disputes with potential for violence and physical assault, the Fort Sill MP will contact the DAVA immediately after the alleged offender has been removed. The DAVA will provide information regarding victim's rights, advocacy, and shelters.

(6) Victims of abuse will be informed of and referred to New Directions, a part of Marie Detty Youth and Family Services, Inc. The victim has the right to decide whether to accept or decline shelter placement.

(7) When a case is substantiated by the CRC to be domestic abuse, the C, FAPC will report this information on DD 2486 (Child/Domestic Abuse Incident Report) to the Army Central Registry through the FASOR web portal.

Chapter 9 Emergency Response in Child Abuse Cases

9-1. In some cases it will be apparent that immediate intervention by the Oklahoma Department of Human Services is required to protect the victim from further harm. The Fort Sill MP or CID, with telephonic or on-scene consultation from FAPC or OKDHS as requested, will determine if child victims are in danger of further harm, and if so, transport them to the MTF for further assessment, to the children's shelter, or a foster home, whichever is deemed more appropriate. In cases with CID involvement, CID will make every effort to transport the children. IAW MOA in Support and Treatment of Child Abuse or Neglect Involving Active Duty Military Personnel (NC01), OKDHS will make it a priority to place military foster children in military foster homes, if possible.

9-2. In cases of suspected abuse or neglect where the Family resides on Fort Sill, DHS will need the assistance of the Fort Sill MP and/or CID to remove a child from his/her parents in order to provide for the child's immediate safety. The Fort Sill MP or CID, with consultation from OKDHS, will determine if child victims are in immediate danger, and if so, transport them to the MTF for further assessment or to the children's shelter or a

foster home, whichever is deemed more appropriate. Priority will be given to military foster care whenever possible.

9-3. The following protocol will be used 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:

a. 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.

b. If it is determined during the initial interviews that there is a reason to suspect abuse from an identified abuser, and the abuser has not been incarcerated, he/she will be removed from the quarters and housed in other supervised locations. This action will minimize the need to remove a child to foster care. This is an option only when it is determined that there is a nonoffending parent who can appropriately protect, support, and meet the needs of the child(ren).

9-4. In cases where suspected serious physical abuse or child sexual abuse occurred on-post and the suspect is a civilian, the Federal Bureau of Investigation (FBI) will be notified by the CID. Procedures, as described above, will be taken to safeguard the child(ren).

9-5. The following protocol will be used 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:

a. Upon clarification of the military status, DHS will notify the RPOC of the incident.

b. Investigation and treatment will then be coordinated with DHS in accordance with the MOA.

c. The RPOC will also ensure that the FAPM and C, FAPC are informed of the incident if the report was initiated outside of these channels.

Chapter 10 Victim's Rights

The safety and rights of victims will be protected. Victims have—

a. The right to be treated with fairness and with respect for their dignity and privacy.

b. The right to be reasonably protected from the accused offender.

- c. The right to be notified of court proceedings.
- d. 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. The right to confer with an attorney for the government in the case.
- f. The right to information about conviction, sentencing, imprisonment, and release of the offender.

Chapter 11 Investigation

11-1. The investigation of child and domestic abuse is a collaborative effort on the part of various Fort Sill 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.

11-2. The roles of the different military and civilian agencies are distinct. The FAPM, C, FAPC, 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 Fort Sill 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/Fort Sill 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.

11-3. The FAP treatment personnel will use the following guidelines when interviewing child victims and any other children in the home:

- a. Interview the child on an age-appropriate basis when the child is the primary source of information.
- b. When interviewing child victims, every effort will be made to coordinate law enforcement, medical, and social work personnel to prevent unnecessary and repeated questioning of child victims.
- c. Interview the child in a child-centered environment and not in the presence of the alleged offender. The Sanctuary Child Advocacy Center in Lawton will be used for interviews of child sexual abuse victims and, when available, other child victim interviews.

d. Child interviews will be conducted by personnel who have successfully completed CAPIT, FASTA-Multi-Victim, or other accredited child forensic interview training.

Chapter 12 Assessment and Treatment

12-1. Upon notification of a child or domestic abuse incident, the C, FAPC will, IAW the FAPC SOP, arrange interviews with all parties and conduct a social work assessment following MEDCOM Protocol (See FAPC SOP). Information gathered through this assessment and other sources will be presented to the Case Review Committee. All reports of abuse are reviewed by the CRC.

12-2. The Case Review Committee (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, FAPC.

12-3. Upon determination of the status of the case, the C, FAPC 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.

12-4. The CRC case records will be maintained within FAPC IAW MEDCOM guidance.

12-5. The CRC will meet the first and third Thursday of every month. The CRC chairperson may request additional meetings as deemed necessary. Each substantiated case will be reviewed at least every 90 days to evaluate the progress of the treatment plan.

12-6. 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.

12-7. The C, FAPC will inform the unit commander of the services that are provided, the status of the treatment plan, and the CRC's decision to close the case.

Chapter 13 Judicial and Disciplinary Actions

13-1. Disciplinary actions, either of an administrative or judicial nature, can be initiated against a service member by the service member's commander.

13-2. Judicial actions against Family members must be coordinated through the SJA Office.

13-3. Any question regarding the civilian or military jurisdiction of an offense should be referred to the SJA Office.

13-4. For substantiated incidents that are reported to the Fort Sill MP, commanders will receive a DA Form 3975 (Military Police Report) which provides details of maltreatment by a service member. Commanders will determine appropriate administrative or judicial action and notify the Fort Sill 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, the commander's report of administrative or judicial action taken against the subject of the CID ROI will be provided to the originating CID office. Copies of the initial police report and /or CID ROI should be provided to the C, FAPC as soon as possible.

13-5. 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.

13-6. When a service member is considered for administrative separation, the commander should review AR 635-200, Enlisted Personnel, or AR 635-100, etc., and consult with local trial counsel or the OSJA.

13-7. The C, FAPC 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. Therefore, civil, administrative, and rehabilitative actions are often more appropriate than punitive actions in Family advocacy cases. However, accountability for abusive behavior, and in some cases punitive action, is an important part of the process.

13-8. Commanders should ensure that when a Soldier is separated as a result of a domestic or child abuse offense that the offense is clearly specified in the separation action. This will be the basis for the victim to have eligibility for Transitional Compensation benefits (See Transitional Compensation SOP).

13-9. 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.

Chapter 14

Statistical Records

14-1. The MTF will maintain accurate statistics on the number of cases of domestic and child abuse reported, that meet criteria or do not meet criteria for abuse. These statistics will be made available to the FAPM for the ACS annual report and presentation quarterly to the FAC.

14-2. All CRC cases of domestic, or child abuse that either meet criteria, or do not meet criteria, will be forwarded to the Army Central Registry (ACR) through the FASOR web portal within 10 working days of determination using DA Form 7517.

14-3. The FAPM will maintain attendance records for prevention and education briefings and classes, individual records for crisis intervention, Victim Advocacy, and New Parent Support Program clients.

**Appendix A
References**

**Section I
Required Publications**

AR 25-400-2

The Army Records Information Management System (ARIMS)

AR 608-1

Army Community Service Center

AR 608-18

The Army Family Advocacy Program

Department of Defense (DoD) Directive 6400.1

Family Advocacy Program

MEDCOM Pam 608-1

Family Advocacy Program

**Section II
Related Publications**

AR 27-10

Military Justice

AR 190-30

Military Police Investigations

AR 195-2

Criminal Investigation Activities

AR 600-85

Alcohol and Drug Abuse Prevention and Control Program

AR 608-10

Child Development Services

DA Pam 25-403

Guide to Recordkeeping in the Army

Section III
Prescribed Forms

DA Form 3975
Military Police Report

DA Form 4833
Commander's Report of Disciplinary or Administrative Action

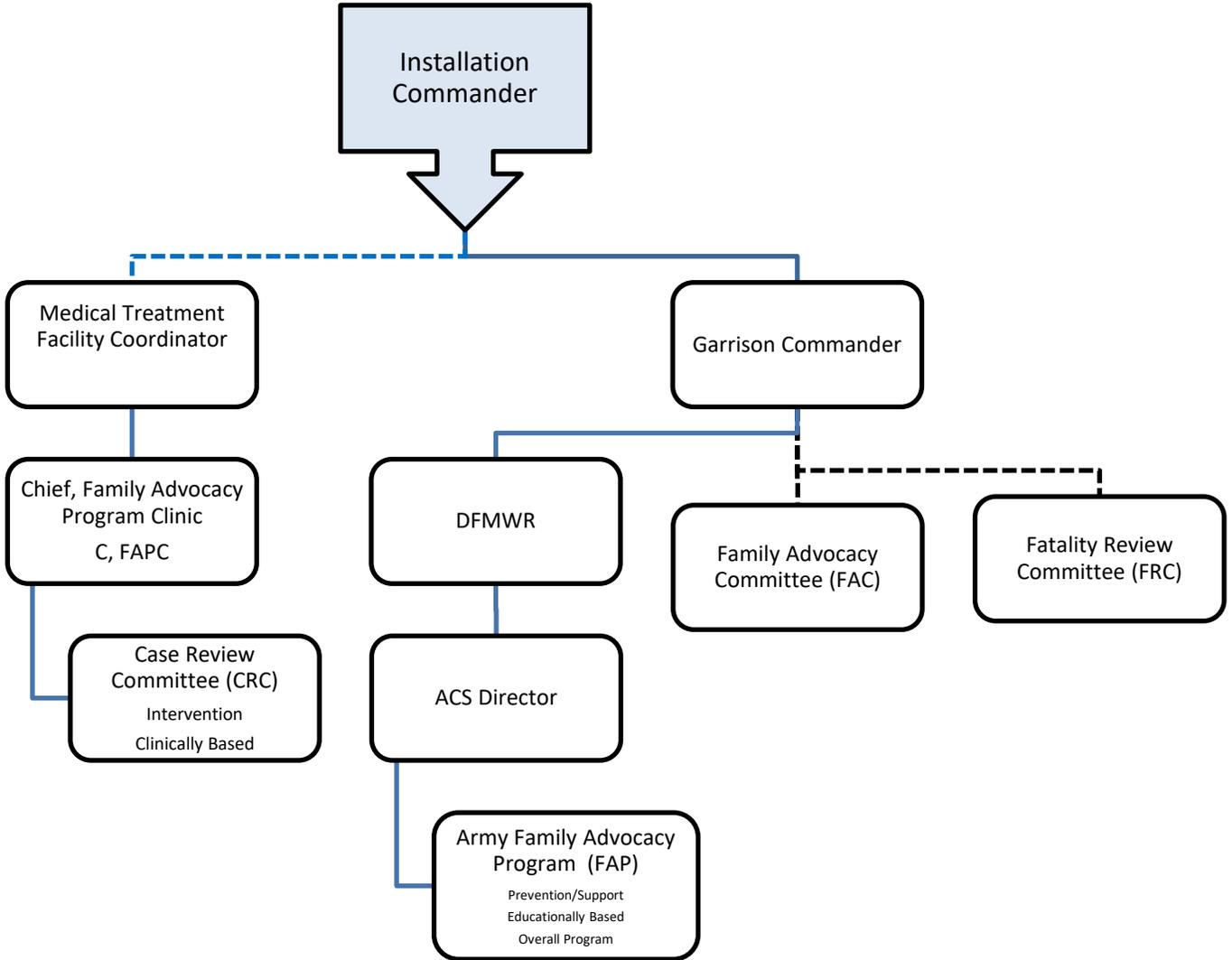
DA Form 7318
Initial Report of Child Abuse in DoD Operated or Sanctioned Activities

DA Form 7318-1
Follow-Up / Interim Report of Child Abuse in DoD Operated or Sanctioned Activities

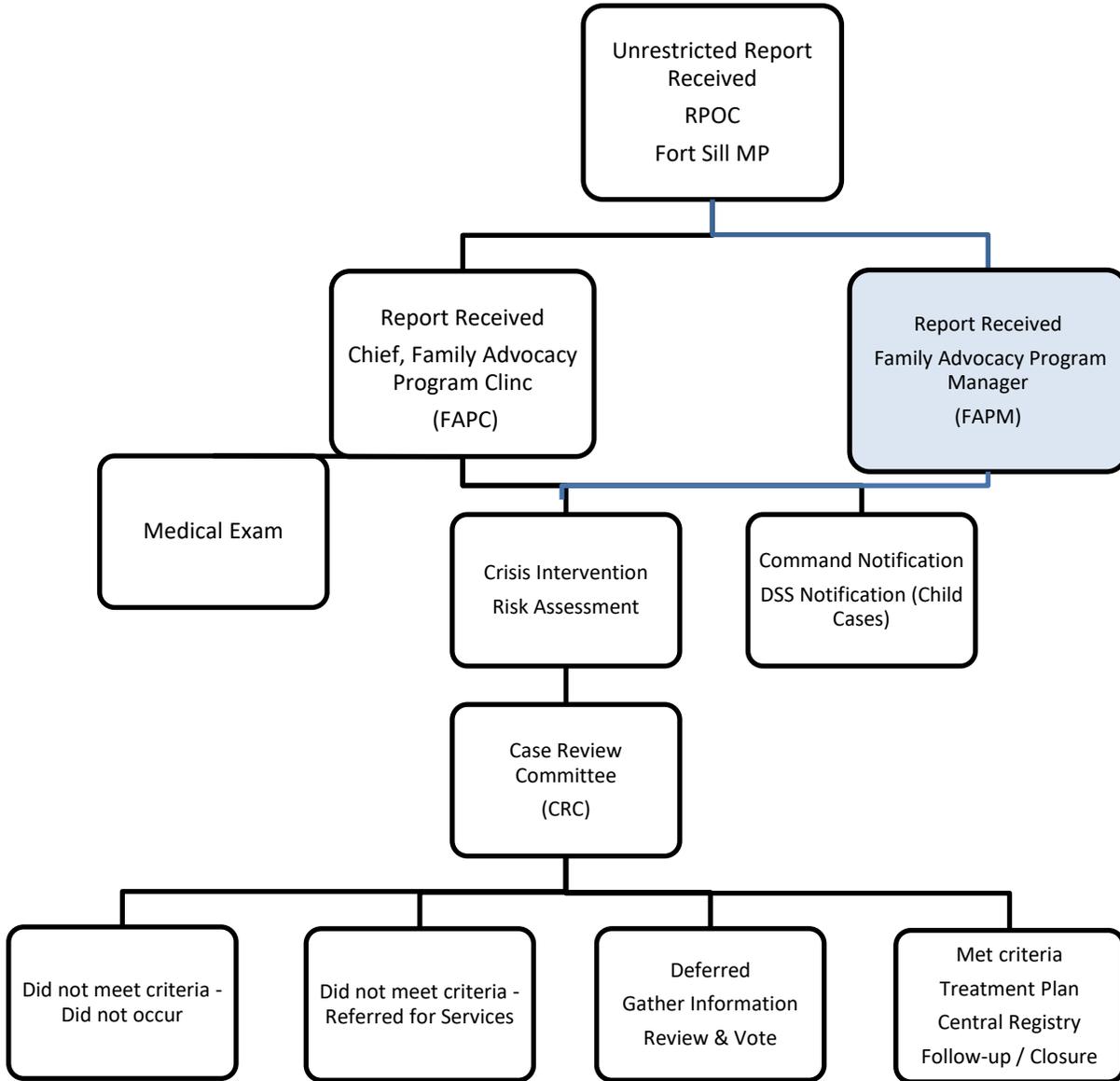
DA Form 7318-2
Closeout Report of Child Abuse in DoD Operated or Sanctioned Activities

DA Form 7517
Child/Domestic Abuse Incident Report

Appendix B Family Advocacy Program Organization



Appendix C Reporting Procedures Schematic



Glossary

Section I Abbreviations

ACS

Army Community Service

ACR

Army Central Registry

ARIMS

Army Records Information Management System

ASAP

Army Substance Abuse Program

CAPIT

Child Abuse Prevention and Investigation Techniques

CHN

Community Health Nurse

CID

Criminal Investigation Division

COR

Contracting Office Representative

CPAC

Civilian Personnel Advisory Center

CRC

Case Review Committee

CYS

Child and Youth School Services

DENTAC

Dental Activity

DFMWR

Directorate of Family and Morale, Welfare and Recreation

DOD

Department of Defense

DVIT

Domestic Violence Intervention Training

FAC

Family Advocacy Committee

FAP

Family Advocacy Program

FAPC

Family Advocacy Program Clinic

FAPM

Family Advocacy Program Manager

FASOR

Family Advocacy System of Records

FAST

Family Advocacy Staff Training

FAST(A)

Family Advocacy Staff Training (Advanced)

FCC

Family Child Care

FRC

Fatality Review Committee

MOA

Memorandum of Agreement

MCD

Marine Corps Detachment

MEDCOM

Medical Command

MTF

Medical Treatment Facility

PAO

Public Affairs Office

PMO

Provost Marshall's Office

PW

Privately-owned Weapons

RPOC

Report Point of Contact

SJA

Staff Judge Advocate

UCMJ

Uniformed Code of Military Justice

DAVA

Domestic Abuse Victim Advocate

Section II

Terms

Abuser

Person who abuses children or his or her intimate partner

Army Central Registry

Army-wide index of abuse reports

At-Risk

Situation involving an individual who is vulnerable to domestic 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 during the period of purple crying, congenital efficiencies or abnormalities; extreme financial distress; substance abuse; or any other condition that interferes with parent-child attachment.

Case Management

Process of coordinating health and social services so that the client receives the most appropriate care in a timely, efficient manner

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.

Child Physical Abuse

Type of maltreatment that refers to physical acts that have caused or may cause 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.

Child Protective Services - Any state, local, or foreign department, agency, or office that provides child protective services to families affected by child abuse.

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. The child victim should be considered 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.)

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.

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.

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.

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.

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.

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.

Other Sexual Maltreatment - 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.

Department of Defense (DOD) Operated or Sanctioned Activity - May either be a nongovernmental activity or an activity operated by U.S. Government employees that are 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.

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.

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:

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.

Did Meet Criteria for Abuse - A case that has been fully investigated for which the preponderance of the available information indicates that abuse occurred.

Did Not Meet Criteria for Abuse - A case of abuse that has been fully investigated for which the available information is insufficient to substantiate that abuse occurred.

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

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

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).

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

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 cannot be properly cared for by their own families.

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 who has been placed in foster care by a local civilian authority.

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.

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.

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).

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.

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

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

Staff Judge Advocate (SJA) – A judge advocate so designated in the Army, Air Force, or Marine Corps. The principal legal advisor for a command in the Navy and Coast Guard. 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.

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

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.

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.

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