

Department of the Army  
US Army Garrison Fort Belvoir  
9820 Flagler Road  
Fort Belvoir, Virginia 22060-5928  
1 August 2014

\*FB Regulation 608-18

## Program Management

### FORT BELVOIR FAMILY ADVOCACY PROGRAM

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**Summary.** This is a revised regulation. It establishes procedures and provides guidance for the Fort Belvoir Family Advocacy Program.

**Applicability.** This regulation applies to all activities, directorates, and commands at Fort Belvoir, Virginia.

**Supplementation.** Supplementation of the regulation is prohibited without prior approval from the Directorate of Family and Morale, Welfare and Recreation, US Army Garrison Fort Belvoir, Virginia 22060-5937.

**Suggested Improvements.** The proponent of this regulation is the Directorate of Family and Morale, Welfare and Recreation, US Army Garrison Fort Belvoir. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Army Community Service (IMBV-MWA), 9800 Belvoir Road, Fort Belvoir, Virginia 22060-5943.

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\*This regulation supersedes Fort Belvoir Regulation 608-18, dated 1 May 2014.

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## **Chapter 1**

### **Overview**

#### **1-1. Purpose**

To prescribe procedures for the effective implementation of the Fort Belvoir Family Advocacy Program (FAP).

#### **1-2. References**

- a. AR 608-18 (The Army Family Advocacy Program), 30 October 2007 (RAR 001, 13 September 2011).
- b. AR 608-10 (Child Development Services), 15 July 1997.
- c. AR 608-1 (Army Community Service Center), 13 March 2013
- d. AR 195-2 (Criminal Investigation Activities), 15 May 2009 (RAR 001, 8 July 2010).
- e. AR 190-30 (Military Police Investigations), 1 November 2005.
- f. AR 190-45 (Law Enforcement Reporting), 30 March 2007.
- g. DA Circular 6900-92-1 (Criminal History Background Checks on Individuals in Child Care Settings), 15 November 1992.
- h. DoD Directive 6400.1 (Family Advocacy Program), 23 August 2004.
- i. DoD Instruction 1402.5 (Criminal History Background Checks on Individuals in Childcare Services), 19 January 1993.
- j. Family Advocacy Program Accreditation Standard 10000.2, August 2007.
- k. Memorandum, Community and Family Support Center, Army Child and Youth Services (CFSC-CYS), 17 September 2001, subject: US Office of Personnel Management (OPM) Federal Investigations Processing Center (FIPC) Procedures to Conduct Army Child, Youth & School Services (CYSS) Background Checks.
- l. DoD Quality Assurance Standards.

#### **1-3. Applicability**

The procedures and responsibilities in this regulation apply to the Fort Belvoir community personnel and their Family members to include active duty Soldiers, retired Soldiers, Department of Defense (DoD) and Department of the Army (DA) civilian employees and contractors, and Family members authorized treatment at the local Medical Treatment Facility (MTF).

#### **1-4. Mission**

To reduce family disruption and violence and promote effective family functioning by establishing information and education programs and services which support strong, self-reliant Soldiers and Families; providing services to at-risk Families; ensuring prompt reporting, assessment, and investigation of instances of abuse; and providing treatment to all affected Family members.

#### **1-5. Coordinated Community Response**

Communication among and within agencies involved with the FAP is critical. A multidisciplinary approach will be emphasized and information shared to the greatest extent possible among those having a need to know. The safety of Families assigned to the Fort Belvoir community is a top priority. With that in mind, all agencies who have a role in the prevention and response of family violence will work together to ensure there is no duplication of services and appropriate measures are taken when gaps are identified.

### **Chapter 2 Installation Staff Responsibilities**

#### **2-1. General**

Unit Commanders/First Sergeants/Senior Enlisted Advisors; the Director of Family and Morale, Welfare and Recreation (DFMWR); the Army Community Service (ACS) Director; the Installation FAP Manager (FAPM); the Medical Treatment Facility (MTF) Commander/Chief, Family Advocacy Program (FAP); the Dental Activity Commander, Chief of Dental Services; the Officer In Charge (OIC), Personnel Service Battalion (PSB); the Staff Judge Advocate (SJA); the Installation Chaplain; the Public Affairs Officer (PAO); the Clinical Director, Alcohol Substance Abuse Program (ASAP); the local US Army Criminal Investigation Command (USACIDC); the Director of Emergency Services (DES); and the Chief, Child, Youth & School Services (CYSS) will read and comply with all requirements outlined in AR 608-18.

#### **2-2. Directorate of Emergency Services will -**

- a. Serve as the Reporting Point of Contact (RPOC) for all unrestricted reports of intimate partner abuse and all reports of child abuse. The Directorate of Emergency Services (DES) will ensure that the RPOC is available to the Fort Belvoir community on a 24 hour basis.
- b. Coordinate with the Department of Social Work Services (DWS), Child Protective Services (CPS), and Criminal Investigation Division (CID) to conduct preliminary inquiries or investigations involving allegations of intimate partner or child abuse in accordance with AR 190-30, AR 195-2, and this regulation. In cases of institutional abuse, DES will notify the FAPM within 24 hours.
- c. Contact, in cases of intimate partner abuse, the Victim Advocate (VA) and provide victims with VA contact information once identified within 60 minutes of responding to an alleged incident of domestic violence.
- d. Assist with allegations of abuse that occur off the military installation or when the assistance of civilian law enforcement is required to conclude an investigation. Law



enforcement will work collaterally or jointly to investigate situations of child abuse and domestic violence.

e. Provide a copy of the Military Police Serious Incident Report (SIR) (AR 190-45) filed in any intimate partner and child abuse case to the FAPM and, if appropriate, to the CYSS Chief. The SIR is always required for child abuse occurring in a DoD sanctioned or operated activity setting.

f. Ensure family violence prevention training is provided for all military police personnel performing law enforcement duties. Training will be conducted in coordination with the FAPM and will cover the physical and emotional trauma associated with intimate partner and child abuse, and proper management procedures.

g. Support the prevention and awareness efforts conducted by the FAPM.

h. Conduct a check of law enforcement records upon a request from the Case Review Committee (CRC) to determine if alleged intimate partner and child abusers have had past incidents of behavior requiring military police intervention.

i. Transport children suspected of having been abused to the MTF for medical assessments upon request by the CRC chairperson.

j. Ensure that MP investigator personnel attend domestic violence intervention training, Child Abuse Prevention Intervention Training (CAPIT) courses, and other specialized training on child and intimate partner abuse.

### **2-3. Public Health Nurse (PHN) will -**

a. Serve or provide a representative to serve as a member of the Family Advocacy Committee (FAC).

b. Assist with identification of high risk families and provide appropriate community health care services.

c. Serve as a nursing consultant to the MTF staff in the identification of suspected abuse cases.

d. Refer cases to the RPOC (Military Police Desk Sergeant, 703-806-3104) when intimate partner abuse or child abuse and neglect are suspected.

e. Serve as a consultant to the CRC upon request to provide nursing input into the assessment, intervention, and evaluation process of individual cases.

f. Receive referrals from the CRC for family health counseling and provide this service in the clinic, PHN office, or family home.

### **2-4. FAPM will-**

Provide and coordinate community-wide efforts regarding Family violence. This includes, but is not limited to, education classes and briefings for Soldiers and commanders; briefings and

information for the public at large; education or special service programs for high risk groups; child safety education; and professional training for staff involved in FAP or child care activities. Members of the community may contact the FAPM to organize and implement prevention and education events for units, specific groups, organizations or activities.

## **Chapter 3**

### **RPOC and Notification**

#### **3-1. Community Members**

Every Soldier, employee, and member of the military community is encouraged to report information about known or suspected cases of intimate partner and child abuse to the RPOC or the appropriate law enforcement agency as soon as the information is received.

#### **3-2. Suspected Case Reporting**

Suspected cases of intimate partner and child abuse will be reported to the installation RPOC, the Military Police Desk Sergeant, 703-806-3104. The military police will immediately call the on-call social worker at 571-231-1202 during duty hours from 0730 to 1630 or 571-309-7140 after duty hours and on weekends and holidays. The military police will also notify the Child Protective Services (CPS) of Fairfax County at 703-324-7400. The on-call social worker will coordinate with CPS at 703-324-7400. Law enforcement (MP or USACIDC, depending on purview) will jointly assess/investigate whenever practical. DES or USACIDC will provide the Family Advocacy social worker a copy of the blotter or incident report within 48 hours. The Family Advocacy social worker is responsible for notifying the Soldier's commander (within 24 hours of receiving initial report), reporting the case to the CRC, and case documentation/management.

#### **3-3. Installation Personnel**

a. All installation law enforcement personnel, physicians, nurses, social workers, school personnel, FAP and CYSS personnel, psychologists, and other medical personnel will report information about known or suspected cases of intimate partner and child abuse to the RPOC or appropriate military law enforcement agency as soon as the information is received. **Intimate partner abuse reported to healthcare providers will only be reported if the victim has elected unrestricted reporting.** See DoD restricted reporting policy.

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

## **Chapter 4**

### **Army Operated/Sanctioned Activities**

#### **4-1. Responsibilities**

a. Installation activities that supervise or sponsor activities in which children are involved, including individuals hired with appropriated and non-appropriated funds, contractors, persons providing gratuitous services, volunteers, and child care providers will -

(1) Screen all paid employees and volunteers IAW the requirements outlined in AR 608-18, paras 8-5 and 8-6, and DODI 1402.5.



(2) Provide adequate supervision of staff and volunteers. New volunteers will be assigned to an experienced/screened supervisor within the DoD operated or sanctioned activity.

(3) Observe children for evidence of abuse or neglect.

(4) Train staff and volunteers.

(a) The FAPM and the activity director will provide written and verbal guidance on topics outlined in AR 608-18, para 8-3, within the first three months of employment, prior to FCC Certification, or as part of volunteer orientation.

(b) The FAPM will provide training to all persons working in DoD operated or sanctioned activities on avoiding the appearance of abuse and protecting themselves from unwarranted accusations of abuse.

(c) An update of the aforementioned subjects will be included as part of ongoing annual in-service training requirements.

(d) The Coordinator or CYSS Training Curriculum Specialist or designee is responsible for planning and organizing all training. The FAPM will provide or serve as a resource person for all training.

(5) Prepare a child abuse SOP in coordination with the FAPM which includes procedures taken to prevent and respond to child abuse situations and will address the following:

(a) Child supervision.

(b) Discipline/touch policy.

(c) Facility security (if applicable).

(d) Child abuse training.

(e) Child abuse identification and internal reporting.

(6) Develop employee, volunteer and parent handbooks that contain information on child abuse identification and reporting, and acceptable discipline policies. Ensure all activity employees and volunteers sign a statement acknowledging their awareness of program policies.

(7) Encourage DoD operated or sanctioned activities to establish or share resource libraries containing training and education materials on child abuse and neglect that are appropriate to employees.

(8) Provide safety education -

(a) The FAPM is responsible for the overall child abuse safety education program for children ages 6-18 years in CYSS and School Age Services as well as in schools operated on US Army controlled property.



(b) Activity directors will coordinate all child abuse safety efforts with the FAPM to ensure staff is aware of reporting procedures.

(c) All child abuse safety education will be developmentally appropriate for the age group. Activity managers will notify parents in writing in advance of all programs.

#### **4-2. Reporting, Notification and Investigation of Child Abuse Alleged to Have Occurred in a DoD Operated or Sanctioned Activity**

a. All child abuse alleged to have occurred in a DoD operated or sanctioned activity will be reported immediately, either by activity staff or outside person, to the installation RPOC (Military Police 703-806-3104).

b. The MP/USACIDC will immediately notify the Family Advocacy social worker to determine how the report will be investigated. The Family Advocacy social worker/case manager will then notify the activity coordinator/director and the FAPM. The FAPM will notify the chain of command. The activity coordinator/director will remove the staff member(s) alleged in the report from access to children, if the identity of the staff member is known. Notification and timeliness are critical due to safety of other children, possible need to preserve evidence, potential seriousness and requirements to notify DA.

c. Depending on the nature and severity of the offense, either the MP, USACIDC, or CPS will investigate. Whenever possible, the initial on-site assessment/investigation will be conducted jointly by law enforcement and the CPS. If the CPS worker does not accompany law enforcement to the activity, the investigators will notify the Chief, DSW, or the FAPM after observing the child, if available, and initiate consultation with activity personnel. The CPS will arrange for medical examination/treatment as required. The CPS will take the child into protective custody and will transport the child to the local MTF. Car seat and seat belt requirements will be followed when transporting children. The activity director or designee will notify the parent(s) that their child has been taken by the MP/USACIDC/CPS and that the parent(s) need to call the MP/USACIDC/CPS at the number left by the investigator or the Family Advocacy case manager at 571-231-1202. The CRC chairperson or designee has the option of consulting with activity personnel or accepting information provided by investigators. Questions to be answered in determining if information supports a tentative conclusion of child abuse are the following: Are there bruises or other injuries? If inflicted by a parent, would this incident be considered abuse? Can the child tell what happened? Investigators and the CRC chairperson or designee will promptly (within eight daytime duty hours) determine the credibility of the report. A joint decision allows for criminal, legal and social consideration; complies with the required team approach; minimizes trauma to the victim; and protects everyone involved. If a joint decision cannot be made, an emergency CRC meeting will be called by the CRC chairperson.

d. If the report is determined to be a regulatory violation rather than abuse, the CRC chairperson or designee, will inform the activity coordinator/director by telephone (within 24 duty hours of report), followed by a formal memorandum (within 24 duty hours following phone call). The activity coordinator/ director will take appropriate action according to activity policy and will inform the CRC chairperson of action taken by return memorandum (within 40 duty hours of receiving memorandum).

e. If the report is determined to be a credible report of child abuse, a complete child abuse investigation will proceed per Army policy. Law enforcement, the Family Advocacy social worker, and the SJA will work together during the assessment/investigation. Results of the



investigation will determine if abuse occurred. The FAPM will be kept informed of case status. The FAPM will follow notification procedures outlined in AR 608-18, paras 8-10.

f. The activity coordinator/director will be notified by the CRC chairperson or designee as soon as the investigation is complete. If the report does not meet criteria, the employee may have access to children.

g. A copy of the SIR completed by the MP or USACIDC will be provided to the FAPM, CRC chairperson, and activity coordinator/director upon completion.

h. When multiple victims are indicated, the FAPM will recommend to the Garrison Commander activation of the Installation Strategy Team.

#### **4-3. Reporting, Notification and Investigation of Child Abuse Reported From a DoD Operated or Sanctioned Activity and Not Suspected to Have Occurred in the Activity**

a. A report will be made to the RPOC and the agency director. The RPOC will notify the Family Advocacy social worker and FAPM. The FAP social worker will notify CPS. The CPS will determine the nature and severity of the offense.

b. The CPS investigator can immediately go to the agency and observe the child. If physical injury is indicated, CPS may take the child into protective custody and may obtain a medical examination for the child without parental consent when one or both parents are suspected of inflicting the abuse or concealing information about the abuse. Car seat and seat belt requirements will be followed when transporting children.

c. The CPS worker will coordinate with the emergency room staff and Family Advocacy social worker ahead of time to minimize waiting time for the child.

d. If the child is taken into protective custody, the DoD operated or sanctioned activity director or designated employee will notify parent(s) that their child has been taken by the CPS and that the parent(s) need to call the CPS office at the number left by the investigator or the Family Advocacy case manager at 571-231-1202 for further information. If after duty hours, MP/USACIDC will contact the parent(s).

#### **4-4. Identifying/Reporting/Responding/Preventing Child Abuse in Child, Youth & School Services Facilities Located on Fort Belvoir**

a. Identifying Child Abuse and Neglect. Use definitions outlined in AR 608-18.

b. Reporting Child Abuse and Neglect.

(1) Immediately call Military Police: 703-806-3104/3105/3106 when child/intimate partner abuse or neglect is suspected.

(2) Concurrently report to the first available person in the chain of command who will forward to the next level:

(a) Immediate supervisor (or any CYSS manager/trainer);

(b) CYSS Chief, 703-805-9148/9149; and



(c) Directorate of Family and Morale, Welfare and Recreation: 703-805-2532

(3) Reports of creditable child/intimate partner abuse or neglect must include the following information: the child's name, parent's name and address, reasons why abuse is suspected, a description and location of any injuries, where the child is now, whether the child needs medical attention, and any spontaneous statements made by the child. Both the FAPM and the CYSS Chief will submit a report to the Installation Management Command, IAW AR 608-18 and AR 608-10.

(4) When concerned but unsure about possible child/intimate partner abuse or neglect, a CYSS employee may call any one of the Family Advocacy Team listed below to discuss the situation. The Family Advocacy Team will assess the situation and provide further guidance.

Chief, Department of Social Work	571-231-1223
Family Advocacy Clinical Supervisor	571-231-1228
Family Advocacy Case Staff	571-231-1202
Family Advocacy Program Manager	703-805-3980
Family Advocacy Staff	703-805-2693
Family Advocacy Victim Advocate	703-229-2374

c. Responding to allegations of child /intimate partner abuse or neglect.

(1) When an allegation of child /intimate partner abuse or neglect is made against a CYSS staff member or a Family Child Care (FCC) provider, if the accusation is against an FCC home provider, the home will be closed. If the accusation is made against a CYSS staff member, the staff member will be reassigned outside CYSS facilities with duties that do not include child contact.

(2) If during the initial assessment, usually within 24 hours, it is concluded that the alleged behavior is an infraction of CYSS policy, the program director has the responsibility to take appropriate disciplinary actions. At a minimum, the director will counsel the individual and coordinate remedial training and observations with the training and curriculum specialists (TACS). In a FCC home, the director will also perform more frequent home visits. Both the FCC home and CYSS staff member may return to duty as determined appropriate by the program director.

(3) When an allegation of child /intimate partner abuse made against a CYSS staff or FCC provider results in an investigation by the Family Advocacy Program, CPS, or military or civilian law enforcement authorities, the CYSS staff member will continue with reassigned duties outside of CYSS until a determination is made by the CRC. In a FCC home, the home will remain closed until a determination is made by the CRC. The FCC staff will assist parents of children in the home to find alternative child care. The CYSS Chief will report these instances to the Region CYSS within 24 hours.

(4) The CYSS Chief will consult with the Public Affairs Office and the garrison commander to determine the appropriate public response, on a case-by- case basis. The CYSS Chief will be readily available to talk to parents in accordance with this guidance.

d. Preventing child /spouse abuse or neglect.



- (1) Post the Child /intimate partner Abuse Hotline poster in all CYSS facilities.
- (2) Ensure articles regarding child /intimate partner abuse prevention are included in quarterly newsletters and the *Belvoir Eagle*.
- (3) Include the CYSS Guidance/Touch policy and Fort Belvoir Home Alone policy in the staff handbook, parent handbook, the FCC certification handbook, and the FCC certification training class.
- (4) Ensure the CYSS program management staff performs careful screening/ training/oversight of all applicants and employees/FCC providers IAW AR 608-18 by:
  - (a) Prescreen FCC applicants and their Family members during the family home interviews and carefully interviewing staff applicants.
  - (b) Ensure all background checks are cleared prior to employment and home opening IAW AR 608-10. In a FCC home, background checks will be cleared prior to provisional certification and repeated annually, to include all Family members over the age of 12. In the facility programs local background checks will be repeated every five years.
  - (c) Check at least three professional and personal references on FCC providers and at least two professional references on staff.
  - (d) Ensure there is appropriate supervision of rooms and/or FCC homes by the CYSS program manager to minimize the risks of child /intimate partner abuse to include the following:
    - (1) Unannounced, documented staff observations and FCC home visits will be conducted by management personnel during the first six weeks of provisional/ employment certification and at least once quarterly thereafter.
    - (2) Appropriate disciplinary action must be taken by management when a child's wellbeing is jeopardized by actions that are an infraction of CYSS policies.
  - (e) Maintain Adult/child ratios and group sizes at all times IAW AR 608-10.
  - (f) Ensure management staff will conduct the Child/intimate partner Abuse Risk Assessment Tool (CARAT) once a year in FCC homes and every three years in the Child Development Centers. Findings will be discussed with program directors and steps taken to implement a plan for improvement.
  - (g) Ensure management makes parents will feel welcome in the facility and/or FCC provider's home. The staff and/or provider will provide many opportunities for parent participation in the daily activity plans.
  - (h) Ensure management coordination with Family Advocacy for their presentation of quarterly parent training on child/intimate partner abuse or neglect, at least one of which trains parents to teach their children prevention and response skills in abuse or neglect situations.
  - (i) Require written reports to parents of all accidents/injuries and incidents/ unusual occurrences is required. The parent receives the original after they sign and the copy is retained in the child's file. In facilities, the form will be reviewed and signed by the director prior to the parent's signature.



(j) Report all accidents and injuries requiring treatment from the medical facility in writing to both the CYSS Chief and the Safety Officer.

(k) Require the CYSS management to review accident reports periodically and screen them for patterns of potential abuse or neglect. Recurring incidents may indicate a need for closer supervision or additional training.

(l) Release children from CYSS programs IAW the Admission and Child Release Standing Operating Procedure (SOP).

(m) Refer to the CYSS field trip SOP for field trip procedures.

## **Chapter 5**

### **Domestic Abuse, Restricted and Unrestricted Reporting**

#### **5-1. Report Options**

Domestic Abuse and Restricted Reporting Options: Victims of intimate partner abuse, to include intimate partners of Active Duty (current or former) and may include non-military beneficiaries, Family member spouses, and active duty victims all have the option of receiving victim advocacy and other supportive services without making a formal report, thus triggering the investigative processes. This allows a victim to come forward and receive the appropriate care and services while providing them the opportunity to make an informed decision about reporting the abuse to law enforcement or the chain of command.

Domestic Abuse and Unrestricted Reporting Options: Unrestricted reporting follows traditional protocols in which law enforcement and commands are notified and a thorough investigation is conducted with the intent of holding the offender accountable for his/her actions via administrative, non-judicial or judicial punishment under the Uniform Code of Military Justice (UCMJ). While this is the option preferred by the Department of Defense and Department of the Army, many victims do not want law enforcement or commands to be notified, they simply want to receive medical and counseling services.

#### **5-2. Restricted Report Accepters**

Accepting restricted reports of domestic violence is limited to specified individuals. Those individuals include: 1) VA, 2) FAPM, 3) Military Health Care Providers, and 4) Military One Source Providers.

#### **5-3. Victims Accepting Restricted Reporting Option**

Victims who elect the restricted reporting option must first sign a victim's preference statement. There is also a very specific pathway that is followed based on the safety needs of the victim.

## **Chapter 6**

### **Emergency Shelter**

#### **6-1. Intimate Partner Abuse Shelter**

a. Any time during the management of an intimate partner abuse case, the manager or other source may identify the need for one intimate partner to be placed in an emergency shelter.

b. Normally, a "cooling off" period or protection of a victimized intimate partner can be accomplished by placement of the Soldier, or one Soldier in a dual military couple, in the barracks at his/her unit. If this is not possible, the Domestic Abuse Victim Advocate will arrange emergency shelter for the abused or at-risk intimate partner IAW the ACS SOP on Emergency Shelter for Battered or At-Risk Intimate Partners.

c. Placement in emergency shelter is short term and voluntary. Ideally, the decision for the abused or at-risk intimate partner to enter and leave the shelter occurs after a risk assessment and development of a safety plan, done jointly by the intimate partner and the case manager.

## **6-2. Foster Care**

a. Any time during the management of a case, CPS or the case manager may recommend placement of a child in temporary foster care due to abuse, parental illness/injury, or any other reason that prevents the parent(s) from caring for their own child(ren).

b. The treating physician may place a child in medical protective custody without parental consent if the circumstances or condition of the child are such that allowing the child to remain in the care or custody of the parent(s) presents imminent danger to the child's life or health.

c. Children placed in foster care by voluntary, parental agreement will be returned to the parent(s) upon request. Ideally this decision will be made jointly by the parent(s) and the CPS worker and will not be done until the safety of the child can be reasonably assured.

## **Chapter 7 Treatment**

### **7-1. Responsibilities**

a. The Family Advocacy social worker is responsible for treatment of intimate partner and child abuse. The Family Advocacy case manager will coordinate installation support needed in treatment efforts such as drug and alcohol assessments, parenting classes, psychological examinations, etc.

b. Protection of the alleged victim and at-risk child(ren) is given first priority in providing treatment, beginning in assessment and intervention stages. Each case will include a risk assessment of the abused intimate partner or abused child and any sibling(s).

c. The multidisciplinary CRC will, based on information from the Family Advocacy case social worker and any other key player, determine by two-thirds quorum vote if incidents of reported abuse meet or do not meet criteria; approve a treatment plan for each case; and review cases that meet criteria at least quarterly until closed. Committee members, appointed on orders by the garrison commander include the following: Chief, Department of Social Work as Chairperson; Installation Chaplain or designee; USACIDC; ASAP Clinical Director or designee; DES or designee; SJA; FAPM; and the Family Advocacy social worker. Designees may and alternates must be appointed for each position.



d. The FAPM will keep the garrison commander advised of the continuing status of cases involving Soldiers and their Family members. Unit commanders or Army operated or sanctioned activity directors will be informed of abuse involving their Soldier or employee within 24 hours after receiving a creditable report by the Family Advocacy social worker. The Family Advocacy social worker will inform the commander of scheduled CRC case presentations pertaining to Soldiers in their command so the commander can attend the CRC meeting and participate in the discussion of their Soldier(s).

e. The Family Advocacy case manager or social worker will manage case files IAW AR 608-18 and Health Service Command Pamphlet 608-1.

f. The Family Advocacy case manager or social worker will submit information to the Army Central Registry for statistical and tracking purposes.

## **7-2. General**

a. Treatment is considered successful if there has been regular attendance at counseling sessions and treatment goals, to include the CRC determination that there is no further likelihood of abuse, have been met.

b. Abusers are encouraged to seek treatment through self-referral, but self-referral does not preclude the Army from taking adverse action nor does it protect individuals against possible civilian judicial actions, criminal or civil.

## **Chapter 8 Installation Strategy Team**

### **8-1. Director, FMWR**

- a. Chairs the team and reports directly to the garrison commander.
- b. Keeps the garrison commander and the deputy to the garrison commander informed.

### **8-2. FAPM**

- a. Serves as action officer and subject matter expert.
- b. Serves as point of contact for all cases and maintains up-to-date status.
- c. Provides support to organizational staff in conjunction with the MTF.
- d. Coordinates and staffs command letters to parents and staff (Appendices A and B).
- e. Coordinates the overall installation response plan.

### **8-3. SJA**

- a. Advises on legal issues.

- b. Coordinates with other agencies as required on criminal prosecution of alleged abuser(s).
- c. Recommends alternatives when actions under consideration are prohibited or otherwise limited by law or regulation.

#### **8-4. DES**

- a. Conducts investigations when appropriate, ensuring collection of evidence.
- b. Conducts a check of law enforcement records to determine past incidents.
- c. Coordinates with civilian enforcement agencies when assistance from civilian law enforcement is required.
- d. Provides a copy of the Military Police (MP) Serious Incident Report to the FAPM, CRC Chairperson, and if appropriate, to the Army Operated Activity (AOA) or Army Regulated Activity (ARA) Director.

#### **8-5. USACIDC**

- a. Conducts investigations IAW AR 195-2 when appropriate, ensuring collection of evidence.
- b. Coordinates with civilian law enforcement agencies when assistance from civilian law enforcement is required.
- c. Locates potential victims who have moved from the local area and forwards leads to nearest USACIDC unit.

#### **8-6. Chief, DSW**

- a. Provides assessment, crisis intervention, case management and treatment services to victim(s), parent(s), perpetrator(s), and eligible activity staff, making referrals as necessary.
- b. Submits a report to the Central Registry and checks for prior incidents for both victim(s) and alleged perpetrator(s).
- c. Prepares child(ren) for court in accordance with legal authorities if necessary.
- d. Operates a 24-hour help line to answer questions/screen potential victims.
- e. Reports to the CRC.
- f. Provides support to activity staff.

#### **8-7. Pediatrics**

- a. Reviews medical records of potential victims.



b. Provides complete medical examination; collects, documents, and controls medical/legal evidence in accordance with established MTF protocol for sexual assault examination kit and child sexual abuse/neglect protocol. Requests photographs and laboratory work as necessary. Collection and documentation will be in conjunction with the investigative process.

c. Provides follow-up medical care and referrals as appropriate.

d. Reassures parent and child that the child is either unharmed or that injuries will be treated.

#### **8-8. PAO**

a. Releases information to the media only after coordination with the garrison commander.

b. Advises the team on public affairs policies and procedures involving child abuse and the public release of investigative reports.

**8-9. Civilian Personnel Advisory Center** Advises on actions affecting the activity staff person's employment.

#### **8-10. AOA and ARA Director**

a. Take all steps possible to prevent abuse in all programs.

b. Report all suspected abuse and take steps to assure safety of children after reporting.

c. Take appropriate administrative or disciplinary action as coordinated with CPAC.

**8-11. Civilian members** as deemed appropriate by the garrison commander.

#### **8-12. Team Deployment**

If local resources are not sufficient to adequately manage an investigation of abuse in a DoD operated or sanctioned activity, the local strategy team may recommend that the garrison commander request the assistance of a DA Regional Response Team or DoD Family Advocacy Regional Response Team. Specially trained social workers, criminal investigators and pediatricians can deploy to the installation within 48 hours of notification. Team size varies from five to seven individuals based on the needs of the installation. Deployments range from 7 to 10 days. If the situation warrants, the team may deploy without preferred request. The local installation assumes financial costs and logistical support.

#### **8-13. Meeting Procedures**

a. The team will meet within eight working hours of a credible report of child abuse alleged to have occurred in an AOA or ARA where multiple victims are suspected or there is potential for alarm in the community.

b. Team members will be notified of initial meeting time and place by telephone due to the urgency of the situation. Attendance is a priority. The purposes of the meeting are the following:

- (1) To ensure safety of the child(ren).
  - (2) To ensure a team approach for all actions taken (investigation through treatment).
  - (3) To communicate effectively and quickly with everyone who has a need to know.
  - (4) To access resources available and resources needed.
  - (5) To identify a lead investigative agency/agencies who will coordinate interviewing, identifying potential victims and assigning responsibilities.
  - (6) To address the interviewing team's plan for communication with parents, staff, media, and victims.
  - (7) To appoint a Family liaison officer to keep the families informed and dispel rumors.
  - (8) To prepare a letter to send to Families of victims and potential victims (Appendices A and B).
- c. Meetings will be scheduled as needed until the case(s) is/are resolved.

## **Chapter 9**

### **Family Advocacy Committee (FAC)**

#### **9-1. Mission**

The FAC shall advise on installation FAP programs and procedures, training, and administrative details; recommend needed resources and programs; and identify needs and indicate action for implementation.

#### **9-2. Membership**

a. The membership of the FAC, appointed on orders to serve a minimum of one year by the garrison commander, should have supervisory or functional responsibility for prevention, diagnosis, and treatment of intimate partner and child abuse. In addition to the chairperson, the membership will include the following: FAPM; Chief, Department of Social Work/CRC Chairperson; CHN; Director of Dental Services; DES; USACIDC; SJA; ASAP Clinical Director; CYSS Chief; School Liaison Officer; Installation Chaplain; and Post Command Sergeant Major.

b. The garrison commander will chair the FAC.

#### **9-3. Member Responsibilities**

- a. Provide recommendations for FAP programs and procedures.
- b. Facilitate an integrated community approach to addressing family violence.
- c. Recommend new resources and programs needed. Identify gaps and duplications in service delivery.



d. Identify long-range, intermediate, and immediate FAP needs, and initiate action for the implementation to include addressing corrective action plans to comply with DOD quality assurance standards.

e. Implement and maintain Family Advocacy outcome measures.

## **Chapter 10**

### **Fatality Review Committee (FRC)**

#### **10-1. Mission**

The FRC shall meet regularly to review all known or suspected domestic violence or child abuse related homicides and suicides to include all infant and child deaths in which the manner of death is undetermined at autopsy involving any of the following: a member of the Army on active duty; a current or former dependent of a member of the Army on active duty; a current or former intimate partner who has a child in common or has shared a common domicile with a member of the Army on active duty.

#### **10-2. Membership**

a. Core members of the FRC represent the minimum number of members necessary to conduct a review and include: FAPM; Chief, Department of Social Work; CRC Chairperson; Pediatrician or family practitioner; Medical Examiner if available; DES; representative designated by the US Army Criminal Investigations Command; SJA; Army Substance Abuse Program (ASAP) clinical director; and the Installation Command Sergeant Major (CSM).

b. The garrison commander will chair the FRC.

#### **10-3. Member Responsibilities**

a. Facilitate regularly scheduled meetings (quarterly) to review all fatalities known or suspected to have resulted from domestic violence or child abuse or related suicides.

b. Review and evaluate the involvement of each military, local/state agency that provided service to the Family (intimate partner and/or child) prior to his/her death.

c. Conduct a thorough review of the law enforcement information and compare this information with other records being reviewed, for example, FAP and medical records, autopsy records, etc.

d. Safeguard and maintain all records, data, training records and minutes.

e. Analyze outcomes of the review process as well as identify trends and patterns that aid in developing policy recommendations for earlier and more effective intervention.

## **Chapter 11**

### **Background Checks**

a. FAP personnel are required to have an Installation Records Check (IRC) and CID checks. The IRC, at a minimum, should include checks conducted by the DES, ASAP, local

civilian police, and MTF to include the Family Advocacy System of Records (FASOR) and behavioral health records checks. FAPM will assist DOD operated or sanctioned activity directors in developing records screening procedures to be used in hiring employees IAW 608-18, 8-5.

b. The CRC Chairperson is responsible for submitting the names of FAP personnel who are to be given access to FASOR. The FAP clerk will be given access to FASOR to input CRC data and complete background checks. The FAP clerk is the POC for background checks for all FAP personnel, installation volunteers, and CYSS staff.

  
MICHELLE D. MITCHELL  
Colonel, AG  
Commanding



**Appendix A**  
**Sample Letter to Parent(s) from the Command**

(Strategy Team Members will modify the sample letter according to the location and specifics of each allegation)

Dear Sponsor:

The Commander has been apprised of an incident of alleged child sexual abuse reported to have occurred at the Child Development Center. Proper law enforcement authorities were notified and physicians trained to handle cases of this nature provided a thorough physical examination of the child. Thereupon, the child and the parents began a professional program of treatment to deal with the situation. Also on the day notification was received, the employee believed responsible was removed from his/her position.

Our records reflect that the employee implicated in this incident may have provided care to your child.

We have been in touch with health care professionals and experts in this area. We have developed procedures which we believe will fully inform you of the facts and provide full services to your child. Without causing further trauma, we need to obtain information from any child who might have been involved.

We have established a Child Abuse 101 Hotline that you can call with any questions you might have. The line is manned during regular duty hours by the Case Review Committee. An answering service is provided for a call back should you call after duty hours.

Our health care professionals have put together the enclosed checklist of the most often exhibited symptoms of child abuse. In the event your child or children exhibit any of these symptoms, we request you not question them or conduct any kind of interrogation. You should contact a member of the CRC at \_\_\_\_\_. We have arranged to have trained professionals, with your approval, interview your child. Improper questioning might well impede a child's ability to recall events, color his or her recollection, and in effect, make it difficult if not impossible to get a true reading of what really did happen.

As a follow-up, we are committed to providing treatment, care and counseling for any of the patrons of the Child Development Center who may seek our assistance. We will, of course, continue working with law enforcement authorities to support any criminal prosecution that might be warranted.

Please call the Child Abuse 101 Hotline if you have any questions.

Sincerely,

Director of Family and Morale,  
Welfare and Recreation

Enclosure

## **Appendix B**

### **Sample Letter from Army Operated or Regulated Activities**

(Strategy Team members will modify sample letter according to location and specifics of each allegation)

This is a very difficult time for all of us. As you know, there has been an alleged incident of child sex abuse here at the \_\_\_\_\_ Child Development Center. The alleged abuser has been reassigned until completion of the investigation. Because of this situation, you may feel sad, angry, upset, or threatened, or undermined by these events. These are all very normal feelings. I encourage you to talk about your feelings with your supervisor or with me. Although we cannot talk about the specifics of the allegations and the case, we can talk about how we feel and provide support for each other. We are confident we can resolve this case soon and continue to provide high quality care to our children. Letters have been sent to all parents. We can expect to receive increased inquiries from parents after the letters are received. The following guidance is provided to you in responding to parents' inquiries.

You may re-state to parents any of the information included in either of the two letters. Do not provide any other information, either factual or hearsay, on the case. For example, you may not identify the suspect in this case. If you are asked, "Who is the suspect?", then reply, "I am not able to provide information on the case." If you have additional questions, please contact me. Encourage parents to call the Child Abuse Help-Line. This line has been set up to deal exclusively with their concerns, questions, and needs for assistance. During off-duty hours, parents may call the Crisis Line.

Listen to parents' concerns and fears. Active listening is an important skill for you to use. Let these parents know that you, too, are concerned, and assure them that everything possible is being done to resolve this case as quickly as possible. Please also assure parents the Child Development Center is doing everything possible to prevent abuse from occurring at the center. Reiterate the safety policies that are in place such as two staff members are on duty at all times in each room of the facility; all classrooms are open at all times to parents, volunteers, and visitors; parents are required to come into classrooms to drop off and pick up their children; staff members receive training on child abuse; all children 4-12 years of age are offered training each year on sexual abuse prevention. This year's training will be provided \_\_\_\_\_.

Sign in and out procedures are in place.  
(Date)

If you are contacted by a member of the press or by anyone seeking public information on the case, please ask them to contact the Public Affairs Office, 703-805-5001.

Sincerely,

Army Child, Youth & School Services  
Coordinator



## **Appendix C**

### **Fort Belvoir Resources**

1. Counseling Services
  - Department of Social Work 571-231-1201/1202
  - Department of Behavioral Health 571-231-3224
  - Family Life Chaplain 703-805-2742
  - Military One Source 1-800-342-9647
2. Employment Services
  - Employment Assistance Program 703-805-2605
  - Army Career and Alumni Program 703-805-9247
3. Army Child, Youth & School Services
  - Center Care 703-805-1908
  - Family Child Care 703-806-6540/4344/8770/0354
  - School Age Services 703-805-9137
  - Youth Services 703-805-9100
  - Middle/High School Program 703-805-4515
    - Sports 703-805-1257
    - Middle School Program 703-805-4515
    - Open Recreation 703-805-4515
4. Emergency Resources
  - Army Emergency Relief 703-805-4409
  - Emergency Food Assistance 703-805-1833/3130
5. Education
  - Army Education Center 703-805-9254
  - Army Community Service
    - Employment Assistance Program 703-805-2605
6. Army Community Service
  - Exceptional Family Member Program 703-805-4417
  - Relocation Assistance Program 703-805-3436/1795/5058
  - Financial Readiness Program 703-805-1833
  - Army Volunteer Corps Coordinator 703-805-4152
  - Army Family Team Building 703-805-4152
  - Mobilization and Deployment 703-805-5683
  - Family Advocacy Program 703-805-3980/2693/2631/2561
  - New Parent Support Program 703-805-4547/2781
  - Domestic Violence Victim Advocate Program 703-805-1832/2631
7. Public Affairs Office 703-805-5001

**Appendix D**  
**FAP Organization Chart**

