MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Family Advocacy Program (AFAP)

1. References:
   b. DoD Instructions (DoDI), 6400-01, Family Advocacy Program, 01 May 19.
   d. AR 608-18, Army Family Advocacy Program, Rapid Action Revision (RAR), 13 Sep 11.
   e. AR 608-1, Army Community Service (ACS), 19 Oct 17.
   g. Army Directive 2021-26, Family Advocacy Program Incident Determination Committee (IDC), and Clinical Case Staffing Meeting-(CCSM), 12 Jul 21.
   j. FRAGO 01 to Headquarters Department of the Army (HQDA) EXORD 11-21: Implementation Guidance for Installation Response to PSB-CY, 22 Jan 22.

2. Applicability: This policy applies at all times and in all locations to all service members assigned to, attached to, or performing duties in units or activities assigned, attached, stationed, based, or otherwise located on the Fort Hood military reservation. It also applies to all military personnel present within the limits of the Fort Hood military reservation. All service members assigned to, attached to, or performing duties in units or activities over whom Commander, III Armored Corps and Fort Hood, exercises senior commander (SC) authority are also subject to this policy.
3. Policy: The Family Advocacy Program (FAP) is a commander’s program designed to prevent spouse/intimate partner and child abuse, to encourage the reporting of all instances of abuse, to ensure the prompt assessment and investigation of abuse cases, to protect victims of abuse, and to treat all Family members affected by or involved in abuse. FAP will review reports and allegations of PSB-CY, establish multidisciplinary teams (MDTs) to recommend treatment, counseling, appropriate interventions, and maintain a centralized database of information on each incident of PSB-CY.

   a. Army Regulation 608-18 encourages every Soldier and Civilian member of the military community to report information about known or suspected incidents of spouse/intimate partner, child abuse, and PSB-CY to the installation reporting point of contact (RPOC), (254) 287-CARE (2273), available 24 hours a day, 7 days a week. Mandated personnel and law enforcement agencies will report suspected child and domestic abuse to the FAP RPOC within 24 hours of incident or notification. Appropriate law enforcement authorities will investigate abuse allegations and notify commanders when Soldiers are involved in a spouse/intimate partner abuse, child abuse, or child neglect. In addition to the corrective programs listed below, commanders are responsible for taking appropriate action in accordance with the Uniform Code of Military Justice (UCMJ).

   b. Family violence, which includes spouse/intimate partner abuse, child abuse, violence perpetrated by a single Soldier against their partners, and PSB-CY, adversely impacts morale, welfare, and mission readiness. Commanders are responsible for taking immediate steps to alleviate Family violence.

   (1) Leaders at all levels must be alert for evidence of domestic violence and must report it and react promptly. Commanders and support agencies will address the applicable rights of alleged victims and offenders. Commanders must take appropriate action to protect victims of abuse from further harm. The ACS FAP Victim Advocates offer victim advocacy services to address safety measures, restricted and unrestricted reporting options, provide advocacy assistance, crisis intervention, and support to victims of domestic violence. The ACS FAP Victim Services Crisis Line number is (254) 702-4953, available 24 hours a day, 7 days a week. AR 608-18 describes measures that a commander can initiate, such as: pretrial restraint, revocation of pass privileges beyond the installation, and removal from government quarters.

   (a) If an active-duty Soldier is identified as the alleged offender, commanders will order the offender into government billeting. The next day the offender will be escorted to the Carl R. Darnall Army Medical Center (CRDAMC) Department Behavioral Health (DBH) FAP by an officer or non-commissioned officer (NCO) not less than two grades higher than the alleged offender, except for E-7/O3 and above, in which case they must be equal in grade or higher. In the case of dual military, leaders will require the Soldier-victim to remain in the marital residence and place the
Soldier-offender in the barracks. In the case of a bidirectional incident between a dual military couple, leaders will confer with law enforcement or CRDAMC DBH FAP as to who the primary aggressor is. Leaders should always consider the interests and welfare of the minor children to include which parent is the primary caregiver. The offender will have no contact with the home/quarters or victim for a minimum of seven days. The first Colonel (O6) in the alleged offender's chain of command has the authority to grant an exception to the seven-day requirement, but the minimum period shall be no less than 72 hours. If the first O6 in the chain of command decides to grant an exception to the seven-day requirement, the O6 commander will notify the III Armored Corps Commanding General in advance of the alleged offender's release from these requirements, justifying the decision to release the alleged offender. The justification will include the mitigating measures the alleged offender's chain of command has taken with the alleged offender to alleviate the concerns related to why the alleged offender was initially ordered into government billeting. If an Emergency Protective Order (EPO) or Domestic Violence Order (DVO) is in place, commanders will monitor the Soldier's compliance with such orders.

(b) When the civilian spouse/partner is the offender, commanders will make every effort to ensure the safety of the Soldier. Safety measures will include offering the victim/Soldier temporary living space in the unit's assigned billets or ensuring other suitable arrangements are made available. If the victim/Soldier has dependents, they will work with ACS FAP Victim Advocates for assistance in obtaining temporary placement in installation shelter or a safe house. Commanders should also coordinate with their respective judge advocates to explore legal options including obtaining expedited bar from installation for offending spouse.

(2) CRDAMC DBH FAP will provide treatment for Soldiers, Family members and intimate partners experiencing Family violence and PSB-CY. The CRDAMC DBH FAP will be responsible for incident assessment, notification to commanders, coordination, establishment of treatment plans on cases that meet criteria, and provision of progress reports to the command. ACS FAP serves as the advisor of the Family Advocacy Incident Determination Committee (IDC).

(3) Commanders will coordinate with the ACS FAP Manager to obtain FAP training within 45 days of assuming command and ensure all Soldiers receive annual spouse/intimate partner and child abuse prevention training as mandated by AR 608-18. Training will include restricted and unrestricted reporting options and PSB-CY.

(4) Unit, battery, troop, and rear detachment commanders will attend IDC meetings or designate an appropriate command level representative to attend when a case involving one of their Soldiers or Family members is being presented. The
CRDAMC DBH FAP will notify the unit, battery, troop, or rear detachment commander and the respective battalion commander to schedule IDC dates. If a unit, battery, troop, or rear detachment commander fails to attend the IDC or provide an appropriate representative, a memorandum reflecting non-attendance will be forwarded to the respective battalion and brigade commanders with a copy provided to the III Armored Corps Chief of Staff.

(5) Commanders will ensure that Soldiers involved in Family violence attend immediate and uninterrupted treatment. The Soldier’s place of duty will include scheduled appointments until treatment is completed. The CRDAMC DBH FAP will notify the Soldier’s unit, battery, troop, or rear detachment commander and the respective battalion and brigade commanders in advance of the Soldier’s scheduled appointments and when Soldiers do not attend scheduled appointments.

(6) The identification of each Soldier enrolled in the CRDAMC DBH FAP will be provided to the unit, battery, troop, rear detachment commander, or their designee during the staffing of the incident at the IDC. The commander/leader will be informed regarding the enrollment in CRDAMC DBH FAP both verbally and in writing. As a follow-up, the Soldier’s enrollment, risk level, and treatment information will be forwarded by CRDAMC DBH FAP to the unit, battery, troop, and rear detachment commander. The CRDAMC DBH FAP will immediately notify the unit, battery, troop, rear detachment commander, and the installation ACS FAP Victim Advocates regarding a change in the level of risk or severity of each case enrolled in the CRDAMC DBH FAP treatment. Commanders at all levels may contact the CRDAMC DBH FAP to receive updates regarding their Soldiers who are enrolled in FAP. Soldiers whom the CRDAMC DBH FAP have assessed as high risk for homicidal behavior will not be considered deployable while enrolled in treatment. If the unit mission requires high risk Soldiers to deploy, then approval by the first general officer in the chain of command must be obtained. Soldiers enrolled in CRDAMC DBH FAP must receive reunion training during and upon returning from a deployment.

(7) The Family Advocacy Committee (FAC) is responsible for developing and implementing programs to address Family advocacy issues of redeploying Soldiers not enrolled in treatment. Mandated treatment does not preclude disciplinary and administrative actions against offenders in appropriate cases. Commanders should consult with the Staff Judge Advocate (SJA) when considering administrative and disciplinary action.

(8) Commanders will ensure that junior leaders are actively engaged in the effective management of spouse/intimate partner and child abuse, high risk Soldiers are identified and referred for appropriate services, and offender accountability is addressed.
c. III Armored Corps and Fort Hood's goal is to break the cycle of abuse by actively engaging in preventive strategies, encouraging early identification, and promoting effective treatment of abuse for Soldiers, Family members, intimate partners, and PSB-CY. The ACS FAP New Parent Support Program (NPSP) staff will promote the involvement and participation of parents in home visitation services. For further assistance, contact the Installation ACS Family Advocacy Program (FAP) Manager at (254) 286-6775.

d. Actions listed within the checklist of enclosures 1 and 2 are the minimum actions required in cases of spouse/intimate partner and child abuse.

4. Expiration: This III Armored Corps and Fort Hood policy memorandum supersedes the Army Family Advocacy Program policy, dated 5 June 2019, and will remain in effect until superseded or rescinded.

5. The point of contact for this memorandum is the Installation ACS Family Advocacy Program Manager at (254) 286-6775.

\[\text{Signature} \quad \text{SEAN C. BERNABE} \]

\text{Lieutenant General, USA Commanding}

2 Encls
1. Domestic Violence Checklist
2. Emergency Protection Order Checklist

DISTRIBUTION:
IAW FH Form 1853: A
Enclosure 1: Commanding General’s Policy Letter #10 Army Family Advocacy Program (AFAP)-Domestic Violence Checklist

Date of Incident: ______________

Upon the notification or discovery of any incident or credible report of domestic violence commanders will immediately take the following steps:

1. Contact the Unit Trial Counsel for legal guidance.


3. Advise the Soldier suspected of domestic violence of their UCMJ Article 31, rights and, if they waive these rights, question the Soldier to ascertain the facts and potential for harm to self and/or others.

4. Contact the victim of the domestic violence to ascertain the facts and identify any immediate safety concerns.

5. Contact the ACS Family Advocacy Victim Advocate Program for an Installation Victim Advocate who will work in close coordination with the command as well as on/off post agencies to ensure that safety measures are in place for providing advocacy assistance and support to victims of domestic violence. Victim participation in the program is voluntary.

6. Provide billeting and order the Soldier to move into the alternate billeting for a minimum of seven days. If the seven-day period ends on a weekend or holiday, then the Soldier will continue to reside in alternate billeting until the first duty day.

7. Firearms Guidance:

a. For Soldiers Residing On-Post: The Soldier’s immediate commander will determine whether the Soldier is at risk for suicide or causing harm to others. If the commander determines the Soldier is at risk for suicide or causing harm to others, the commander will order the Soldier to turn-in all personally owned firearms already stored on the installation for storage in the unit arms room. The commander will then ask the Soldier if he or she possesses any firearms that are not stored on the installation or intends to procure any firearms. If the Soldier possesses any firearms not stored on the installation or intends to procure any firearms, the Soldier’s immediate commander will request, but may not order, the Soldier to voluntarily register and turn in any such firearms not stored on the installation for storage in the unit arms room.

b. For Soldiers Residing Off-Post: The Soldier’s immediate commander will determine whether the Soldier is at risk for suicide or causing harm to others. If the commander determines the Soldier is at risk for suicide or causing harm to others, the commander will ask the Soldier if he or she possesses any firearms or intends to procure any firearms. If the Soldier possesses any firearms or intends to procure any firearms, the Soldier’s immediate commander will request, but may not order, the Soldier to voluntarily register and turn in such firearms for storage in the unit arms room.
8. If it is believed that a Soldier is suicidal or homicidal (i.e., previous threats, weapons involved, violence increasing, extreme jealousy, or offender is obsessed with victim), he/she must be emergently referred for a psychiatric evaluation at the divisional or corps mental health unit serving the Soldier’s unit. During non-duty hours, take the Soldier to the emergency room of the serving medical treatment Facility. Soldier must be advised of certain rights before being command referred for a mental health evaluation. Consult with trial counsel prior to involuntary referral to mental health.

9. Reassess the situation at the end of the seven-day period, and determine if the above restrictions should be modified, continued, or cancelled.

10. Ensure the rights of the victim and offender are respected and observed.

11. Contact the Army Community Service (ACS) Family Advocacy Program Victim Advocate Program immediately for cases identified as "high risk" by Department of Behavioral Health Family Advocacy Program staff. Utilize the command intervention process to ensure safety and support for military couples experiencing domestic violence.

12. Address cases of domestic violence where victims are identified as intimate partners.

13. Take any other additional measure the commander deems necessary to prevent further incidents or Family abuse, injury, or death. Indicate below what other measures, if any, were taken. Other Measures (if applicable).

______________________________
NAME OF SOLDIER/RANK

______________________________
NAME OF COMMANDER

______________________________
SOLDIER’S SSN:

______________________________
UNIT:

Date forwarded to trial counsel: ___________________________
When a Soldier is the subject of an Emergency Protection Order (EPO) issued by any court, commanders will immediately take the following steps:

1. Contact the Unit Trial Counsel for legal guidance.

2. The commander will review the EPO, consult with trial counsel, and explain its contents to the Soldier to ensure the Soldier fully understands the restrictions of the EPO and the penalties for failure to obey it. If, after advising the Soldier of their, USMJ Article 31 rights, the Soldier waives these rights, the commander will question the Soldier to ascertain the facts and potential for harm to self and/or others. A copy of the EPO will be provided to the trial counsel.

3. Provide billeting and order the Soldier to move into the alternate billeting for a minimum of seven days. If the seven-day period ends on a weekend or holiday, then the Soldier will continue to reside in alternate billeting until the first duty day.

4. Contact the victim of the domestic violence named in EPO to ascertain the facts and identify any immediate safety concerns.

5. Contact the Army Community Service Family Advocacy Victim Advocate Program who will work in close coordination with the command as well as on/off post agencies to ensure that safety measures are in place for providing advocacy assistance and support to victims of domestic violence. Victim participation in the program is voluntary.

6. Consult with trial counsel and, if warranted, withdraw the Soldier’s pass privileges for a minimum of seven days.

7. Order the Soldier to remain in the battalion area, unless escorted by a member of the chain of command in the grade of E-6 or higher, for a minimum of seven days. Coordinate with assigned trial counsel and give the Soldier a written order. Should the EPO become a Domestic Violence Order (DVO), re-issue a written "no contact" order for the duration of the DVO.

8. Firearms Guidance:

   a. For Soldiers Residing On-Post: The Soldier's immediate commander will determine whether the Soldier is at risk for suicide or causing harm to others. If the commander determines the Soldier is at risk for suicide or causing harm to others, the commander will order the Soldier to turn-in all personally owned firearms already stored on the installation for storage in the unit arms room. The commander will then ask the Soldier if he or she possesses any firearms that are not stored on the installation or intends to procure any firearms. If the Soldier possesses any firearms not stored on the installation or intends to procure any firearms, the Soldier's immediate commander will request, but may not order, the Soldier to voluntarily register and turn in any such firearms not stored on the installation for storage in the unit arms room.
b. For Soldiers Residing Off-Post: The Soldier’s immediate commander will determine whether the Soldier is at risk for suicide or causing harm to others. If the commander determines the Soldier is at risk for suicide or causing harm to others, the commander will ask the Soldier if he or she possesses any firearms or intends to procure any firearms. If the Soldier possesses any firearms or intends to procure any firearms, the Soldier’s immediate commander will request, but may not order, the Soldier to voluntarily register and turn in such firearms for storage in the unit arms room.

9. If it is believed that a Soldier is suicidal or homicidal, he/she must be emergently referred for a psychiatric evaluation at the divisional or corps mental health unit serving the Soldier’s unit. During non-duty hours, take the Soldier to the emergency room of the serving medical treatment facility. Soldier must be advised of certain rights before being command referred for a mental health evaluation. Consult with trial counsel prior to referral.

10. Reassess the situation at the end of the seven-day period and determine if the above restrictions should be modified, continued, or cancelled. Regardless of what decision the commander makes, the Soldier must be counseled concerning his/her obligation to continue to comply with the terms of the EPO.

11. Ensure the rights of the victim and offender are respected and observed.

12. Make immediate contact with or receive contact from the Army Community Service Family Advocacy Victim Advocate Program for cases identified as "high risk" by Department of Behavioral Health Social Work staff. Utilize the command intervention process to ensure safety and support for military couples experiencing domestic violence.

13. Address cases of domestic violence where victims are identified as intimate partners.

14. Take any other additional measure the commander deems necessary to prevent further incidents or Family abuse, injury, or death. Indicate below what other measures, if any, were taken. Other Measures (if applicable):

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NAME OF SOLDIER/RANK: ___________________________ NAME OF COMMANDER: ___________________________

SOLDIER’S SSN: ___________________________ UNIT: ___________________________

Date forwarded to trial counsel: ___________________________