



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY GARRISON, FORT CAVAZOS  
1001 761ST TANK BATTALION AVENUE  
FORT CAVAZOS, TEXAS 76544-5002

1 8 AUG 2023

AMIM-CAG-ZA (608-18d)

MEMORANDUM FOR SEE DISTRIBUTION

Subject: Standard Operating Procedures (SOP) for the Installation Family Advocacy Program

1. The enclosed SOP implements procedures to prevent child abuse and neglect, domestic violence and Problematic Sexual Behaviors among Children and Youth.
2. The policy, scope, objectives, intent, and roles for the program facilitate a coordinated community response to the identification, reporting, and investigation of abuse/maltreatment.
3. The Installation Family Advocacy Program provides protection for victims, safeguards all affected individuals, and ensures treatment by trained personnel in accordance with the highest standards of care.
4. The enclosed SOP establishes the Family Advocacy Committee, Fatality Review Committee, Incident Determination Committee, and the PSB-CY Multi-Disciplinary Team.
5. The enclosed SOP supersedes the Installation Family Advocacy Program SOP dated 2021 and serves as the internal Installation Family Advocacy Program Memorandum of Agreement. The SOP will be reviewed annually and updated as required.
6. The point of contact for this SOP is Ms. Donna M. Morrissey, Chief, Army Community Service and can be reached at (254) 287-0346 or [donna.m.morrissey.civ@army.mil](mailto:donna.m.morrissey.civ@army.mil).

- 4 Encls
1. FAP SOP
  2. Coordination
  3. Glossary
  4. Acronyms

  
LAKICIA R. STOKES  
Colonel, LG  
Commanding

AMIM-CAG-ZA (608-18d)

Subject: Standard Operating Procedures (SOP) for the Installation Family Advocacy Program

Commander, 11th MP BN (DACID)

Commander, 13th Armored Corps Sustainment Command

Commander, 36th Engineer Brigade

Commander, 48th Chemical Brigade

Commander, 11<sup>th</sup> Signal Brigade

Commander, 69th Air Defense Artillery Brigade Commander, 89th MP Brigade

Commander, 504th Military Intelligence Brigade Commander, 712th Air Support Operations Group

Commander, OTC

Commander, III Armored Corps HQ CMD

Commander, USAG

Commander, CRDAMC

Commander, DENTAC

Chief, Department of Psychiatry (Behavioral Health) Chief, Emergency Medicine

Chief, Pediatrics

Program Manager, Army Substance Abuse Program

Clinical Director, SUDCC

Chief, Army Public Health Nursing

Public Affairs Office Staff Judge Advocate

Garrison Chaplain/Family Life Chaplain

Director/Deputy, Directorate of Emergency Services

Chief, Child, Youth and School Services

## Enclosure 1: Standard Operating Procedure (SOP) for the Installation Family Advocacy Program

### 1. REFERENCES.

- a. John S. McCain National Defense Authorization Act FY19, Pub. L. 115-232, section 1089 (2018).
- b. Army Regulation (AR) 608-18, Army Family Advocacy Program, 30 October 2007, Rapid Action Revision (RAR) Issue Date: 13 October 2011.
- c. Department of Defense (DoD) Instruction 6400.01, FAP, 01 May 2019.
- d. DoD Manual 6400.01 Vol. 1, FAP Standards, 22 July 2019.
- e. DoD Manual 6400.01, Vol. 2, FAP: Child Abuse and Domestic Violence Incident Reporting System, 11 August 2016.
- f. DoD Manual 6400.01, Vol. 3, FAP: Clinical Case Staffing Meeting (CCSM) and Incident Determination Committee (IDC), 11 August 2016, Incorporating Change 1, Effective 16 July 2021.
- g. DoD Manual 6400.01, Vol 4, FAP, Guidelines for Clinical Intervention for Persons Reported as Domestic Abusers, 02 March 15.
- h. DoD Instruction 6400.03, Family Advocacy Command Assistance Team, 25 April 2014, Incorporating Change 1, Effective 03 April 2017.
- i. DoD Instruction 6400.06, DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, 15 December 2021, Incorporating Change 1, Effective 16 May 2023.
- j. DoD Instruction 6400.07, Standards for Victim Assistance Services in the Military Community, 25 November 2013, Incorporating Change 2, Effective 06 July 2018.
- k. Army Directive 2019-24, Reporting Responsibilities for Commanders and Covered Professionals for Child Abuse and Neglect, 11 July 2019.
- l. Army Directive 2021-27, Installation Response to Problematic Sexual Behavior in Child and Youth, 07 June 2021.
- m. AR 608-1, Army Community Service, 19 October 17.
- n. AR 608-10, Child Development Services, 11 May 17.
- o. AR 27-10, Military Justice, 20 November 20.

- p. AR 190-45, Law Enforcement Reporting, 27 September 2016.
  - q. AR 190-30, Military Police Investigations, 01 November 2005.
  - r. AR 195-2, Criminal Investigation Activities, 21 July 2020.
  - s. AR 380-67, Personnel Security Program, 24 January 2014.
  - t. AR 600-85, The Army Substance Abuse Program, 23 July 2020.
  - u. Department of Defense Directive (DoDD) 1030.02, Victim and Witness Assistance, 02 September 2020, Incorporating Change 1, Effective 12 August 2021.
  - v. DoDI 1402.5, Background Checks on Individuals in DoD Child Care Services Programs, 11 September 2015, Incorporating Change 1, Effective 14 July 2016.
  - w. DoDI 6400.03, Family Advocacy Command Assistance Team, 25 April 2014, Incorporating Change 1, Effective 03 April 2017.
  - x. Department of Defense Directive (DoDD) 1030.02, Victim and Witness Assistance, 02 September 2020.
  - y. III Armored Corps and Fort Cavazos Regulation 210-8, Installation Command Financial Specialist/Family Advocacy Specialist Program, 15 September 2000.
  - z. III Armored Corps and Fort Cavazos Regulation 420-37, Installation Housing Community Standards (Control and Supervision of Children/Youth), 09 August 2016.
  - aa. III Armored Corps and Fort Cavazos Regulation 190-5, Military Police Fort Cavazos Traffic Code, 11 October 2013.
  - bb. III Armored Corps and Fort Cavazos Pamphlet 600-4, Leader's Handbook, 05 April 2012.
  - cc. Texas Family Code 261.101, 261.102, 261.103, 261.104, 261.105.
  - dd. Memorandum of Agreement (MOA) between III Armored Corps and Fort Cavazos and the Texas Department of Family Protective Services (TDFPS), 11 March 2021.
  - ee. III Armored Corps and Fort Cavazos Command Policy Letter 10, Army Family Advocacy Program, 24 January 2023.
  - ff. Fort Cavazos Directorate of Emergency Services (DES), Law Enforcement Division (LED) Fort Cavazos Police SOP, 24 March 2021.
  - gg. Fort Cavazos DES-LED, Fort Cavazos Police Investigations, 24 March 2021
2. PURPOSE. To implement procedures to prevent child abuse/neglect,

spouse/intimate partner abuse, and Problematic Sexual Behaviors among Children and Youth (PSB-CY). To facilitate a coordinated community response to the identification, reporting, investigation of abuse or maltreatment. The coordinated community response aims to provide protection for victims, safeguard all affected individuals and ensure treatment by trained personnel in accordance with the highest standards of care. Establish the Family Advocacy Committee (FAC), Fatality Review Committee (FRC), Incident Determination Committee (IDC) and PSB-CY Multi-Disciplinary Team (PSB-CY MDT).

### 3. POLICY.

a. The FAP is an officially sanctioned command program established to promote public awareness, prevention and early identification of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. Since many incidents of abuse constitute violations of the law, Fort Cavazos policy recognizes that spouse/intimate partner abuse, child abuse/neglect, and PSB-CY treatment does not preclude a commander's authority to take disciplinary or administrative action in appropriate cases.

b. The FAP will promote programs and services that support Family strength and resilience while addressing contributing factors to spouse/intimate partner abuse, child abuse/neglect, and PSB-CY.

c. Provide eligible adult victims of spouse/intimate partner abuse with the option of making a restricted report of domestic violence.

d. Provide trauma-informed assessment, rehabilitation and treatment to persons who are involved in alleged incidents of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY who are eligible to receive treatment at a military treatment facility.

e. Provide appropriate resource and referral information and trauma-informed support to persons who are involved in alleged incidents of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY who are not eligible to receive treatment at a military treatment facility.

f. Collaborate and coordinate with responsible federal and Civilian authorities and organizations to address child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

g. Maintain incident-based data on reports of PSB-CY made to the FAP, consisting of the nature of the report, screening and assessment findings, treatment recommendations, and referral information.

h. Ensure personally identifiable information (PII) collected in the course of FAP activities is safeguarded to prevent any unauthorized use of disclosure and that the collection, use and release of PII is IAW with Privacy Act of 1974.

i. Maintain the Family Advocacy System of Records (FASOR) a central child maltreatment and domestic violence database, also referred to as the Army Central

Registry, to:

(1) Allow headquarters IMCOM to analyze the scope of family violence to identify emerging trends and develop initiatives to address child maltreatment and domestic violence.

(2) Support the requirements of DoD Instruction 1402.05 concerning conducting background checks for individuals seeking employment in DoD Child Care Service Programs.

(3) Support responses to public, congressional, and other government inquiries.

(4) Support budget requirements for program funding.

j. The Family Advocacy Committee (FAC) will:

(1) Function as the policymaking, coordinating, recommending, and monitoring body for the Fort Cavazos FAP.

(2) Function as a multidisciplinary team to advise the Garrison on installation FAP programs, procedures, training, and address administrative issues. FAC members will have supervisory or functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY on Fort Cavazos.

4. SCOPE. This SOP applies to all Fort Cavazos military and Civilian personnel, including Family members; reserve components during mobilization and annual training, National Guard components during mobilization, contractors, volunteers, and other individuals entitled to care in the medical treatment facility (MTF). This SOP includes alleged abuse and neglect committed by personnel or volunteers in Department of Defense (DoD) operated or sanctioned activities. The provisions of this SOP are applicable to, and outline responsibilities of all personnel involved with the FAP, FRC, IDC, and PSB-CY MDT.

## 5. OBJECTIVES.

a. Provide Fort Cavazos FAP services to prevent child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

b. Implement Department of Army (DA) guidelines for prevention, identification, investigation, and treatment of: child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

c. Ensure mandated personnel report child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to the Fort Cavazos FAP.

d. Ensure Standards of Care for Referral, Assessment, Determination, and Treatment of Spouse and Child Abuse outlined in AR 608-18 are utilized for child abuse/neglect,

spouse/intimate partner abuse, and PSB-CY cases.

e. Protect victims and treat all Family members affected by or involved in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

f. Provide medically trained personnel to assess and treat all Family members in the household.

g. Ensure rights of alleged victims and offenders are observed.

h. Integrate FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

i. Promote cooperation between military and Civilian authorities to reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates.

j. Maintain a 24-hour Report Point of Contact (RPOC) Hotline response system to receive allegations of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

6. INTENT. To reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates by:

a. Provide commanders with staff assistance in addressing the issues regarding child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

b. Provide information and education designed to support strong, self-reliant, resilient Families and to enhance coping skills.

c. Provide services to at-risk Families who are vulnerable to the kinds of stresses that can lead to abuse.

d. Identify abuse as early as possible to prevent further trauma.

e. Provide treatment services to Soldiers and their Families who are involved in family violence in order to strengthen the Family and prevent the recurrence of abuse.

f. Encourage voluntary self-referral through education and awareness programs.

g. Partner with installation and community organizations to promote community cohesion.

7. DEFINITIONS. Definitions for management of the Fort Cavazos FAP are listed in the glossary of this document.

8. INSTALLATION ROLES FOR THE FAMILY ADVOCACY PROGRAM. The Fort Cavazos FAP is an officially sanctioned command program which utilizes a multidisciplinary team approach for the prevention, identification, reporting, investigation, and treatment of child abuse/neglect, spouse/intimate partner abuse, and

PSB-CY.

a. The Garrison Commander (GC) oversees the policymaking, coordinating, recommending, and monitoring body for the Fort Cavazos FAP and appoints by written orders the installation FAP Manager (FAPM).

b. The Director, Family and Morale, Welfare, and Recreation (Family and MWR) provides oversight for the installation FAP.

c. The Medical Treatment Facility (MTF) Commander oversees medical management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY for the installation.

d. The FAPM is assigned to Army Community Service (ACS). The FAPM is responsible for the overall management of the Fort Cavazos FAP. The Manager is responsible for coordination of prevention, direct services, administration, evaluation, and training efforts of the FAP on the installation to ensure compliance with AR 608-18.

e. The Chief, FAP at Carl R Darnall Army Medical Center (CRDAMC) referred to hereafter as Chief, CRDAMC FAP is assigned to the MTF and is responsible for FAP treatment and rehabilitation services.

f. The Chief, CRDAMC FAP and the FAPM function as subject matter experts (SME) on child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

g. The Fort Cavazos Family Advocacy Committee (FAC) is a multidisciplinary team comprised of representatives from the following military organizations:

- (1) Department of the Army Criminal Investigation Division (DACID)
- (2) Directorate of Emergency Services (DES), Law Enforcement Division (LED)
- (3) Public Affairs Office (PAO)
- (4) Staff Judge Advocate (SJA)
- (5) Child, Youth and School Services (CYS)
- (6) Installation/Garrison Chaplains Office
- (7) Dental Activity Command (DENTAC)
- (8) ACS, FAP
- (9) MTF (CRDAMC FAP, Army Public Health Nursing, Department of Pediatrics, Department of Emergency Medicine, and Department of Psychiatry)
- (10) Army Substance Abuse Program (ASAP) Prevention Services



(11) Substance Use Disorder Clinical Care (SUDCC)

h. The Fort Cavazos FAP multidisciplinary team is comprised of representatives from the following Civilian organization: Texas Department of Family and Protective Services (TDFPS).

i. Members of the multidisciplinary team serve to initiate actions and provide services/programs that will:

(1) Promote public awareness within the military and local Civilian communities about child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(2) Prevent child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, protect those who are victims of abuse, treat those affected by abuse, and coordinate professional intervention at all levels within the Greater Fort Cavazos community, including law enforcement, legal, health, and social services to reduce spouse/intimate partner and child abuse rates.

j. The multidisciplinary team has three primary customers:

(1) Unit commanders. Unit commanders are in a unique position of witnessing the origin of child abuse/neglect, spouse/intimate partner abuse, or PSB-CY from the initial flash point prior to the report and system intervention. Flash points for the unit commander may include a call from a spouse reporting pre-abuse actions, calls from a creditor, a substance abuse incident, or a Squad Leader's report of significant drop in duty performance for the assigned Soldier. These flash point stressors may lead to abuse. The multidisciplinary team has the responsibility to educate the commander on recognizing of the dynamics of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, commander/team responsibilities and the benefit of pre-abuse referrals. The Fort Cavazos multidisciplinary team provides unit commanders with education, training, legal advisement, law enforcement support, assessment, and treatment services through the following activities:

(a) FAP orientation briefing/educational activities to 21st Replacement Company for in-processing Soldiers.

(b) The Family Advocacy Specialist Program. The Family Advocacy Specialist (FAS) is an individual E-6 or above assigned to serve a battalion size element. The assigned FAS provides an initial briefing for unit commanders, First Sergeants, and senior enlisted non-commissioned officers within 30 days of assignment to their designated units. The FAS provides notification (name and unit) to the FAP prevention staff of newly assigned commanders for follow-up briefings. Unit commanders and First Sergeants can utilize the FAS program as a resource and support mechanism to assist military personnel and Family members experiencing stressors, challenges, and issues that adversely affect individual and Family functioning. Soldiers and Family members can be referred to the FAS for screening and referral services.

(c) The commander and First Sergeant Course/Rear Detachment Commander

Course provides a training opportunity for the FAP prevention staff to conduct FAP education and present resource materials to each newly assigned unit commander/rear detachment commander and first sergeant.

(2) Military personnel and Family members eligible for treatment in the MTF are the second primary customers. The Fort Cavazos multidisciplinary team conducts the following activities for these customers: in-processing orientation; annual spouse/intimate partner abuse and child abuse/neglect training; troop education programs; parent education and support programs; New Parent Support Program services; safety education programs; Family life education; Family Advocacy Victim Advocate Program services; safety planning; safety shelter referrals; life skills (stress, anger, conflict management) training; relationship enrichment programs; spiritual enrichment services; rehabilitation, medical treatment, dental, mental health, legal support, activities/programs for children/youth; awareness events, media, law enforcement and education support.

(3) The Greater Fort Cavazos Community is the final customer. The Fort Cavazos FAP multidisciplinary team conducts the following activities with these customers: community education program; contract with Families in Crisis (FIC) Domestic Violence Shelter to provide safety shelter and counseling relating to family violence; Memorandum of Agreement (MOA) with TDFPS for management of child abuse/neglect incidents involving military Families and MOA with local Civilian authorities. The team promotes cooperation, collaboration, and communication with the exchange of information to support military Families and reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates.

k. The Fort Cavazos multidisciplinary FAP team members have regulatory sanction to work in concert for coordinating military and Civilian resources directed toward the provision of medical, dental, legal, law enforcement, education, social, and chaplain services to the Greater Fort Cavazos Community. The scope of service applies to all Fort Cavazos military and Civilian personnel, eligible Family members, reserve components during mobilization/annual training, National Guard components during mobilization, contractors, volunteers, and other individuals entitled to care in the medical treatment facility.

9. INSTALLATION FUNCTIONS FOR THE FAMILY ADVOCACY PROGRAM. The multidisciplinary FAP team will have supervisory or functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. The team members share a joint responsibility for identification and reporting of known or suspected cases of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. AR 608-18 requires the multidisciplinary FAP team members to comprise the membership of the following activities: Family Advocacy Committee, Installation RPOC, FAP Incident Determination Committee (IDC), Installation Strategy Team, and Fatality Review Committee (FRC). Fort Cavazos FAP functions are directed toward the prevention of abuse and the reduction of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates.

a. Family Advocacy Committee (FAC).

(1) The FAC is a multidisciplinary team appointed on orders by the GC as the policymaking, coordinating, recommending, and monitoring body for the Fort Cavazos FAP.

(2) The FAC advises the GC on installation FAP programs and procedures, training, and addresses administrative details.

(3) The GC or representative functions as Chair of the FAC.

(4) FAC membership per regulation includes representatives from: DES; DACID; PAO; SJA; ASAP; SUDCC; DENTAC; APHN; the FAPM; Chief, CRDAMC FAP, MTF medical physician as needed; CYS Chief, Installation/Garrison Chaplains' Office; and Installation Command Sergeant Major/designee, consultants (School Liaison, TDFPS).

(5) Regulatory guidance identifies the FAPM to provide logistical support to the FAC.

(6) The FAPM and Chief, CRDAMC, FAP collaborate to: identify program trends and special resource requirements; provide results of medical and non-medical assurance analyses or special Inspector General reports (the results are documented in the FAC minutes); provide the status of command, troop, and community education and prevention programs and services; provide the number and types of reported and confirmed cases of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, case transfers, closed cases, and any trends relative to Fort Cavazos specific cases of maltreatment; provide results of cooperative efforts between Fort Cavazos and Civilian authorities to reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY; and provide the FAP prevention plan for review and comment.

(7) The multidisciplinary team members will report to the FAC: any identified trends related to the installation 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.

(8) The FAC meets quarterly.

(9) Proficient teamwork among FAC members is vital to the effective management of the Fort Cavazos FAP. The operation of an effective installation Family Advocacy Program will create a climate and culture directed toward the prevention of family violence and decrease in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

b. The Installation Report Point of Contact (RPOC).

(1) The GC will designate a RPOC and ensure that a 24-hour emergency response system exists on the installation to receive reports of alleged child abuse/neglect, spouse/intimate partner abuse, and PSB-CY and is capable of coordinating immediate protection to victims of abuse.

(2) The GC has designated the ACS FAP to serve as the installation RPOC.

(3) The ACS FAP has established the 287-CARE (2273) Hotline response system to support the RPOC designation. The hotline is staffed 24 hours a day, 7 days a week. Installation procedures are in place to receive reports of known or suspected incidents of unrestricted child abuse/neglect, spouse/intimate partner abuse, and PSB-CY from all reporting sources. The hotline response system is operational to receive calls from victims of abuse seeking information and referral services and to coordinate requests for immediate response to victims requiring emergency rescue. The procedures include publicizing the identified RPOC abuse hotline service throughout the Fort Cavazos community.

(4) Army Regulation 608-18 states that every Soldier, employee, and member of the military community should report information about known or suspected cases of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to the Installation RPOC. Army Regulation 608-18 requires all installation law enforcement personnel, physicians, nurses, social workers, school personnel, CYS personnel, psychologists, and other medical personnel (mandated personnel) to report information about known and suspected cases of child abuse/neglect to the Installation RPOC as soon as the information is received. Commanders will notify the Installation RPOC of allegations of abuse involving military or military-related persons in accordance with (IAW) AR 608-18 requirements. Every Soldier, Family member, and employee of the military community must report known violations of the Home Alone Policy to the Installation RPOC or the Military Police IAW III Armored Corps and Fort Cavazos Regulation 420-37.

(5) Upon receipt of a child abuse/neglect, spouse/intimate partner abuse, or PSB-CY report, the RPOC will immediately initiate the following actions: notification to the Military Police, DACID, CRDAMC FAP, FAPM, Victim Advocacy, and TDFPS, Child Protective Services (CPS) in appropriate cases. It is significant that the RPOC staff initiate the notification and referral process in a timely and accurate manner to ensure the safety of alleged victims.

(6) Upon notification of a report of out of home child abuse in a DoD sanctioned activity; the FAPM will provide notification to the installation chain of command (ACS Director- who will notify the D, Family and MWR, GC) within 24 hours and determine if the case meets the criteria for a Headquarters Department of the Army (HQDA) reportable case. The FAPM will provide notification to the HQDA FAPM through the IMCOM-Central Region point of contact (POC) within 48 hours after receipt of the report for DA reportable cases. The GC will provide notification to the chain of command, as appropriate.

(7) The Chief, CRDAMC FAP will ensure the unit commander is notified within 24 hours after receipt of FAP allegations of child abuse/neglect, spouse/intimate partner abuse, or PSB-CY.

(8) In appropriate cases, the Fort Cavazos Military Police provides immediate victim response to prevent further injury and conducts emergency rescue for incidents that occur on the installation. Local law enforcement provides the service for incidents that

occur off the installation. The rights of the alleged victims and alleged offenders are observed. The Fort Cavazos Military Police will notify the RPOC of the incidents.

(9) Military and Civilian law enforcement will determine if reported incidents meet criteria for criminal investigation.

(10) The TDFPS will implement the statutes and MOA with Fort Cavazos for applicable cases.

(11) All family violence calls received by the Installation RPOC will be recorded on FCT Form 608-X25, 287-CARE Hotline Intake Sheet. It is essential that reporting protocol procedures be followed, and the form be completed as thoroughly and accurately as possible.

c. Family Advocacy Incident Determination Committee (IDC).

(1) The IDC is a multidisciplinary team Chaired by the GC or designee.

(2) The purpose of the IDC is to review all reports of spouse/intimate partner abuse and child abuse/neglect to determine if the incident meets Army criteria for entry into the Army Central Registry.

(3) The IDC members are appointed on orders by the GC for a minimum of one year subject to reappointment at the end of that year.

(4) The IDC is not a public meeting and membership is limited by regulation. The IDC members must have supervisory or functional responsibility for identification, reporting, investigation, or assessment of spouse/intimate partner and child abuse/neglect.

(5) The IDC membership includes the following: GC or representative; Garrison Command Sergeant Major; FAPM; Chief, CRDAMC FAP; DES-LED; SJA; CRDAMC Pediatrician or Family-practice physician, and Soldier's commander.

(6) The IDC will review allegations of spouse/intimate partner and child abuse/neglect using the Decision Tree Algorithm (DTA) to determine if the incident meets criteria or does not meet criteria for maltreatment. An intervention or treatment plan will not be discussed at the IDC.

d. Installation Strategy Team.

(1) The Installation Strategy Team will be established to guide the installation's response to managing out-of-home child abuse/neglect in a DoD Sanctioned Activity.

(2) The D, Family and MWR will function as Chair of the Installation Strategy Team.

(3) The multidisciplinary FAP team members are identified by regulatory

requirement to comprise the Installation Strategy Team. Team members include representatives of: DACID; DES-LED; SJA; PAO; the FAPM; Chief, CRDAMC FAP; SUDCC; Activity Program Director (e.g., CYS Chief), a pediatrician, and military or Civilian members determined appropriate – ACS Director or US Attorney.

(4) The Installation Strategy Team is convened when a child sexual/severe physical abuse case in a DoD Sanctioned Activity involves: the potential for multiple victims, potential for creating alarm within the military, and/or potential for generating adverse media coverage.

(5) The FAPM and Chief, CRDAMC FAP will jointly determine the need for convening the Installation Strategy Team. The FAPM will brief the chain of command and recommend the team be convened. The D, Family and MWR will convene the Installation Strategy Team. The D, Family and MWR will provide management of the Installation Strategy Team.

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

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

e. Fatality Review Committee (FRC)

(1) The FRC is a forensic function.

(2) The FRC is a multidisciplinary committee chaired by the GC or designee. The FRC membership will be on orders from the GC. Membership will include but not necessarily be limited to the following:

(a) DES-LED or representative

(b) DACID or representative designated by the local DACID

(c) SJA or representative

(d) Chief, CRDAMC FAP

(e) FAPM

(f) Pediatrician or Family-practice physician on a consultant basis, as required

(g) SUDCC

(h) Consultants, as required

(3) FRC will meet and review all deaths to determine if child or spouse/intimate partner abuse was a contributing factor in the fatality. There should be a reasonable balance between completion of the investigation (DACID) of the case and the requirement to do a review. The FRC is not a public meeting and attendance is limited to the chairperson and the appointed membership.

(4) The FRC will review death cases in order to identify lessons learned and shared, trends, contributing factors, results of prevention efforts, and resource requirements for future prevention efforts. Recommendations and the annual Domestic Violence and Child Abuse Fatality Review Report will be forwarded to the GC for approval and signature.

#### 10. INSTALLATION RESPONSIBILITIES FOR MANAGEMENT OF THE FAMILY ADVOCACY PROGRAM.

a. The GC will:

(1) Establish a program for the prevention, reporting, investigation, and treatment of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY IAW AR 608-18. Establish the FAP as an official command program.

(2) Appoint the Installation FAPM on orders to coordinate and manage overall program development and implementation.

(3) Review and approve appropriate FAP funding IAW published guidelines.

(a) Execute FAP funding within one percent of budget.

(b) Use the DoD FAP staffing formula as the basis for determining the allocation between treatment and prevention.

(c) Comply with DoD 6400.1-M, Army FAP Standards and the ACS Certification Program.

(4) Submit the consolidated MTF and ACS FAP budget requirements through the Installation Management Agency (IMA) for forwarding to the Department of Army Family and MWR Command.

(5) Designate a RPOC and ensure that a 24-hour installation emergency response system exists on the installation to receive reports of alleged child abuse/neglect, spouse/intimate partner abuse, and PSB-CY and is capable of coordinating immediate protection to victims of abuse.

(6) Establish mandatory counseling and educational programs and procedures for Soldiers involved in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(7) Establish voluntary counseling and educational programs and procedures to encourage participation by military Family members involved in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(8) Appoint members of the FAC, IDC, IST, and FRC by written orders, and by name to serve as members for a minimum of 1 year, subject to reappointment.

(9) Ensure the development of an installation SOP that outlines the responsibilities of IDC members.

(10) Ensure the IDC receives every report of spouse and child maltreatment and neglect to make a determination based on the DTA and the preponderance of the evidence.

(11) Review FAC minutes and FRC recommendations.

(12) Ensure the provision of education for installation and all unit commanders. Establish ongoing training to ensure all subordinate commanders are briefed on FAP within 45 days prior to or following assumption of command.

(13) Direct implementation of the Installation MOA with TDFPS and other authorities in the Civilian jurisdictions adjoining the installation to include law enforcement agencies involved in domestic violence. Ensure MOA addresses notification of Family Protective Services in incidents of alleged child abuse/neglect.

(14) Utilize Memorandums of Agreement, Standard Operating Procedures (SOPs), and contracts to promote cooperation between Civilian and military authorities to reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates.

(15) Ensure the provision of education on the identification and reporting of suspected child abuse/neglect for personnel, contractors, and volunteers who work with or around children.

(16) Ensure all newly assigned installation personnel receive an orientation to the FAP, available Family support services and installation FAP policies.

(17) Ensure the provision of education on the identification, reporting, and intervention in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to installation legal, chaplains, medical personnel, law enforcement, and DACID.



(18) Ensure all individuals interviewing and assessing children for investigation are trained according to best practices established in their profession.

(19) Ensure written policies, procedures, and criteria are established for the removal of the alleged offender or other involved persons from the home in cases of spouse/intimate partner abuse and child abuse/neglect.

(20) Ensure written policies, procedures, and criteria are established for the removal of the child victim(s) of abuse/neglect or other children in the household when in danger of continued abuse or life-threatening neglect by the offender(s).

(21) Ensure written policies and procedures are established for domestic violence shelter referrals for victims of spouse/intimate partner abuse. The FAP personnel will address safety, confidentiality, and the right of the spouse/intimate partner abuse victim to make the decision.

(22) Ensure cooperation for Transitional Compensation benefits and services between the Staff Judge Advocate/Victim Witness Liaison and Army Community Service FAP.

(23) Ensure installation Memorandums of Agreement address Emergency Placement (EPC) for victims of child abuse/neglect.

(24) Serve as Chairperson for the Fort Cavazos Family Advocacy Committee (FAC). Brief the chain of command, as required.

(25) Provide FAP personnel with facilities and equipment suited to the delivery of FAP services.

(26) Ensure Senior Mission Commanders mandate FAP training attendance by commanders and senior NCO's.

b. The Director, Family and MWR will:

(1) Ensure that programs under direct control have established Standard Operating Procedures (SOPs) for the identification, reporting, and evaluation child abuse/neglect, spouse/intimate partner abuse, and PSB-CY IAW AR 608-18.

(2) Serve as chairperson for the Installation Strategy Team. Brief the Chain of Command, as required.

(3) Support an effective, coordinated Installation FAP.

(4) Ensure background checks are completed for D, Family and MWR staff who work with or around children. Ensure child abuse/neglect identification and reporting training is provided to all staff who work with or around children. Ensure spouse/intimate partner abuse identification and reporting training is provided to all staff. Training will be

conducted in coordination with the FAPM.

(5) Ensure that the FAPM has access to the GC to conduct briefings IAW AR 608-18.

(6) Review and forward FAP consolidated (ACS and MTF) budget to include Office of the Secretary of Defense (OSD) funds for approval by the GC.

c. The Army Community Service (ACS) Director will:

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

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

(3) Provide oversight of management for OSD funding.

(4) Ensure coordination with other Family support programs within ACS.

(5) Ensure that FAP treatment services are not provided by ACS paid staff or volunteers.

(6) Ensure FAP personnel are scheduled for training to enable them to execute FAP responsibilities.

(7) Ensure background checks are completed for ACS staff, volunteers, and installation volunteers who work with or around children. Ensure child abuse/neglect identification and reporting training is provided to all ACS staff, volunteers, and installation volunteers who work with or around children. Training will be conducted in coordination with the FAPM.

(8) Serve as a member of the FAC.

d. The Installation Family Advocacy Program Manager (FAPM) will:

(1) Coordinate the prevention, direct services, administration, evaluation, and training efforts of the Fort Cavazos FAP to ensure compliance with AR 608-18.

(2) Integrate DoD FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(3) Direct prevention activities carried out by the FAP contracted prevention staff. Ensure background clearances are completed for staff personnel. The contract staff is supervised by the onsite contract supervisor/program analyst.

(4) Identify resource requirements. Develop and submit annual budget requirements. In coordination with the Chief, CRDAMC FAP, identify required

prevention and treatment resources, develop, and submit the consolidated ACS and MTF budget requirements in accordance with published guidelines to the GC for review and approval.

(5) Ensure program compliance with DoD Manual, 6400.vol 1, Army FAP Standards.

(6) Ensure coordination and communication with TDFPS and the development and implementation of the FAP/TFDPS MOA.

(7) Provide verbal and/or written reports to the chain of command on the status of the FAP, emerging prevention and treatment issues, trends, and results of prevention programs conducted. The initial briefing to the GC should be conducted within 90 days of the GC's assignment.

(8) Provide liaison with Civilian and military service providers/authorities and assume lead responsibility for developing and coordinating the Installation Policy for Spouse/Intimate Partner Abuse, MOAs with local Civilian authorities, and Installation Policy for Child Abuse, Installation Policy for PSB-CY, and TDFPS MOA. Ensure documents promote cooperation between Civilian and military authorities to reduce spouse and child abuse/neglect rates.

(9) Coordinate management of the Installation FAP with other programs serving military Families to avoid duplication of services.

(10) Ensure implementation and maintenance of the RPOC process for the 287-CARE (2273) Hotline to include receiving reports from commanders of alleged unrestricted child abuse/neglect, spouse/intimate partner abuse, and PSB-CY incidents involving military or military-related persons. Ensure installation procedures are in place to report suspected or known incidents of spouse/intimate partner and child abuse/neglect. The procedures will include identifying the RPOC, publicizing the abuse hotline, coordinating with DES-LED, DACID, and the Carl R. Darnall Army Medical Center (CRDAMC), FAP, and notification to commanders.

(11) Ensure all incidents of alleged child abuse/neglect, spouse/intimate partner abuse, and PSB-CY are reported to the Chief, CRDAMC FAP, law enforcement, DACID, and other investigative agencies within 24 hours. Ensure all incidents of alleged child abuse/neglect are also reported to the TDFPS in appropriate cases.

(12) Ensure that all callers to the 287-CARE Hotline or Victim Services Hotline (254-702-4953) and all office and home visit clients that reference suicide are appropriately managed by referral to the CRDAMC Emergency Room and the 287-CHAP Chaplain's Hotline and notifying the FAPM, DES-LED, DACID, or local law enforcement, and the Unit Commander/First Sergeant.

(13) Provide telephonic and electronic notification to the IMCOM Headquarters, FAPM within 48 hours for DA Reportable child abuse/neglect cases. Provide telephonic and electronic notification to the Installation chain of command.

(14) Serve as the central Point of Contact (POC) for all FAP briefing and training requests related to family violence or the FAP.

(15) Develop a post-wide community education program to inform military and Civilian personnel about the seriousness of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY and publicize procedures for reporting child abuse/neglect, spouse/intimate partner abuse, and PSB-CY as well as restricted reporting for adult victims of family violence. Emphasize the importance of total community involvement in the Installation FAP. Coordinate installation awareness on Transitional Compensation guidelines.

(16) Assess the special FAP needs of military Families residing on the installation and in the Greater Fort Cavazos community. Provide services to at-risk Families who are vulnerable to the stressors that can lead to abuse.

(17) Implement a safety education program designed for children, parents, and caretakers.

(18) Conduct training for CYS staff, volunteers, and other installation professionals with access to children on how to identify and report suspected child abuse/neglect. Ensure mandated personnel understand the reporting requirement of suspected or known child abuse/neglect, spouse/intimate partner abuse, or PSB-CY.

(19) Supervise FAP prevention staff to conduct education and training on the identification and reporting of suspected or known child abuse/neglect for military/Civilian personnel and contractors who work with or around children.

(20) Provide education on the identification, reporting, and intervention in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to installation law enforcement, legal, chaplains and medical personnel. Ensure mandated personnel understand the reporting requirement of suspected or known child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(21) Refer foster care cases to TDFPS. TDFPS provides management and coordination of the foster care program.

(22) Ensure all FAP related staff members are briefed when personnel changes occur. Provide supervision for FAP GS staff.

(23) Develop and implement a command and troop education program. Coordinate with the Staff Judge Advocate Victim Witness Liaison (SJA, VWL) to provide training to commanders on the Transitional Compensation Program. Provide training in the ACS Rear Detachment Officer Course. Brief the newly assigned GC within 90 days of arrival and provide quarterly briefings thereafter reference the status of the FAP utilizing the FAC process.

(24) Provide education for installation and unit commanders through annual

desk-side training. Distribute an electronic Commander's Reference Guide to commanders (division, brigade, battalion, and unit commanders).

(25) Participate in Commander/First Sergeant Course to ensure each unit commander is briefed on the FAP prior to or following assumption of command.

(26) Develop and conduct a FAP Orientation Program for all newly assigned installation personnel and volunteers highlighting prevention, identification and reporting of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY; available Family support services; and installation FAP policies.

(27) Develop and implement primary and secondary prevention programs, services, and activities for military personnel and Families designed to prevent child abuse/neglect, spouse/intimate partner abuse, and PSB-CY by improving Family functioning, easing the kinds of stressors that may aggravate or trigger patterns of abusive behavior, and create a Family support community. Implement a child sexual abuse prevention program targeted at children, parents, teachers, and caretakers.

(28) Review FAP respite childcare request for approval/disapproval.

(29) Serve as Supervisor for the Contracting Officer Representative (COR) for the Families in Crisis (FIC) Domestic Violence Shelter to ensure victim safety and reduce the rate of spouse/intimate partner abuse and child abuse/neglect. Maintain contract standards as required.

(30) Establish a procedure for liaison and referral with local military and Civilian health and human service agencies capable of assisting victims and perpetrators of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, and maintain a list of existing services.

(31) Provide New Parent Support Program services and activities for eligible military Families (prenatal through 3 years) residing on and off the installation. Services will include- parenting programs, respite care, information/referral to military and Civilian programs designed to support parents of infants and young children, home visitation, and Explore, Learning and Play. Utilizing a strengths-based perspective, NPSP home visitors will conduct on-going assessments for risk of maltreatment and family violence for Families identified as at-risk.

(32) Market FAP programs and services to include NPSP services, to ensure Soldier, Family, and community awareness.

(33) Establish the PSB-CY MDT to review cases of problematic sexual behavior among children and youth. Ensure all MDT members have completed initial training conducted by Family Advocacy Law Enforcement Training Branch (FALETB) Behavioral Science Education and Training Division (BSETD) at the U.S. Army Military Police School. Incidents monitored by the MDT will range from initial reports to case closure.

(34) Coordinate with Chief, CRDAMC FAP to ensure all PSB-CY cases are offered trauma informed services to include clinical assessment and treatment.

(35) Prepare written orders for appointment of FAC, IDC, and FRC members and designated alternates, by name, for a minimum of 1 year, for GC approval and signature, and ensure orders are issued and distributed to appropriate agencies.

(36) Serve as a non-voting member of the IDC. Provide an alternate representative for attendance at the IDC when unable to attend.

(37) Serve as a member of the FAC and FRC and provide logistical support.

(38) Function as the Action Officer for the Installation Strategy Team and Fatality Review Committee.

(39) Serve on the Installation Child and Youth Evaluation Team (ICYET) to participate in quality assurance programs.

(40) Serve as a member of the Installation Health Promotions Council.

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

(42) Complete 30 hours of continuing education annually regarding the prevention of family violence, IAW budget requirements.

(43) Implement and operate a Family Advocacy Victim Advocate Program (FAVAP) to provide referral services and assistance to all victims of spouse/intimate partner abuse who are eligible to receive care in a Medical Treatment Facility (MTF). The FAVAP will provide a coordinated community response (CCR) for victims of spouse/intimate partner abuse residing on the Fort Cavazos Installation and in the surrounding communities. Ensure commander, unit, and community training include FAVAP information and the referral process.

(44) Ensure the provision of a 24/7 response system for victim services and to receive restricted and unrestricted reports of spouse/intimate partner abuse.

(45) Ensure that the Family Advocacy Program Victim Advocate Program (FAVAP) provides information and coordinates referral services to the Staff Judge Advocate, Victim Witness Liaison (SJA, VWL), for abuse victims eligible for Transitional Compensation.

e. The CRDAMC, Medical Treatment Facility (MTF) Commander will:

(1) Ensure MTF compliance with FAP Certification Standards into the management of spouse/intimate partner abuse and child abuse/neglect.

(2) Establish written protocols to address the management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(3) Ensure all allegations of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY are reported to the Installation RPOC, Victim Advocacy, DES-LED and DACID Command and referred to CRDAMC FAP. Ensure MTF departments use appropriate reporting procedures in cases of suspected abuse.

(4) Ensure funding for medical facilities and manpower are adequate and comply with DA policy. Assure required resources and program objectives of the FAP are met. Provide FAP personnel with facilities and equipment suited to the delivery of FAP services.

(5) Maintain 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. Ensure that personnel providing treatment/intervention services as defined by the DoD standards meet required educational and professional criteria.

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

(7) Ensure the Chief, CRDAMC FAP coordinates MTF services to include child abuse/neglect, spouse/intimate partner abuse, and PSB-CY assessment, intervention, and clinical treatment services.

(8) Establish a standardized intake procedure for child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(9) Ensure Standards of Care, outlined in AR 608-18, are consistently applied, and incorporated in existing quality improvement and medical protocols.

(10) Ensure that each instance of child abuse/neglect is properly assessed and documented.

(11) Ensure that required medical follow-up care or assistance is provided to victims and offenders of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. Ensure observance of applicable rights for alleged victims and offenders.

(12) Ensure proper medical steps are taken in cases of sudden or unexplained child deaths that may be related to abuse/neglect.

(13) Maintain confidentiality of information contained in medical records IAW law and policy. Ensure mandated personnel adhere to reporting requirements.

(14) Provide advice and guidance on benefits of the Uniformed Services Health Benefits Program.

(15) Provide assistance, as required, when allegations of child abuse/neglect, spouse/intimate partner abuse, or PSB-CY occur involving Service members (SM) of

other branches assigned to Fort Cavazos.

(16) Coordinate child abuse/neglect investigations IAW the III Armored Corps and Fort Cavazos Memorandum of Agreement with the TDFPS. Coordinate spouse/intimate partner abuse investigations IAW AR 608-18.

(17) Establish an education program in coordination with the FAPM to train MTF staff and members of the IDC in the identification and management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

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

(19) Ensure the provision of information to the Installation chain of command on IDC operations, issues, and other pertinent information when appropriate.

(20) Ensure the provision of local statistics and other pertinent information on the FAP to the FAPM for community and command information programs, to identify trends, and to prepare required reports.

Provide oversight in the distribution of OSD FAP funding to ensure that OSD FAP funded personnel are FAP dedicated. Ensure that the MTF provides Defense Health Agency personnel, resources, space, equipment, and standard office supplies. The DHP funded personnel, space, equipment, and standard office supplies will not be billed to the OSD FAP Budget.

(21) Ensure medical personnel/staff receive annual FAP prevention training.

f. The Dental Activity (DENTAC) Commander will:

(1) Serve as a member of the FAC. Provide an alternate representative for attendance at the FAC when the designated member is unable to attend. Serve, designate, as a member of the IST and FRC.

(2) Establish an education program in coordination with the FAPM to train dentists and supporting dental staff members in the identification and management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(3) Develop written protocols to address child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(4) Screen dental and medical records to identify and record all incidents of injury suggestive of spouse/intimate partner abuse and child abuse/neglect.

(5) Identify and report spouse/intimate partner abuse and child abuse/neglect to the Installation RPOC.

(6) Participate in FAP prevention programs.



(7) Educate members of the IDC on dental identification of abuse and neglect, upon request.

(8) Establish protocol to treat family members who have documented oral injuries due to spousal/intimate partner abuse or child abuse/neglect certified by FAC.

g. The Chief, CRDAMC FAP will:

(1) Coordinate the MTF treatment program to provide child abuse/neglect, spouse/intimate partner abuse, and PSB-CY assessment, intervention, clinical treatment services, logistical, and administrative support.

(2) Integrate FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(3) Establish and implement a Quality Improvement Program and Plan to monitor and evaluate MTF responsibilities of the FAP. Ensure quality assurance reviews are completed annually or as directed by the MTF commander.

(4) Ensure the availability of treatment services IAW AR 608-18 and DoD Manual 6400.01, Vol 1. Coordinate emergency out of home placement with TDFPS as needed.

(5) Assess reports of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to identify the potential for family violence and intervene as necessary to protect victims and prevent further injury.

(6) Refer to SUDCC or ASAP incidents of family violence or child maltreatment where substance use is a contributing factor to either the actual incident or the overall family functioning. SMs will be referred to SUDCC and Civilian partners should be referred to ASAP.

(7) Utilize clinical protocol in reports or assessment of suicidal ideation or gestures.

(8) Treat all Family members affected by or involved in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. Ensure individuals that are to be notified of a child and spouse abuse report are notified in a timely manner and are involved from initial investigation to case closure.

(9) Provide medical assessment and treatment for all Family members in the household by medically trained personnel as required.

(10) Ensure observance of applicable rights for alleged victims and offenders. To include information on the limits of confidentiality, medical records requests, and requests for reconsideration of IDC findings.

(11) Coordinate with FAPM, identify required resources, and submit the MTF Budget requirements to the MTF for approval prior to submission to the GC for final

review and approval.

(12) Manage FAP treatment staff and ensure background clearances are completed for staff personnel. Provide Army Central Registry (ACR) checks for installation background clearances. Coordinate annual FAP training for clinical staff and supervisors. Apply to attend applicable HQDA sponsored Family Advocacy Staff Training (FAST) and Family Advocacy Staff Training-Advanced (FAST-A) training courses. Submit to the FAPM the names of all IDC team members and staff for nomination to the HQDA FAST and FAST-A courses.

(13) Communicate regularly with the FAPM to assure that roles and responsibilities for training and counseling are clearly defined.

(14) Ensure agencies (Installation RPOC, appropriate law enforcement and investigative agencies, and TDFPS) required to be notified of a child abuse/neglect, spouse/intimate partner abuse, and PSB-CY report, receive notification in a timely manner. Ensure appropriate agencies are involved from initial investigation to case closure.

(15) Notify SM's unit company commander within 24 hours after a credible report is received. If the unit commander is not available or appropriate for notification, the next senior officer in the chain of command will be notified. All notifications will be documented. The notification process supplements the Directorate of Emergency Services DES-LED initial notification process. Serve as primary POC to unit commanders on matters pertaining to treatment.

(16) Request the appropriate commander take necessary measures to ensure victim safety by removing the active duty member from a home or environment where abuse may be occurring. IAW CG Policy Letter #10.

(17) Coordinate with unit commanders/appropriate agencies to refer victims of abuse/maltreatment to a CRDAMC physician for a physical examination, if necessary.

(18) Provide notification and implement coordination of child abuse/neglect investigations IAW the III Armored Corps and Fort Cavazos Memorandum of Agreement with the TDFPS. Provide notification and implement coordination of spouse/intimate partner abuse investigations IAW AR 608-18.

(19) Serve as presenter and voting member (or designate an alternate) for cases going to the IDC.

(20) Ensure case management of the Clinical Case Staffing Meeting IAW DoD Manual 6400.01, Vol 3 occurs to provide a formal discussion on treatment options for every case presented at the IDC.

(21) Establish an IDC Protocol to include procedures for both met criteria and did not met criteria cases.

(22) Set date, time, and location of IDC meetings.

(23) Inform unit commanders of date, time, and location of the IDC meeting when case presentation will be made involving a Soldier in his/her command. Commanders will be notified at least 5 working days prior to the scheduled meeting.

(24) Coordinate to receive case disposition for child cases investigated by TDFPS.

(25) Ensure case assessment, maintain case records, and provide case management for all reported and met criteria cases.

(26) Ensure a case manager is assigned to each case and a treatment plan is developed, to include a plan of protection. Cases will be reviewed as appropriate.

(27) Ensure FAP treatment services staff have access to a current list of existing services, key personnel, and emergency referral procedures.

(28) Ensure each Child, Spouse, or Intimate Partner Abuse Incident Report is accurately completed, signed, reviewed by clinical supervisors, receives IDC determination, and forwarded in a timely manner to the ACR. Submit the Child, Spouse, or Intimate Partner Abuse Incident Report within 10 days following the IDC determination of case status.

(29) Provide the Patient Administration Systems and Biostatistics Activity (PASBA) and the servicing MTF Chief, Patient Administration Division (PAD) Office with a list of representatives authorized access to request Army Central Registry case information. These representatives will be limited to the Chief, CRDAMC FAP or representative, and FAPM.

(30) Establish procedures to allow for request for reconsideration of determination made by the IDC.

(31) Forward IDC Minutes to GC for review.

(32) Establish and implement procedures to address non-compliance of unit commander with IDC findings, safety plans and, CCSM treatment recommendations.

(33) Provide mandatory counseling services for Soldiers involved in spouse and child abuse/neglect.

(34) Provide voluntary counseling services for military family members involved in child abuse/neglect.

(35) Establish and implement appropriate case transfer procedures.

(36) Review the Centralized Personnel Service Center listing on a weekly basis for deletion and deferment information in the comprehensive assignment program (CAP), and for assignment information for the names of Soldiers involved in an open FAP case.

(37) Serve as a member of the FAC, FRC and PSB-CY MDT. Provide an alternant representative for attendance when unable to attend.

(38) Serve as a member of the Installation Strategy Team and appoint a representative when unable to attend.

(39) Coordinate with the Strategy Team Family Liaison Officer for out-of-home child abuse/neglect cases in DoD Operated and Sanctioned Activities. Ensure counseling services and support groups are provided for Families.

(40) Ensure compliance with AR 608-18 to specify how a child victim and children in the victim's household will be interviewed by FAP Clinical personnel.

(41) Ensure clinical/medical staff completes annual FAP prevention training.

h. The Adjutant General (AG) or Directorate of Human Resources (DHR) will:

(1) Provide the IDC Chairperson access to reassignment rosters to determine if active cases are being reassigned.

(2) Process applications for deletions, deferments, and compassionate reassignments based on the Soldier's individual situation and the commander's request.

(3) Integrate FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

i. The Installation Directorate of Emergency Services (DES) Law Enforcement Division (LED) will:

(1) Serve or designate a senior representative to serve as a member of the FAC, FRC, IST, and voting member of the IDC. Provide an alternate representative for attendance at the FAC and IDC when the designated member is unable to attend.

(2) Conduct preliminary inquiries and/or investigations involving allegations of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY IAW AR 190-45, AR 190-30, AR 195-2, AR 608-18, and the DES SOP. During the course of an investigation, any weapon(s) that are found in violation of FC 190-11 (IE not registered or improper storage) will be cataloged, on a property document and turned over to the Soldiers chain of command, for storage in the unit arms room for safe keeping. Any weapon(s) that are posing a potential lethal situation or used in the commission of a crime will be seized and retained by the DES-LED as evidence.

(3) The DES-LED ensures CRDAMC FAP and FAPM receive law enforcement

blotter extract reports and Civilian Law Enforcement (LE) report numbers on child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(4) Notify the Installation RPOC and CRDAMC FAP of reports of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(5) Coordinate allegations of abuse that occur off the military installation, or when the assistance of Civilian law enforcement is required for investigation.

(6) Ensure family violence/crisis intervention training is provided for all Military Police/Department of the Army Civilian Police personnel performing law enforcement duties within 90 days of being assigned duties that would typically require them to respond to family violence, to include removal of the offender and emergency rescue of the victim. Training will be conducted in coordination with the FAPM and will cover the physical and emotional trauma associated with child abuse/neglect, spouse/intimate partner abuse, and PSB-CY and appropriate management procedures.

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

(8) Conduct a check of law enforcement records requested from the IDC to determine if alleged spouse and child abuse offenders have previous incidents requiring Military Police intervention. Provide a check of law enforcement records requested for background clearances.

(9) Provide immediate notification to unit commanders on credible reports of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY IAW established Law Enforcement Practices. Provide immediate notification to the chain of command and distribute daily Military Police Blotter Extracts.

(10) Coordinate child abuse/neglect investigations IAW the III Armored Corps and Fort Cavazos Memorandum of Agreement with the Texas Department Family Protective Services(TDFPS). Coordinate spouse/intimate partner abuse investigations IAW AR 608-18.

(11) Ensure Military Police/Department of the Army Civilian Police are trained on proper investigation procedures, definition of abuse, symptoms of family violence, and service agencies that can provide assistance. Ensure that Military Police (MP) and Department of the Army Civilian Detective (DAC DET) attend Domestic Violence Intervention Training (DVIT), Child Abuse Prevention and Investigation Techniques (CAPIT) Courses, and other specialized training on child or spouse/intimate partner abuse.

(12) Coordinate transportation for spouse/intimate partner and child abuse victims to prevent further injury or requiring immediate medical care to the MTF for medical assessment.

(13) Ensure observance of the applicable rights of the victim and offender.

(14) Respond to complaints of Home Alone Policy violations as outlined in III Armored Corps and Fort Cavazos Regulation 420-37.

(15) Ensure law enforcement personnel complete annual FAP prevention training.

j. The local DACID will:

(1) Notify the Installation RPOC and Chief, CRDAMC FAP of all reports of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY in order to obtain support and services for the victims.

(2) Conduct preliminary inquiries into allegations of assault, sexual assault, sexual abuse, aggravated assault, intimate partner strangulation, and assault or indecent acts and/or liberties with a child under the age of 16 years IAW AR 195-2. Provide reports of investigations to appropriate commanders.

(3) Conduct a Crime Records Center Check, upon request from the FAPM or Chief, CRDAMC FAP, to determine if alleged offender has previous incidents requiring law enforcement intervention if request is based upon a regulatory requirement.

(4) Provide Record Checks for background clearance requests for individuals employed with: Appropriated Funds (APF), Non-Appropriated Funds (NAF), and contractors involved in activities that provide direct services to children or family violence programs and services; Family Advocacy Specialist Program (FASP) staff; volunteers, student interns and summer hires/students involved in activities that provide direct services to children or family violence programs and services.

(5) Provide a special agent to serve as a member of the FAC, FRC and PSB-CY MDT. Provide an alternate representative when the designated member is unable to attend.

(6) Ensure that all rights of offenders and victims are followed IAW applicable regulatory, UCMJ, state and federal Law.

(7) Serve as a member of the Installation Strategy Team.

(8) Integrate FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(9) Ensure personnel attend the CAPIT Course and other specialized training on child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(10) Ensure law enforcement personnel complete annual FAP prevention training.

(11) CID will evaluate instances of intimate partner strangulation as well as sexual assault, sexual abuse, and assault on a child under the age of 16.

k. The Installation Staff Judge Advocate (SJA) will:

(1) Serve or designate a representative to serve as a member of the FAC, FRC, PSB-CY, and as a voting member of the IDC. Provide an alternate representative for attendance when the designated member is unable to attend.

(2) Serve or designate a member to serve on the Installation Strategy Team.

(3) Advise commanders and the IDC on applicable laws and regulations affecting current child abuse/neglect, spouse/intimate partner abuse, and PSB-CY cases and other FAP issues.

(4) Advise commanders on disciplinary and administrative actions against Soldiers in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY cases and on measures to protect victims from further abuse. Advise commanders on provisions of the Lautenberg Amendment.

(5) Coordinate with federal, state, and local authorities on the criminal prosecution of spouse/intimate partner/child abuse offenders not subject to the UCMJ.

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

(7) Review the Installation SOP and MOA regarding child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(8) Participate in the negotiation and drafting of MOAs with TDFPS and other Civilian authorities in the jurisdictions adjoining the installation.

(9) Advise the GC, Chief, CRDAMC FAP, and FAPM on all legal issues regarding the release of information and records, and the extent to which the confidentiality of those making reports of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY are protected under applicable laws and regulations.

(10) Advise FAPM and Family Advocacy Victim Advocate Program Manager on instances where an abuse disclosure may be warranted on a case where an adult victim of abuse has previously requested restricted reporting.

(11) Advise the GC, IDC, FAC, and others as to the extent to which state laws mandating the reporting of child abuse/neglect apply to those assigned to or residing on the installation.

(12) Advise the GC and IDC on the legal authority that may be exercised by state officials over Soldiers and Family members involved in spouse/intimate partner abuse and child abuse/neglect cases residing on and off of the installation.

(13) Ensure legal assistance attorneys are available to abused Family members and Soldiers to advise and counsel them on their legal rights regarding housing and financial

support, divorce, legal separation, child custody, Transitional Compensation and on civil actions and remedies available to them to enforce their legal rights and to protect them from further abuse.

(14) Designate a victim/witness liaison through which abused victims and witnesses may obtain information and assistance in securing available victim/witness services. The FAP Victim Advocate Program Manager will meet and coordinate with the victim/witness liaison on matters pertaining to Transitional Compensation.

(15) When feasible and appropriate, appoint legal counsel to represent the abused child in sexual abuse and other cases in which foster care is warranted. Coordinate with the case manager to ensure that the interest of the child is fully protected. Foster care program is provided and managed by TDFPS.

(16) Appoint a judge advocate to serve as a liaison with local Civilian authorities to ensure that courts conducting civil or criminal proceedings related to child abuse/neglect involving Soldiers or their Family members are made aware of relevant information, to include the securing of witnesses, documents, and other evidence. The required coordination on treatment referrals to Civilian authorities is outlined in AR 608-18.

(17) Integrate FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(18) Ensure legal personnel complete annual FAP prevention training.

I. The Garrison Chaplain will:

(1) Serve or designate representatives to serve as a member of the FAC and the FRC.

(2) Direct chaplains that offer programs and services that accept referrals from FAP treatment providers obtain written consent from Family members to communicate with the FAP treatment providers and inform them of the Family members' use of the recommended programs and/or services.

(3) Advise all chaplains counseling Soldiers or Family members that are involved with the FAP to obtain clinical supervision for that counseling with the Family Life Chaplain or designee.

(4) Ensure all chaplains are knowledgeable about confidentiality issues IAW AR 165-1, and current Chief of Chaplains policy.

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

(6) Provide programs that promote Family wellness, effective parenting, Family spiritual life, and Family and relationship enrichment.



(7) Assure that chaplains meet education and experience requirements as defined by DoD Manual 6400.1-M if they are providing treatment at Level II.

(8) Collaborate with the FAPM in prevention programs to reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates.

(9) Ensure background checks are completed for staff and volunteers who work with or around children. Ensure child abuse/neglect identification and reporting training is provided to all staff and volunteers who work with or around children. Ensure spouse/intimate partner abuse identification and reporting training is provided to all staff. Training will be conducted in coordination with the FAPM.

(10) Provide statistical data to the quarterly FAC on prevention activities.

(11) Serve or designate representatives to serve on the Installation Strategy Team.

m. The Installation Public Affairs Officer (PAO) will:

(1) Publicize available resources in Fort Cavazos and III Armored Corps command information products.

(2) Respond to media queries regarding specific cases of abuse in accordance with AR 360-1, HIPAA, FOIA and other necessary regulations and legal guidelines. Responses will be staffed through SJA, FAPM, DACID, and appropriate law enforcement agencies, as needed.

(3) Obtain DA or MACOM specific public affairs guidance, as required for situations that could adversely impact DA.

(4) Serve or designate a representative to serve as a member of the Installation Strategy Team.

(5) Provide an assessment of media coverage to the commander following a publicized incident.

(6) Serve or designate a representative to serve as a member of the FAC and FRC. Provide an alternate representative for attendance at the FAC and FRC when the designated member is unable to attend.

(7) Integrate FAP Certification Standards in the installation management of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(8) Prepare public affairs assessments and annexes to planning documents.

n. The CRDAMC, Chief, Pediatrics will:

(1) Designate a physician to be responsible for providing ongoing routine medical care to a child when child abuse/neglect is suspected or established.

(2) Provide medical examination and observation of the child to detect indicators of child abuse/neglect.

(3) Support and encourage the Family in caring for the child.

(4) Conduct medical record evaluations for IDC and FRC upon request.

(5) Serve as a member of the Installation Strategy Team, FRC and FAC, or appoint a designee.

(6) Integrate FAP Certification Standards in the installation management of child abuse/neglect.

(7) Refer cases to the Chief, CRDAMC FAP when child abuse/neglect, spouse/intimate partner abuse, or PSB-CY are suspected.

o. The CRDAMC, Chief of Psychiatry, will:

(1) Coordinate the provision of diagnostic and treatment services on selected cases as discussed and recommended at the IDC and referred to the Department of Psychiatry related to child abuse/neglect, spouse/intimate partner abuse, and PSB-CY incidents.

(2) Refer cases to the Chief, CRDAMC FAP when child abuse/neglect, spouse/intimate partner abuse, or PSB-CY are suspected.

p. The CRDAMC, Chief Army Public Health Nursing will:

(1) Serve or designate a representative to serve as a member of the FAC, IST, and FRC. Provide an alternate representative for attendance at the FAC, IST, and FRC when the designated member is unable to attend.

(2) Once trained, provide services directed toward the prevention of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY through health education to individuals, Families, support groups, new parent support staff, parenting, and child development classes. The services will be coordinated with the ACS, FAP prevention staff.

(3) Assist with identification of high-risk Families and provide appropriate referrals /direct services to Families as needed.

(4) Serve as a Health (Nurse) Consultant to the Child, Youth, and School Age Services (CYS) in the identification of suspected child abuse/neglect cases.

(5) Refer cases to the RPOC when child abuse/neglect, spouse/intimate partner abuse, and PSB-CY are suspected.

(6) Serve as a consultant to the IDC upon request to provide nursing input for the

assessment, intervention, and evaluation process of individual cases.

(7) Receive referrals from the Clinical Case Staff Meeting (CCSM) for Family health services/counseling and provide this service in the clinic, community APHN's office, or Family home.

q. The ASAP Director/ Substance Use Disorders Clinical Director will:

(1) Serve or designate a member to serve on the FAC, IST, and FRC. Provide an alternate representative to attend in their absence.

(2) Provide assessment and referral services to Civilian beneficiaries whose alcohol or drug abuse may be a factor in spouse/intimate partner abuse and child abuse/abusive behavior. Provide feedback to the FAC on treatment progress of referred cases.

(3) Active duty members whose drug or alcohol use may have been a factor in spouse/intimate partner abuse and child abuse/abusive behavior will receive assessment and treatment through the SUDCC at CRDAMC.

(4) Inquire about the existence of spouse/intimate partner abuse and child abuse/neglect during the ASAP intake process.

(5) Coordinate with the FAPM to provide training to drug and alcohol counselors in the identification, reporting, Family dynamics, and treatment of spouse/intimate partner abuse and child abuse/neglect.

(6) Provide statistical data to the quarterly FAC on spouse/intimate partner abuse and child abuse/neglect incidents involving substance abuse.

(7) Ensure clinical/medical staff complete annual FAP prevention training.

r. The Chief, CYS, will:

(1) Serve as a member of the FAC, IST, and FRC. Provide an alternate representative for instances when unable to attend.

(2) Ensure child abuse/neglect identification and reporting criteria training is provided to all CYS staff, Family Child Care (FCC) providers, and volunteers. Training will be conducted in coordination with the FAPM.

(3) Establish internal procedures/SOP to ensure that all suspected and known cases of child abuse/neglect are immediately reported by mandated personnel to the Installation RPOC and Military Police.

(4) Screen all CYS staff including FCC providers, IAW AR 608-10 and other applicable guidance, for prior involvement in reported incidents of spouse/intimate partner abuse and child abuse/neglect. Criminal background checks will be completed IAW AR 608-10.

(5) Serve as a member of the Installation Strategy Team. Coordinate the response of the DoD Sanctioned Activity involved in an Out-of-Home child abuse/neglect case.

(6) Attend the CCSM upon request and participate with the treatment plan when an abused child is placed in CYS care after abuse has occurred or when the allegation involves a CYS activity.

(7) Implement a child safety education program in CYS IAW AR 608-10 and AR 608-18. Training will be conducted in coordination with the FAPM.

(8) Ensure CYS staff and volunteers comply with guidelines in AR 608-18 for out-of-home child abuse/neglect in a DoD Operated or Sanctioned Activity.

(9) Serve as a consultant to and attend IDC meetings when a case to be presented involves allegations of child abuse in a DoD Sanctioned Activity.

(10) Assist with respite childcare in cases involving abuse, when appropriate.

s. Unit Commanders will:

(1) Notify the RPOC (287-CARE {2273}) immediately upon notification of every alleged child abuse/neglect, spouse/intimate partner abuse, and PSB-CY incident involving military or military-related persons. Provide all relevant information to those investigating the report, including law enforcement agencies and TDFPS.

(2) Attend child abuse/neglect, spouse/intimate partner abuse, and PSB-CY training and prevention education programs designed for unit commanders within 45 days of assuming command. Schedule and participate in command desk sides. Complete annual child abuse/neglect, spouse/intimate partner abuse, and PSB-CY training.

(3) Coordinate with the FAP Education staff to ensure annual child abuse/neglect, spouse/intimate partner abuse, and PSB-CY training is provided to Soldiers on the prevention of child abuse/neglect, recognizing symptoms, and reporting procedures. Schedule time for all Soldiers to attend FAP troop awareness briefings and FAP prevention classes presented by FAP personnel.

(4) Refer Soldiers and Families to FAP primary and secondary prevention programs and services as appropriate. Encourage the participation of Civilian Family members in scheduled prevention programs, activities, and services.

(5) Develop a working knowledge of rehabilitative, administrative, and disciplinary procedures related to spouse/intimate partner abuse and child abuse/neglect. Ensure a Soldier's participation in treatment programs does not preclude implementation of appropriate administrative or disciplinary actions. Develop a working knowledge of restricted and unrestricted reporting.

(6) Attend IDC case presentations as a voting member on incidents of spouse/intimate partner abuse or child abuse/neglect within their command. Notify the FAP Case Manager if unable to attend the IDC and send an appropriate alternate (E6 or higher rank).

(7) Consult with SJA regarding Soldiers involved in allegations of spouse/intimate partner abuse and child abuse/neglect.

(8) Consult with DES to ensure that Soldiers involved in allegations of child abuse/neglect and/or spouse/intimate partner abuse, after properly being advised of their Article 31(b), Uniform Code of Military Justice (UCMJ, Article 31) rights with the use of Rights Warning Procedure/Waiver Certificate against self-incrimination, are encouraged to cooperate with FAP personnel to the maximum extent possible from initial report to case closure, to include participation in individual and Family interviews or examinations by appropriate social services, medical, and law enforcement personnel.

(9) Provide written military no-contact orders, as appropriate, and record begin and end dates on the orders; counsel Soldiers; and take other actions, as appropriate, regarding compliance with Civilian orders of protection for victims of spouse/intimate partner abuse.

(10) Direct the Soldier to participate in assessment by CRDAMC FAP treatment provider.

(11) Refer Soldiers to the MTF Department of Behavioral Health, as appropriate.

(12) Encourage Soldiers and Family members to cooperate with FAP personnel to the maximum extent possible from initial report to case closure.

(13) Encourage Soldiers to participate in individual and Family interviews or examinations by FAP treatment managers, medical, and law enforcement personnel.

(14) Recommend referral for victims of alleged family violence to speak with a Family Advocacy Victim Advocate.

(15) Advise victims/non-offending parents/guardians of their rights to safety, privacy, confidentiality, autonomy, self-determination, and the right not to be interviewed in the presence of the offender.

(16) Coordinate Military Police/local law enforcement intervention if directly contacted by the non-offending parent/guardian/victim requesting assistance. Coordinate emergency rescue of spouse/intimate partner or child abuse/neglect victims and removal of the offender, as required.

(17) In coordination with law enforcement agency representatives including DACID, ACS FAP Victim Advocate, and SJA, make a determination if the alleged offender may be removed from the on-post or off-post quarters and moved into barracks. Assist DES,

DACID, and CRDAMC FAP in ensuring that victims of abuse are medically evaluated as quickly as possible.

(18) Support and comply with CCSM treatment recommendations to the maximum extent possible.

(19) Consider CCSM recommendations when taking or recommending disciplinary and administrative actions in spouse/intimate partner abuse and child abuse/neglect cases. Pending IDC recommendations will not delay such actions.

(20) Consider CCSM recommendations before recommending reassignment when required treatment is unavailable and reassignment is the only available means of providing treatment to the abuser or protecting Family members from further abuse. A Soldier cannot be reassigned while pending disciplinary action.

(21) Consider CCSM recommendations before initiating personnel actions to separate SM for spouse/intimate partner abuse and child abuse/neglect.

(22) Commanders will seek support for personnel actions from their designated Personnel Services Command.

(23) Notify the Chief, CRDAMC FAP when orders are issued reassigning Soldiers or relocating Family members who are involved in treatment for child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(24) Encourage the participation of Civilian Family members in treatment programs.

(25) Notify the FAP Case Manager of pending disciplinary or administrative action, subsequent acts of abuse, or unit activities, which may impact treatment.

(26) Schedule time for Soldiers to participate in FAP primary, secondary, and tertiary prevention and treatment services and activities. Encourage Family members to accompany Soldiers for participation.

(27) Implement provisions of the III Armored Corps and Fort Cavazos Command Policy Letter on family violence.

(28) Secure all weapons to include personally owned weapons (POWs) of assigned military personnel in the unit arms room and restrict access to weapons posing a potential lethal danger in domestic violence situations.

(29) Implement provisions of the Command Policy Letter, Emergency Protective Order Checklist, and paragraph 9, as required. If it is believed that a Soldier is suicidal and/or homicidal, he/she must be emergently referred for a psychiatric evaluation at the divisional or corps mental health unit that services the Soldier's unit. During non-duty hours, take the Soldier to the Emergency Room of the serving Military Treatment Facility. The Soldier must be advised of certain rights before being command referred for a mental health evaluation. Consult with trial counsel prior to referral.

(30) Develop a working knowledge of the Fort Cavazos FAVAP. Refer alleged victims of spouse/intimate partner abuse to the FAVAP for victim assistance and services.

(31) Ensure the provision of support for Families of SMs being separated for dependent abuse. Develop a working knowledge of and implement guidelines outlined in AR 608-1, ACS, for the Fort Cavazos Transitional Compensation Program. Provide information and coordinate referral services to the Staff Judge Advocate, Victim Witness Liaison and the FAVAP for abuse victims eligible for Transitional Compensation. The Victim Witness Liaison will provide assistance and case management to Family members' reference entitlements and the application procedures for Transitional Compensation. The victim advocate will provide case management for transitional planning and support services.

(32) Develop a working knowledge of the Family Advocacy Specialist Program (FASP). Utilize the FAS as a resource and support mechanism to assist military personnel and Family members experiencing stressors, challenges, and issues that adversely affect individual, Family functioning and Soldier and Family readiness.

(33) Develop a working knowledge of the Lautenberg Amendment.

## 11. PROCEDURES.

### a. Prevention and Awareness

(1) The Fort Cavazos FAP will design a prevention program emphasizing community and command awareness of family violence. The FAP will promote public awareness within the military and Civilian communities. Prevention strategies to promote awareness will include development and implementation of programs, services, campaigns, and marketing plans focused upon the prevention of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, encouragement for voluntary self-referral, and reporting of all instances of suspected or known spouse and child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. Emphasis will be placed upon the identification of at-risk Families. Characteristics that may place children at increased risk for abuse and neglect include: premature birth of a child to adolescent parents; the presence of an infant with colic accompanied by continuous crying; congenital deficiencies or abnormalities; extreme financial distress; substance abuse; or any other condition that interferes with parent-child attachment.

(2) The Family Advocacy Program recognizes that prevention is a community responsibility-no single agency, organization or discipline alone can implement an effective and comprehensive program. The Fort Cavazos FAP will utilize a multidisciplinary team approach providing interdisciplinary support to enable individuals and Families to break the cycle of abuse, prevent further trauma, and ensure safety for all members of the community. The Fort Cavazos FAP will coordinate professional intervention at all levels including: law enforcement, social, health, and legal services in the prevention of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY.

(3) The FAP prevention and awareness programs and services are designed to prevent and reduce child abuse/neglect, spouse/intimate partner abuse, and PSB-CY rates by improving Family functioning, easing the kinds of stressors that can aggravate or trigger patterns of abusive behavior, and create a community that is supportive of Families.

(4) The FAP will ensure the availability of Community Education Programs including services available to Families, encouragement of community support, media contacts, and presentations to groups, and special events with appropriate themes: Spouse/Child Abuse Prevention Month, and Month of the Military Child.

(5) The FAP will provide information to commanders at all levels concerning the dynamics of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, prevention strategies, military and Civilian policies, procedures, laws regarding abuse, and available prevention/educational programs and treatment services. The FAP will identify command responsibilities for identification, reporting of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY, and coordination with the FAP. The command assigned Family Advocacy Specialist (FAS) will provide newly assigned unit commanders with a FAP Orientation packet and briefing within 45 days of assignment. The prevention staff will query assigned FAS on a monthly basis to identify newly assigned unit commanders. The FAP prevention staff will provide newly assigned commanders with FAP training and an electronic Commanders' Reference Guide during the Commander/First Sergeant Course. Course participants will be issued a FAP Certificate of Training. The FAP prevention staff will participate in the ACS, Soldier and Family Readiness Branch, Rear Detachment Officers' Course. Annual commander desk-sides will be conducted with all brigade and battalion commanders by the FAP prevention staff. Leadership training is presented to leaders at all levels, from junior to senior, designed to identify and address family violence issues, implement strategies to guide Soldiers and Families toward appropriate resources as issues present, promote balance within Families, remain insightful of underlying stressors as Soldiers seek to navigate through identified problem areas and become aware of initiatives focused upon healthy Families.

(6) The Fort Cavazos FAP will conduct family Violence Prevention Training for all military personnel annually. The training will include Family dynamics of child, spouse, and intimate partner abuse, identification, reporting, prevention, investigation, treatment services, the referral process, and the availability of military and Civilian community programs and resources. Training will focus upon DA/state/Fort Cavazos/community policies and laws regarding family violence. Training will include the restricted and unrestricted reporting options. The FAP will conduct annual professional child, spouse, and intimate partner abuse prevention training for law enforcement, legal, medical and chaplain staff.

(7) The FAP prevention staff will provide professional training to mandated reporters (i.e., law enforcement and medical staff) which outlines responsibilities, mandates, resources, and the referral process.



(8) Fort Cavazos personnel who work with children or around children (CYS staff, volunteers, and others) will be provided child abuse/neglect training. FAP will coordinate the training and ensure classes include the seriousness of child abuse/neglect, the causes/effects, symptoms of child abuse/neglect, and reporting responsibilities for Fort Cavazos personnel.

(9) A parent education program to strengthen parenting and child management skills will be offered to Soldiers and Family members. The training program will include encouraging parents to exchange ideas, information, resource material, and the opportunity to practice new behaviors. The training will assist parents in developing appropriate skills in physical care, protection, supervision, and identification of psychological needs based upon the child's stage of development.

(10) The FAPM and prevention staff will offer relationship enhancement programs and skill building training to couples for developing and strengthening effective communication to reduce the likelihood of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY. Family life education will be available for military SMs and Family participants seeking strategies and skills to improve life management and Family coping abilities. The FAP will conduct programs, support groups and activities designed to promote Soldier/Family readiness and the maintenance of healthy Families.

(11) The FAP staff will provide safety education for children to assist with the identification and reporting of abuse. Training will include instructing parents on strategies to protect children from abuse and methods to communicate with children about abuse. Child Abuse Safety Education programs will be established for children aged 6 to 18 years in DoD Sanctioned Activities. All child safety education programs will be developmentally appropriate for the age group. Education programs will be provided to CYs staff and volunteers focusing upon information about how to protect children from abuse and communicate with children about abuse.

(12) The ACS, FAP prevention staff will be responsible for primary and secondary prevention programs which include training, education, home visitation, marital enrichment, and victim services. The CRDAMC FAP will be responsible for tertiary prevention which includes assessment, intervention, and treatment services following allegations of spouse/intimate partner abuse and child abuse/neglect.

(13) The Chaplains will provide programs that promote Family wellness, effective parenting, Family spiritual life, and Family and relationship enrichment.

(14) The FAP marketing strategy will include training and services to Soldiers and Family members in the Greater Fort Cavazos community, at-risk Families, community groups, Civilian and community agencies, and media contacts.

(15) Parent education and support programs develop skills in physical care, protection, supervision, and nurturing appropriate to a child's age and stage of development. The programs build or enhance strengths that the individual brings to the parenting role; enhance parent-child attachment; and provide role models and assistance in the form of home visitors and/or parent aides. They also foster skills

development and information-sharing opportunities that enhance the parents' ability to interact more effectively with their children and to create and maintain a safe home environment in which self-esteem and learning are encouraged.

(16) Parent Education Program. This program involves education that is designed to enhance parenting and child management skills. Parent education and support groups may be combined to provide a forum for parents to exchange ideas, information, and resources and to practice new behaviors. The program also may reinforce or teach basic skills in physical care, protection, supervision, and psychological nurturing appropriate to a child's age and stage of development.

(17) New-parent Support Program. The DoD model for NPSP is divided into two categories: primary prevention and secondary prevention.

(a) Primary prevention targets all Families with children 3 years of age and younger. Priority will be given to first-time or single parents and dual military Families. Program entry may occur by self-referral or a referral by a health professional or the command. The program activities include screenings, information and referral, clinic and hospital visits, classes and childcare, support groups, respite support or other concrete services as needed, and play mornings. The duration of this phase of the program is 3 to 6 months.

(b) Secondary prevention targets parents at moderate to high risk. Program entry may occur by self-referral or a referral by FAP, a health professional, or the command. Activities for this category include: standardized risk assessment; periodic assessment during service delivery; intensive and comprehensive home visiting; provision of health and child development services; intensive role modeling and mentoring to change skills, respite support, and other concrete services as needed; and parent classes, play mornings, and groups. The duration of involvement in this phase of the program ranges from prenatal to 3 years of age.

#### b. Report and Notification Requirements.

(1) Army Regulation 608-18, Section II, states that every Soldier, employee, and member of the military community should be encouraged to report information about known or suspected cases of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to the Installation RPOC at 287-CARE (2273) or the appropriate military law enforcement agency as soon as the information is received. The hotline is staffed 24 hours a day, 7 days a week.

(2) Mandated Personnel – Army Regulation 608-18, Section II, requires all installation law enforcement personnel, physicians, nurses, social workers, school personnel, CYS personnel, psychologists, and other medical personnel to report information about known and suspected cases of child abuse/neglect, spouse/intimate partner abuse, and PSB-CY to the Installation RPOC as soon as the information is received.

(3) Commanders will notify the Installation RPOC of allegations of abuse involving

military or military-related persons, AR 608-18, Section II.

(4) Every Soldier, employee, and Family member of the military community must report known violations of the Home Alone Policy, III Armored Corps and Fort Cavazos Regulation 420-37, and suspected child abuse/neglect to the Installation RPOC or the Military Police.

(5) All family violence calls received by the Installation RPOC will be recorded on FCT Form 608-X25, 287-CARE Hotline Intake Sheet. It is essential that reporting protocol procedures be followed, and the form be completed as thoroughly and accurately as possible. Restricted reports of spouse/intimate partner abuse should be directed to the FAVAP (hotline 24/7) 254-702-4953.

#### (6) Spouse/Intimate Partner Abuse Reporting

(a) Restricted Reporting: Defined as allowing a victim of domestic abuse, who is eligible to receive military medical treatment, including Civilians and contractors who are eligible to receive military healthcare outside the Continental United States on a reimbursable basis, the option of reporting an incident of domestic abuse to specified individuals without initiating the investigative process or notification to the victim's or alleged offender's commander. This option provides domestic abuse victims access to medical care and to victim advocacy services. In cases where an adult victim elects restricted reporting, the victim advocate and healthcare providers may not disclose covered communications to either the victim's or offender's commander or to law enforcement either within or outside the DoD. In instances where a Victim Advocate or healthcare provider feel a disclosure may be warranted IAW DoDI 6400.06 exceptions to confidentiality and restricted reporting they will consult with their immediate supervisor, the FAPM and or SJA. For purposes of command responsibility and the gathering of accurate data, the victim advocate or his/her supervisor is responsible for reporting information concerning domestic abuse incidents, without information that could reasonably lead to personal identification of the victim or alleged offender, to command officials at the next FAC meeting following receipt of information about the alleged domestic abuse incident, or as directed by the commander responsible for convening the FAC. This will give commanders a clearer picture as to the number and type of domestic abuse incidents within their command, and enhance the commanders' ability to provide an environment that is safe and contributes to the well-being and mission-readiness of all of its SMs. Restricted reports of spouse/intimate partner abuse should be directed to the FAVAP. Restricted reports may be made by calling (hotline 24/7) 254-702-4953.

(b) Unrestricted Reporting: Victims of domestic abuse who want to pursue an official investigation of an incident should use current reporting channels such as installation RPOC, chain of command, FAP, healthcare providers, or law enforcement. Upon notification of a reported domestic abuse incident, victim advocacy services and FAP clinical services will be offered to the victim. Based upon the victim's discretion/request, the healthcare provider shall conduct any forensic medical examination deemed appropriate. Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

c. Evaluating Allegations of Spouse/Intimate Partner and Child Abuse/Neglect.

(1) The evaluation of allegations of spouse/intimate partner abuse and child abuse/neglect is twofold. The primary purposes are to gather investigative facts and conduct psychosocial and Family assessments necessary to protect the victim of abuse and provide necessary support services. Information is gathered by interviewing available witnesses, discovering the identity of witnesses, and interviewing them, and collecting physical evidence. Physical evidence may include photographs of injuries inflicted in an assault, medical specimens taken from the victim of an alleged sexual assault, and weapons or other items used as weapons during the course of an alleged assault.

(2) Social workers, medical personnel, and law enforcement personnel share a common interest in ensuring that all reports of spouse/intimate partner and child abuse/neglect are promptly and fully investigated and assessed. A prompt and full assessment and investigation is particularly important in a child abuse/neglect case because such cases often involve victims who are too young or too frightened to explain what happened to them, or to report it. In child abuse/neglect cases, the prompt gathering of physical evidence, before it disappears or is destroyed, is essential. The TDFPS functions as the lead investigative role as outlined in the III Armored Corps and Fort Cavazos and TDFPS MOA. The DACID Special Agent functions as the lead investigative role in child abuse/neglect reported in DoD operated or sanctioned activities. The DACID investigators will be trained in how to identify appropriate interview locations, interview environment that is child friendly and developmentally appropriate, be knowledgeable of facility set up procedures, identify appropriate equipment and interview aids requirements, and be knowledgeable of their proper use for the interview of a child who is allegedly a victim of child physical or sexual abuse. The MPI is the lead proponent in incidents of child neglect.

(3) In spouse/intimate partner abuse cases, recantation by the victim is not, in and of itself, used to conclude that the incident did not occur. The victim's recantation will be assessed as a variable in the dynamics of abuse and serve as a benchmark in assessment and determination of risk.

(4) Law enforcement personnel and social workers have a responsibility to protect the victims of abuse from further physical and emotional harm. Emotional harm or trauma can be unintentionally caused by unnecessary and repeated questioning of victims by the various agencies involved in the assessment or investigation, as well as by the approach taken or attitude displayed by those conducting the questioning. All personnel must be sensitive to the emotional needs of victims when conducting such questioning.

d. Objectives of the Assessment and Investigation.

(1) To gather all of the evidence by every lawful means available, including, when appropriate, the use of: search authorizations; authorizations to apprehend; photographs; scientific examinations and findings; medical examinations and findings;

psychosocial and Family assessments conducted by social workers.

(2) To gather the evidence as quickly as possible to prevent its destruction.

(3) To gather the evidence in a lawful manner: properly advising Soldiers suspected of criminal acts of abuse of their rights under Article 31, UCMJ, before questioning them about suspected or known instances of abuse; ensuring appropriate command and law enforcement involvement in any medical or social work inquiry of a child or spouse/intimate partner abuse case whenever there is probable cause to believe that criminal acts of abuse have occurred—assault, battery, indecent assault, or indecent exposure.

(4) To protect the victim of abuse from further physical harm by making an immediate apprehension or by requesting the appropriate commander (GC, CRDAMC Commander) take the necessary measures to restrain the suspected offender or to isolate the victim from the alleged offender. The unit commander may implement restriction, request implementation for a bar from the military installation (alleged offender -Civilian spouse), or request implementation of medical protective custody.

(5) To protect the victim of abuse from further emotional trauma by avoiding unnecessary and repeated questioning of the victim.

(6) To make accurate and timely findings of facts that are supported by all available evidence.

e. Investigation:

(1) All on-post incidents of spouse/intimate partner abuse, child abuse/neglect, and PSB-CY will be reported to the installation law enforcement authorities, including but not limited to DES-LED and CID, for investigation. All off-post reports of spouse/intimate partner abuse, child abuse/neglect, and PSB-CY received by DES-LED will be reported to the appropriate law enforcement agency, DACID, and the RPOC. Appropriate child abuse/neglect cases will be reported to TDFPS.

(2) In the event emergency medical care is required, the law enforcement agency will coordinate transportation for the victim to receive medical care at CRDAMC.

(3) The DES will conduct initial investigations in spouse/intimate partner abuse, child abuse/neglect, and PSB-CY cases involving suspected criminal activity IAW AR 190-30, AR 195-2, AR 608-18, and the DES SOP. Incidents falling within the DACID's investigative purview, as defined by AR 195-2, should be referred to the DACID Duty Agent.

(4) The MTF Commander will ensure that all victims of spouse/intimate partner abuse, child abuse/neglect, and PSB-CY are promptly examined by a physician or other health care professionals upon presenting to the MTF.

(5) The DACID will investigate all incidents of Assault on a Child Under the age of

16 years, Rape, Rape of a Child, Aggravated Sexual Assault, Aggravated Sexual Assault of a Child, Aggravated Sexual Contact, Aggravated Sexual Abuse of a Child, Aggravated Sexual Contact with a Child, Abusive Sexual Contact, Abusive Sexual Contact with a Child, Incident Act, Forcible Pandering, Wrongful Sexual Contact, Forced Sodomy, and Aggravated Assault (resulting in grievous bodily injury or hospitalization for more than 24 hours for reasons other than observation).

(6) Law enforcement personnel have responsibility to ensure photographs are taken (color or black-and-white), at the emergency room, in cases of child physical or sexual abuse and in some cases of child neglect. Law enforcement personnel have responsibility to ensure photographs are taken (color or black-and-white) in cases of spouse/intimate partner abuse. Under most circumstances, the DES or DACID will provide the photographs on request for the IDC.

(7) For cases of on-post child abuse/neglect, the TDFPS and military law enforcement agencies are the primary investigation agencies. For cases off-post, the primary investigative bodies are TDFPS and local Civilian law enforcement agencies. For cases of on-post spouse/intimate partner abuse, the military law enforcement agencies are the primary investigation agencies. For cases off-post, the primary investigative bodies are local Civilian law enforcement agencies. If warranted, a joint investigation will be conducted with DACID pending approval from local law enforcement agency.

(8) The management of child abuse/neglect cases on Fort Cavazos will be IAW AR 608-18 and DoDI 6400.01 and the MOA between III Armored Corps and Fort Cavazos and TDFPS. The management of spouse/intimate partner abuse cases on Fort Cavazos will be IAW AR 608-18 and DoDI 6400.01.

(9) The III Armored Corps and Fort Cavazos Command Policy Letter and this SOP require personnel involved with the initial response/investigation, subsequent interviews, advocacy, and treatment to observe the rights of victims and offenders.

f. Protection of Victims/Crisis Intervention.

(1) All military and Civilian personnel involved in child abuse/neglect, spouse/intimate partner abuse, and PSB-CY cases are responsible for evaluating the potential for further abuse and taking appropriate steps to prevent further incidents. Key issues to be considered are: immediate danger to all Family members including the offender, involvement of weapons, severity, and frequency of violence in the Family, threats, and past history of violent acts.

(2) The TDFPS has primary responsibility for taking possession of a child. Once TDFPS has conservatorship of a child or children, the agency will determine where and when the child will receive a medical examination. It is recommended that the child or children be examined at CRDAMC. The TDFPS will be responsible when required by Texas Law to secure documents for emergency removal if a child is to be removed from his/her home. If the Notice of Emergency Removal is to be served on post, TDFPS will coordinate with and be accompanied by a representative of the DES. The management of child abuse/neglect cases on Fort Cavazos will be IAW the MOA between

### III Armored Corps and Fort Cavazos and TDFPS.

(3) Circumstances requiring immediate measures to protect a child abuse/neglect victim may arise before the alleged offender is apprehended or questioned. Unless otherwise prohibited by applicable law, a physician treating an abused child on a military installation may take the child into 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 presents imminent danger to the child's life or health. The determination is subject to approval by the MTF Commander following consultation with SJA.

(4) To ensure safety for victims of spouse/intimate partner abuse: the Military Police responding to a report of domestic violence may take a variety of immediate measures to stop the violence and protect the abused victim(s) from further harm. If either spouse chooses to leave the quarters, the Military Police and the Unit Representative should stand by to preserve the peace and remain in the home for a reasonable period of time to allow the departing spouse to remove personal and necessary items; the Military Police will coordinate transportation for the victim to the MTF as required. The Military Police will inform the victim about the Families in Crisis (FIC) Shelter, FAVAP, and provide a copy of the DD Form 2701, Initial Information for Victim and Witnesses of Crime and a copy of the FAVAP Domestic Violence Awareness Handbook. The FIC Shelter will provide transportation for the victim and/or Family members to the shelter. The Military Police will assist in coordination of transport to the shelter, if required; they will notify the on-duty desk sergeant, who will contact the FAVAP office during normal duty hours or contact the FAVAP at 254-702-4953 24/7 to request assistance for a victim of abuse.

(5) Determination if short/long-term protection of abuse victims is necessary: the unit commander, in coordination with law enforcement agency representatives, and SJA will make a determination if the alleged offender may be removed from on-post or off-post quarters and moved into barracks.

(6) The GC is responsible for ensuring that procedures exist to protect victims of abuse following the report of abuse and approving measures that will serve to protect abuse victims from further harm. Such actions should be taken following consultation with the SJA. The following measures may be considered when protecting victims of spouse/intimate partner abuse and child abuse/neglect: Pretrial restraint, Pretrial confinement, removal from government Family quarters, and bar from the installation.

#### g. Treatment:

(1) The CCSM is responsible for recommending a treatment plan which provides rehabilitative treatment for met criteria cases and coordinating treatment through case managers. The case manager will initiate and maintain communication with the unit commander on spouse/intimate partner abuse and child abuse/neglect cases.

(2) Availability of assets for treatment of spouse/intimate partner and child abuse/neglect will be determined by the CCSM. Treatment programs will utilize all

available medical and social assets, both military and Civilian, to treat Soldiers and Families involved in spouse/intimate partner abuse and child abuse/neglect incidents.

(3) The CCSM shall exercise primary responsibility for the development and implementation of treatment programs for all military spouse/intimate partner abuse and child abuse/neglect cases occurring both on and off the installation. The TDFPS resources will be utilized when appropriate. In cases involving abuse of military Family members, assets of FortCavazos, which are available for use in treatment, may be included in the treatment plan in conjunction with services offered by TDFPS. In appropriate cases of child abuse/neglect, the TDFPS treatment plan or court-mandated treatment plan may be included on the treatment plan developed in CCSM.

(4) As a part of the treatment process, the CCSM may recommend possible corrective measures to the unit commander of the Soldier involved. Treatment services will not preclude the implementation of appropriate disciplinary or administrative actions within the commander's discretion.

(6) The CRDAMC FAP staff will ensure that commanders are informed of the case status to include treatment progress until closure or case transfer.

## 12. OPERATIONAL RESPONSE TO SPOUSE/INTIMATE PARTNER ABUSE AND CHILD ABUSE/NEGLECT.

a. The Fort Cavazos FAP has eight primary sources for receipt of spouse/intimate partner abuse and child abuse/neglect allegations:

- (1) Military and Civilian agencies
- (2) MTF emergency room/medical clinics
- (3) Self-referrals to CRDAMC FAP during duty hours
- (4) Texas Department of Family and Protective Services
- (5) Commanders
- (6) DoD Sanctioned Activities
- (7) Local Independent School Districts

(8) Civilian authorities reporting off-post spouse/intimate partner abuse and child abuse/neglect incidents involving military or military-related individuals to the DES – blotter reports are electronically forwarded to the FAP Manager and Chief, CRDAMC FAP.

b. The GC has designated a centralized 24-hour/7day a week RPOC to receive all reports of spouse/intimate partner and child abuse/neglect from all sources. The RPOC will immediately take the following actions:



(1) Record pertinent data on the 287-CARE Intake Form

(2) Provide notification to designated agencies for response: DES-LED, DACID, Chief, CRDAMC FAP, FAPM, and TDFPS for child abuse referrals.

(3) The Installation FAP Manager is responsible for electronic and telephonic notification to the IMCOM Central Region POC and the installation Chain-of-Command within 48 hours of cases meeting the criteria for DA Reportable Child Abuse. Follow-up procedures are outlined in AR 608-18.

(4) The Chief, CRDAMC FAP or designee will notify unit commanders within 24 hours after receipt of referral.

c. The following actions will be utilized to protect victims from further harm:

(1) The DES-LED will coordinate services to provide emergency rescue of victims, as required. Coordination may include arranging transportation to the MTF, FIC Domestic Violence Shelter, or securing the residence while the offender or victim is removed. The rights of the victim and offender are observed. The victim, non-offending parent or guardian has the right to: privacy, safety, confidentiality, autonomy, and self-determination. The victim will at no time be interviewed in the presence of the offender.

(2) The MTF commander will authorize Medical Protective Custody, if applicable. Medical Protective Custody does not require parental consent.

(3) The management of child abuse/neglect cases on Fort Cavazos will be IAW the MOA between Fort Cavazos and TDFPS, AR 608-18, and DoDI 6400.01. When TDFPS determines that a child is in need of protective custody, TDFPS will assume responsibility for presentation of such request to the appropriate court. The TDFPS will secure and serve any necessary court papers in order to implement the removal of the child victim or other affected children in the household and placement in substitute or foster care. The MOA with TDFPS prescribes the policy, criteria, and procedures for removal of child. The primary criteria is the danger of continued abuse or life-threatening abuse/neglect by the offender.

(4) The management of spouse/intimate partner abuse cases on Fort Cavazos will be IAW AR 608-18 and DoDI 6400.01. To ensure safety for victims of spouse/intimate partner abuse: the Military Police on the scene of a critical abuse case coordinates transportation to the MTF (if medical treatment is required), informs the victim about the Families in Crisis Shelter and coordinates transportation to the shelter, with agreement of the alleged victim (FIC provides free taxi transportation within a 50 mile radius to include Fort Cavazos, Bell, and Coryell counties), informs the victim about FAVAP assistance/victim services and provides a copy of the FAVAP Domestic Violence Awareness Handbook to the victim. If either spouse reports desire to depart the residence, the Military Police will remain in the area until personal items are gathered, and departure is completed.

(5) The III Armored Corps and Fort Cavazos Command Policy Letter, Army Family Advocacy Program, prescribes policy, criteria, and procedures for removal of the offender.

d. Case Management.

(1) The CRDAMC FAP will receive notification of reported spouse/intimate partner abuse and child abuse/neglect allegations.

(2) The Chief, CRDAMC FAP assigns a case manager to ensure a thorough assessment and protection planning is completed upon receipt of the allegation. The case manager initiates contact with the unit commander. The case manager will follow the case from initial assignment to case closure.

(3) The Chief, CRDAMC FAP coordinates case presentation to the IDC. The IDC will receive every valid report of spouse and child abuse/neglect. Notification of case presentation is provided to the unit commander or First Sergeant. Attendance by the commander or First Sergeant is required. The TDFPS will receive notification for attendance in appropriate child abuse cases.

(4) The GC will serve as Chairperson for the IDC. The IDC members include representatives from the following agencies: DES, SJA, Chief, FAP or designee, FAPM and case managers, Command for affected active duty member(s), Garrison CSM, and the FAPM (non-voting member). A TDFPS case manager may attend during the presentation of appropriate child abuse cases.

(5) The Chief, CRDAMC FAP or designee introduces the case number and clarifies the type of allegations. The Chairperson solicits information pertaining to the specific allegation from Command representative, and law enforcement. Chief, CRDAMC FAP then shares information from the FAP assessment pertaining to the incident.

(6) The members of the IDC will vote using the DTA on the Act committed and Impact it had to determine if the incident: met criteria or did not meet criteria. If the vote is tied, the Chairperson will vote twice in order to break the tie. In certain met criteria cases, the committee will also vote on the use of possible exclusions.

(7) Following the conclusion of the IDC, CRDAMC FAP will conduct the CCSM. Each allegation of maltreatment will be discussed at the CCSM to review treatment recommendations. If the case is met criteria, the designated case manager will develop a treatment plan, treatment or other preventive services may be offered on cases which did not meet criteria as well. The case manager will submit an Army Central Registry Report. The case manager will ensure that follow-up services are coordinated for the victim, offender, and affected Family members of the household. Each met criteria case will be reviewed every 90 days to evaluate the progress and effectiveness of the treatment plan. Child sexual abuse and adult cases with high risk for lethality will be reviewed more frequently.

(8) The CCSM will review pertinent clinical information gleaned from the FAP

clinical assessment and other clinical documentation available from Behavioral Health, SUDCC/ASAP, and other reliable sources to review safety planning measures in place; interventions needed; severity of the incident as determined by the Family Advocacy Program Incident Severity Scale; and command or legal interventions in place. The outcome of the discussion is to develop an effective treatment plan for both the identified victim in the incident, the identified offender and other family members in the home who may be potentially impacted.

(9) The CCSM intervention recommendations may include educational, clinical, or support services.

(10) The offender has the right to present additional information and request a reconsideration of the case determination to the Chief, CRDAMC FAP. The Chief, CRDAMC FAP will draft a recommendation and forward the information concerning the request to the FAPM who will review the information and determine if there is a breach of published policy or sufficient new information that could have made a difference in the outcome. The FAPM will make a recommendation and forward both recommendations and the original request for reconsideration to the GC for decision.

(11) The case manager, unit commander, and/or TDFPS will discuss treatment progression until the case is transferred, closed, or the offender is discharged.

13. STATEMENT OF VICTIM RIGHTS. All personnel involved with the Family Advocacy Program will observe the following rights of victims/non-offending parents or guardians:

- a. Right to privacy
- b. Right to safety
- c. Right of child victims to be interviewed in a child-centered environment.
- d. Right to autonomy
- e. Right to self-determination
- f. Right not to be interviewed in the presence of the alleged offender

14. DOMESTIC VIOLENCE SAFETY.

a. Safety Shelters. The Families in Crisis Domestic Violence Shelter will function as the primary referral source for victims of domestic violence. The shelter maintains 24-hour service for victims of family violence support. The shelter provides the following services: a 24-hour abuse hotline, free transportation for a 50-mile radius (includes Fort Cavazos, Bell, and Coryell Counties), safety planning, counseling for the abused spouse and children who have witnessed domestic violence, clothing, food, availability to legal aid services, and other local support services. The Fort Cavazos FAP maintains a contract with FIC to support victims of abuse and reduce spouse/intimate partner

abuse and child abuse/neglect rates. Fort Cavazos Families will utilize shelter services at no cost. The shelter may serve as temporary, emergency housing for victims of domestic violence. The FAPM works closely with the Contracting Officer Representative (COR) to ensure contract provisions are being met.

b. Spouse/Intimate Partner Abuse Prevention Programs. Strengthening and stabilizing intimate relationships is one approach to preventing marital distress and spouse/intimate partner abuse. The goals of spouse/intimate partner abuse prevention programs are to enhance and sustain communication, decision-making, and conflict-resolution skills and to clarify perceptions within the relationship. Prevention strategies may include educational programs and interactive workshops on couples' communication, conflict resolution, assertiveness training, stress management and marital enrichment classes, and programs for children who witness violence.

c. Family Advocacy Victim Advocate Program. Provides comprehensive assistance and support to victims of spouse/intimate partner abuse, including crisis intervention, assistance in securing medical treatment for injuries, information on legal rights and proceedings, and referral to military and Civilian shelters and other resources available to victims. Advocacy service will address information regarding confidentiality regarding the victim and the right of the victim to make decisions. Receives restricted and unrestricted reports of spouse/intimate abuse. Hotline 24/7: (254) 702-4953.

(1) Victim advocates, in coordination with installation SJA victim/witness liaisons, help victims of abuse prepare applications and obtain legal documentation necessary to receive monetary compensation and benefits available through such programs as Transitional Compensation and the state crime victim compensation funds.

(2) The victim advocate provides support services to victims and coordinates with the CRDAMC FAP treatment manager as appropriate.

(3) Victims must be informed at the time of the first contact of reporting options and the implications of either the restricted or unrestricted reporting option; and that communication with a victim advocate is voluntary. As services are voluntary, a victim can receive a safety plan, and information and referral without opening a case with an advocate.

(4) In collaboration with the case manager, the victim advocate will review the victim safety plan and ensure that the plan is updated as necessary. While a victim has an open case with the victim advocate the advocate will attempt to maintain contact with the victim at least monthly.

(5) Although victim advocate services include the provision of pretrial, trial, and post-trial information and support, the victim advocate does not have authority to represent or advocate for the victim in court.

## 15. CHILD SAFETY.

a. Out of School Child Supervision/Home Alone Policy. The Out of School Child

Supervision Policy better known as the Fort Cavazos Home Alone Policy is prescribed in III Armored Corps and Fort Cavazos Regulation 420-37. The regulation outlines the management of unsupervised children, home alone. The guidelines are designed to protect children living on the installation. Parents are responsible for ensuring compliance with the Home Alone Policy. Violations of the Policy place children at risk and may result in actions taken by DES, the Housing Office, FAP, and TDFPS.

b. III Armored Corps and Fort Cavazos Regulation 420-37 provide guidelines for response to curfews for juveniles, prohibited play areas, and key authorizations for children aged 10 and above.

c. Fort Cavazos Regulation 190-5 provides guidelines for leaving children unattended in vehicles.

d. The New Parent Support Program offers a variety of child safety programming for new or expectant parents assigned to Fort Cavazos. Shaken Baby Prevention Training is offered to military members and their dependents who are currently expecting a child and are at least 36 weeks pregnant. Other trainings offered are Child Passenger Safety Seat Inspection/Training and Boot Camp for Expectant Dads.

16. INSTALLATION MANAGEMENT OF FAP PLANS. The Family Advocacy Program Marketing Plan, Prevention Plan, and Five-Year Plan.

a. The mission of the Fort Cavazos FAP is to build community support, provide programs and services that positively influence individuals, couples, and Families and to prevent conditions that stimulate the development of family violence. The Fort Cavazos FAP Marketing, Prevention and, Five Year Plans provide a comprehensive and coordinated approach for delivery of FAP programs and services in the military and Civilian communities. The program's design consists of coordinated efforts designed to prevent and intervene in cases of Family distress and to promote healthy Family life. The Fort Cavazos FAP provides primary, secondary, and tertiary programs and services that include information and referral, reporting, education, training opportunities, assessment, investigation, counseling, and treatment services designed to reflect the mission of the program and meet the needs of the Greater Fort Cavazos community.

b. The Prevention Plan and Marketing Plan will serve as the primary awareness vehicles for the NPSP. The NPSP provides multiple services offered to at risk and military Families with children prenatal to age 3. The plans will identify activities and methods of execution to launch the awareness process.

c. The Fort Cavazos FAP Marketing, Prevention and Five Year Plans are designed to chart a map that distinguishes strategies, tactics, and courses of action to effectively introduce prevention and treatment services, inform the community of program initiatives, heighten awareness of spouse/intimate partner abuse, child abuse/neglect, and PSB-CY prevention, communicate the mission of the program, stimulate interest for maximum participation, affect change in perceptions and behavior related to family violence, and introduce a climate and culture that will reduce spouse/intimate partner

abuse, child abuse/neglect, and PSB-CY rates. Activities presented to launch effective prevention campaigns that speak to Soldier and Family readiness and healthy Families are major components of the plans. The Five-Year Plan establishes indicators for success in providing an effective installation FAP.

## 17. INSTALLATION MANAGEMENT OF FAP INFORMATION.

### a. Confidentiality of FAP Cases.

(1) The FAP cases shall be treated as “confidential” and only be released to sources authorized in DoD Instruction 6400.1 and installation policies. As a matter of policy, DoD will voluntarily adhere to the substantive provisions of applicable state laws.

(2) In cases involving minors, written policies shall be developed on the involvement of parents during the time that the minor client is receiving services from or through the FAP. While the parents’ rights shall not be violated, the protection of the minor client shall be the primary concern.

(3) Family Advocacy Program personnel will discuss with clients why information is being gathered, circumstances under which information shall be released, and whether the client shall have the opportunity to check the facts for accuracy. Sharing of information with individuals or organizations (military or Civilian) shall occur when professional judgment indicates that it is in the best interest of the victim or Family, when the offender poses a threat to the larger community, and when there is a need to know. Request for information will be IAW with MTF release of information policy.

b. Army Central Registry (ACR). The U.S. Army Patient Administration Systems and Biostatistics Activity (PASBA), Fort Sam Houston, maintains an Army wide, centralized data bank containing a confidential index of reported spouse/intimate partner abuse and child abuse/neglect cases. The IDC representatives authorized to request ACR case information will be limited to the Chief, CRDAMC FAP, FAPM; and officially designated FAP case managers.

c. Access to records by individuals will be IAW AR 608-18, Chapter 6 and 7 and MTF policy.

d. Access to records outside and inside of DoD will be IAW AR 608-18, Chapter 6 and MTF policy.

e. Transfer of cases will be IAW AR 608-18, Chapter 7 and MTF policy.

## 18. CERTIFICATION STANDARDS.

a. NPSP home visitors take a strengths-based family centered developmental approach to educate parents on protective factors that support child development and reduce risk for child abuse and neglect. (FAP standard 1)

b. A well-publicized, 24-hour access line is available to receive reports of suspected child abuse and neglect. (FAP standard 2)

c. The program ensures 24-hour access to services for domestic abuse survivors directly or through a community telephone network or emergency response center that employs trained individuals; returns calls within timeframes set by DoD or Service policy; has procedures that address how phone calls are returned without increasing risk to survivors. (FAP standard 3)

d. Staffing model meets the minimum personnel qualifications for their respective roles in accordance with DoD policy. Program staff follow all reporting requirements as required by law and IAW DoD and Service policy. Staff inform domestic abuse victims of their reporting options, as appropriate, and request documentation of their selection on DD Form 2967. Staffs seeks supervision and or legal consultation when determining a report must be made to law enforcement without the survivor's consent (when an unrestricted report is necessary based on an assessment of risk to the victim or another person). (FAP standard 4)

e. Upon initial contact, alleged offenders are informed of: the allegation being reviewed; and the process that will be followed to respond to the report. (FAP standard 5- MEDCOM only)

f. The program follows-up with victims of child abuse and domestic abuse according to guidelines established in DoD Instruction 6400.01. (FAP standard 6)

g. The assessment process for family advocacy referrals minimizes duplication of effort, thereby reducing trauma to the FAP client. (FAP standard 7)

h. When needs assessment reveals the need for specialized or intensive services beyond the scope of the FAP: a referral and assistance connecting to services is provided and ongoing collaboration and coordinated service planning occurs to the greatest extent possible and appropriate given identified needs and service goals. (FAP standard 8- MEDCOM only)

i. The program promotes the physical, psychological, and emotional safety of persons seeking FAP services. (FAP standard 9)

j. Contact with the FAP client is attempted at least monthly, or more frequently as appropriate. (FAP standard 10)

k. The program evaluates the need to keep each domestic or child abuse and neglect case open at least quarterly and uses criteria that consider safety and risk factors to determine when to close a case. (FAP standard 11 MEDCOM only)

l. Clinical staff working on child abuse and neglect, or domestic abuse cases receive training, in accordance with Service implementing guidance. (FAP standard 12 MEDCOM only)

m. Any report or other allegation of PSB-CY that is received by the FAP, the installation commander, a law enforcement organization, a child development center, an MTF, or a DoD school operating on the installation or otherwise under DoD administration is reviewed by the installation FAP. (FAP standard 13)

n. An installation Incident Determination Committee (IDC) reviews reports of child abuse and unrestricted reports of domestic abuse. (FAP standard 14)

o. The Family Advocacy Committee (FAC) implements, coordinates, and advises on policy addressing child abuse and neglect and domestic abuse. (FAP standard 15)

p. The ACS FAP Manager complies with the requirements of AR 608-18 regarding degree level roles, functions, and responsibilities of FAP personnel. (FAP standard 16)

19. RECORDS ACCESS. Access of medical records required by appropriate authorities, to include but not limited to DES and DACID, for an investigation, treatment, or prosecution of child abuse/neglect will be made available by the MTF records custodian. Requests for military medical records should be made through the Chief, CRDAMC FAP, coordinate the release of necessary information. The record custodian will release the information IAW and subject to the policies of AR 340-17, Release of Information and Records from Army Files. Questionable requests will be referred to the Office of the SJA, Administrative Law Division.

20. NEEDS ASSESSMENT. The FAPM will conduct periodic Needs Assessments, surveys, or focus groups to determine appropriate prevention education and treatment requirements for the Greater Fort Cavazos Community.



Enclosure 2: Coordination

CRDAMC - MTF CMD

COL Heather M. Owens

Concur via email: 10 Jul 2023

CRDAMC - Psychiatry Chief

LTC Christopher M. Paine

Concur via email: 14 Jul 2023

CRDAMC - Pediatrics Chief

LTC Alexis Palbus

Concur via email: 28 Jun 2023

CRDAMC - FAP Acting Chief

Ms. Taneka Patrick

Concur via email: 07 Jul 2023

DENTAC Executive Officer

Mr. Glenn O. Ferrer

Concur via email: 07 Jul 2023

APHN

MAJ Theresa M. Suggs

Concur via phone: 30 Jun 2023

DES-LED Police Investigations Supervisory Detective

Mr. Jarrad Williams

Concur via email: 10 Jul 2023

DACID Assistant Special Agent in Charge

Mr. Russell Hudson

Concur via email: 10 Jul 2023

SJA Chief

LTC George C. Colclough

Concur via email: 10 Jul 2023

Deputy Garrison Chaplain

LTC Michael Hart

Concur via phone: 07 Jul 2023

ASAP Manager

Mrs. Paula E. Blackwell

Concur via email: 21 Jun 2023

SUDCC Director

Mrs. Judith A. Huff

Concur via email: 21 Jun 2023

CYS Chief

Mrs. Sheila R. Curtis

Concur via email: 16 Jun 2023

PAO Director

Mr. Thomas E. Rheinlander

Concur via email: 07 Jul 2023

DHR

Mrs. Lorri A. Golya

Concur via phone: 07 Jul 2023

### Enclosure 3: Glossary

**Act of Force:** An act against another person including, but not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of restraints, use of a weapon (gun, knife, or other object), or use of one's body, size, or strength.

**Army Central Registry (ACR):** The centralized database at Fort Sam Houston, San Antonio, Texas that contains the confidential index of reported and met criteria child and spouse/intimate partner abuse cases. An Army-wide index of abuse reports.

**Assessment:** Application of diagnostic methods used in client casework as contrasted with law enforcement investigation methods.

**At-risk:** A situation involving an individual who is vulnerable to child abuse/neglect, however, where no abuse has occurred. Characteristics that may place children at increased risk for abuse and neglect include premature birth of a child to adolescent parents, the presence of an infant with colic accompanied by continuous crying, congenital deficiencies or abnormalities, substance abuse, or any other condition that interferes with parent-child attachment.

**Caregiver:** An individual or group of individuals in a position of responsibility for the temporary or permanent care and/or supervision of a person of any age who is incapable of self-support due to incapacity. Such care and/or supervision may be provided in the person's home, in a military-sanctioned caregiver's home, at a military-sponsored or military-sanctioned out-of-home care facility or a residential facility, or in an activity conducted at various locations. A caregiver may be —

*a. A Family member.* An individual who is related by blood or law to the child or incapacitated adult for whom he or she is providing care.

*b. Extra-familial.* An individual unrelated by blood or law to the child or incapacitated adult for whom he or she is providing care.

**Case:** A single victim who may be involved in multiple abuse incidents. Individual cases of members of the same Family shall be linked in some manner for cross-referencing purposes.

**Case Management:** The process of coordinating health and social services to ensure the client receives the most appropriate care in a timely, efficient manner.

**Child:** An unmarried minor/individual for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible and who is under the age of 18 years or is incapable of self-

support because of a mental or physical incapacity. A child may be 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 Medical Services.

**Child Abuse/Neglect:** The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child under the age of 18 by a parent, guardian, employee, volunteer, or any staff person providing out-of-home care or supervision, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of the responsible person.

**Child Maltreatment:** This term may be used within this document as a generic term to include all forms of child abuse (physical, sexual, and emotional) and child neglect.

**Clinically Based Programs:** Programs that are established to address and effect change for specific problems. Such programs are based upon the accepted conceptual frameworks for understanding and treating psychological and psychosocial issues through behavioral, cognitive, or psychodynamic approaches or their offshoots. These programs are much less didactic than educationally based programs and provide deeper emotional experiences and understanding of the nature of abusive and violent behavior.

**Clinical Case Staff Meeting:** A clinical meeting conducted by CRDAMC FAP to generate clinical recommendations and provide treatment to individuals eligible to receive treatment at the MTF who are victims or offenders of family maltreatment to include: spouse physical, emotional, or sexual abuse or neglect, child physical, emotional or sexual abuse. The CCSM will meet to develop the initial treatment plan on all Met Criteria FAP cases and continue to meet to discuss the cases regularly until case closure or client transfer. The frequency of discussion on individual cases will occur at least quarterly or monthly for cases involving child sexual abuse, or high risk for lethality cases.

**Credible Report:** Information which appears to be reliable and factual, or an observation which appears to be accurate, either of which supports a tentative conclusion that child abuse/neglect occurred or that further investigation is warranted.

**Criminal History Background Check:** The "Crime Control Act of 1990" requires that all employees and DoD contract personnel involved in the provision of childcare services to children who are under 18 years of age undergo a criminal history background check. "Childcare services" is defined as child protective services, social services, health and mental healthcare, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detention, correctional, or treatment services.

**Decision Tree Algorithm (DTA):** The DTA was created to improve consistency of definitions and fairness of the Family Advocacy Program (FAP) Case Review

Committee process. The algorithm applies the research-based abuse definitions developed by State University of New York at Stony Brook. The algorithm has been tested with prior CRCs and has a 92% inter-CRC reliability rating. The DTA is now authorized for use in the IDC process which replaced the CRC at Fort Cavazos.

**Defense Counsel:** Army lawyers assigned to the U.S. Army Trial Defense Service, as well as any other lawyer hired by, retained by, or detailed to a Soldier or Family member to defend him or her on a criminal charge or on an adverse military administrative personnel action.

### **Definitions & Criteria**

The definitions are used as the foundation for the DTA in determining whether an incident “meets” or “does not meet” criteria for abuse or neglect. If the incident meets the criteria set forth in the DTA, then the case is considered to have “met criteria.” If the incident does not meet criteria or is voted upon to be excluded, then the case is considered to have “not met criteria.”

**DoD-Sanctioned Activity:** May be either a nongovernmental activity or an activity operated by U.S. Government employees that is involved in the care of children. The care of children may be either the activity’s primary mission or its incidental mission in carrying out another mission. Examples include CYS, childcare activities provided as part of Chaplain’s programs or as part of another FMWR program, FCC, contracted childcare services provided by private organizations, and Boy and Girl Scouts.

**Does Not Meet Criteria:** An incident that has been assessed at the IDC using the DTA and found that the elements of the DoD definition of abuse, maltreatment, or neglect of a child, adult spouse, or intimate partner does not exist.

**Directive:** DoD Order, Directive, Regulation, or Instruction for Military Services, major commands and/or claimant, or installations.

**Educationally Based Programs:** Those programs whose intent is to convey information and awareness without becoming too involved in the individual or group dynamics. These programs provide practice exercises to increase awareness. However, they are not focused upon developing psychological insights.

**Emergency Placement Care (EPC):** A voluntary or court-mandated service providing 24-hour care and supportive services in an EPC Family home or group facility for eligible children who cannot be properly cared for by their own Families.

**Emergency Placement Care Child:** A child other than the sponsor’s child who resides in the sponsor’s home and whose care, comfort, education, and upbringing have been entrusted to the sponsor by either a court, a Civilian agency, or a parent of the child on a temporary or permanent basis. An EPC child also includes a sponsor’s child who has been placed in EPC by a local Civilian authority.

**Emotional Abuse:** Involves 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.

**Emotional or Psychological Harm:** Involves impairment of emotional and psychological functioning.

a. Minor emotional harm is transient and limited in scope and impact. Examples include temporary changes in mood or temporary detriment to an individual's self-esteem.

b. Significant emotional harm involves lasting impact that is limited in scope. Examples include prolonged depression, anxiety disorders, and acute reactions to trauma or detriment to an individual's self-esteem that effects his or her behavior.

c. Serious emotional harm involves lasting impact that is pervasive in scope and/or results in behaviors destructive to self and/or others. Examples include prolonged serious depression, lasting detriment to self-esteem, impaired capacity to form mature intimate relationships, unwillingness to take action on one's own behalf in emotionally challenging situations, and severe destructive behaviors such as self-mutilation, attempted suicide, or attempted homicide.

**Exclusions:** Adult physical and emotional abuse and neglect as well as child physical abuse and neglect qualify for voting to exclude the incident from "meeting criteria." Exclusions that are supported by the IDC with a 2/3 majority vote will be considered not met criteria. The IDC will then determine if the case is unresolved, referred for services or did not occur. There are no exclusions for adult or child sexual abuse or child emotional abuse.

**Extra-familial Abuse:** An individual unrelated by blood, law, or marriage and who may be an employee, an independent contractor, or a volunteer in a military-sanctioned or military-sponsored program that provides care for and supervision of a minor or special-needs person by agreement with the minor or individual's parent, guardian, or foster parent. Such caregivers include military CYS personnel, military FCC providers including certified provider's Family member over the age of 12, and a teacher, school, or other DoD caregiver. This category includes those staff or volunteers in Civilian schools located outside the military installation where the program, services, or activity is military-sponsored or -sanctioned.

**Family Advocacy Committee (FAC):** The policymaking, coordinating, recommending, and overseeing body for the installation FAP. A multidisciplinary team appointed on orders by the Garrison Commander and shall advise on installation FAP programs and procedures, training, and address program policy and administrative issues.

**Family Advocacy Program (FAP):** A program designed to address the prevention, identification, reporting, investigation, treatment, rehabilitation, follow-up, and evaluation of spouse and child abuse/neglect. The program consists of coordinated efforts designed to prevent and intervene in cases of Family distress, and to promote healthy Family life.

**Family Advocacy Program Manager (FAPM):** The FAPM shall be appointed on orders by the Garrison Commander. A program manager located at Army Community Service (ACS) who is responsible for coordination of prevention, direct services, administration, evaluation, and training efforts of the FAP on the installation to ensure compliance with AR 608-18.

**Family Advocacy Staff Training (FAST):** A joint Service, multidisciplinary training course for entry level FAP staff conducted several times each year. The Army is Executive Agent, and the course is conducted by the Academy of Health Sciences. Oversight responsibility rests with the DoD Family Advocacy Committee Training Subcommittee.

**Family Case Manager:** The FAP staff member with primary case responsibility from entry through exit from the FAP system. The individual who coordinates all of the health, social, and other services on behalf of a client or group of clients, and monitors the progress of clients through the sequence of the treatment program.

**Family Member:** An individual whose relationship to the sponsor authorizes entitlement to treatment in a medical facility of the Medical Services.

**Family Protective Services:** Any state, local, or foreign department, agency, or office that provides child protective services to Families affected by child abuse.

**Family Support Services:** Programs to strengthen individual, couple, or Family functioning; alleviate marital and/or Family stress; and prevent the development of further problems that may lead to child or spouse/intimate partner abuse.

**Foster Care:** A voluntary or court-mandated program that provides 24-hour care and supportive services in a Family home for children who cannot be properly cared for by their own Families.

**Guardian Ad Litem:** A guardian appointed by a court to represent the interests of a child in a child protective case. Guardian ad litem is considered an extension of the court and helps the court decide what is in the best interests of the child.

**Home Visitor:** A nurse or social worker who visits Families with children prenatal to three years of age at their home to assess for risk of child maltreatment and/or family violence, to provide information and support with pregnancy and parenting education, and to build on Family strengths. There are two experience levels for home visitation service providers:

*a. Home Visitor.* A licensed master's-level social worker or bachelor-level Registered Nurse (RN). Licensed social workers functioning as home visitors must have two years of direct experience in child abuse prevention. Registered Nurse must have two years of direct experience in maternal/child health, community health, or mental health.

*b. Home Visitor Supervisors.* Licensed master's-level social workers and bachelor-level, master's preferred, RNs with five years of direct experience in child abuse prevention or a closely related field. They may serve as the supervisor of other home visitors at larger installations.

**Immediately Assessed Cases:** High-risk cases requiring immediate protection and FAP services. These cases may be immediately assessed by a Level-Two practitioner (credentialed and privileged professional, in accordance with the Service directive), as being a case of child or spouse/intimate partner abuse, and do not require CCSM consensus prior to initiation of protective and treatment services. Immediately assessed cases may include, for example, an admission by the offender, admission by the spouse victim, admission by the child victim, or confirmation by a privileged medical practitioner.

**Incident Determination Committee (IDC):** A multidisciplinary team of designated individuals working at the installation level, tasked with the evaluation and determination of abuse and/or neglect cases.

**Installation:** A grouping of facilities located in the same vicinity that supports particular functions. Land and improvements permanently affixed that 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.

**Intimate Partners:** A current or former partner whom shares a child in common; or person with whom the victim shares or has shared a common domicile for a period of at least 30 days.

**Legal Assistance Attorneys:** Army lawyers who advise and assist Soldiers and their Families on Family law matters. Such matters include marriage, divorce, adoption, paternity, child custody problems, and financial support obligations. In the context of this regulation, a legal assistance attorney also includes a lawyer retained by a Soldier or Family member at his or her own expense to handle such legal matters.

**Level One Intervention:** Educationally based programs and other supportive services provided by the FAP, other military programs, and community services.

**Level Two Intervention:** Clinically based programs and other treatment services provided by the FAP, other military programs, and community services.

**Life Skills Development:** A service program designed to develop the abilities and competence an individual needs to function successfully in society.



**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.

**Meets Criteria:** An incident that has been assessed at the IDC using the DTA and found to meet the DoD definition of abuse, maltreatment, or neglect of a child, adult spouse, or intimate partner.

**Needs Assessment:** The process of identifying and evaluating high-risk persons or groups to determine their special needs. This may include, but is not limited to, surveys, questionnaires, and interviews of relevant individuals, groups, military members in particular geographic areas or military ranks, and military members on special assignment. The needs assessment may also include a review of Service request trends.

**New Parent Support Programs:** Programs to support Families through a comprehensive combination of services offered before and after the child's birth may include parent education classes, home visits, support groups, and information and referral to other military and Civilian resources. There are two levels of service:

a. NPSP–Standard services are low-intensity general services available to all expectant and new Families, whether they live on or off the installation. NPSP–Standard provides information and referral to military and Civilian programs (when available) and may include activities such as parenting programs, respite care for children, and supervised playtime for children.

b. NPSP–Plus services begin with screening and assessment and identify Families with children prenatal to 3 years of age who can benefit from additional, more-intensive support. This component denotes the additional intensive services that should be provided to Families at risk for child maltreatment and/or family violence. Services may be offered for up to three years. Services are delivered using intensive home visiting and may include role modeling and/or mentoring, pregnancy and parenting education, and referral as needed to appropriate military and Civilian agencies.

**Offender:** An individual who allegedly caused the abuse or neglect of a child, or whose act, or failure to act, substantially impaired the health or well-being of the abuse victim. A person who abuses children while in a caretaker role or who abuses his or her spouse.

**Open Case:** Each report of abuse or neglect shall be considered an open case although the status of the case may change based on the investigation, initial assessment, and whether or not a formal case file has been established. These cases also may be referred to as "established" or "active" cases. The case will remain open until the criteria for closing it have been met in accordance with DoD Instruction 6400.2.

**Out-of-Home Child Abuse:** Child abuse that occurs in a DoD Operated or Sanctioned Activity. The offender has a care-taking responsibility or is another adult or child who is commonly present in that environment (for example, custodial staff).

**Outreach:** A method of providing social services by reaching out to potential consumers rather than waiting for them to request assistance at an identified location.

**Parent:** The father or mother of a child related by blood, a father or mother by marriage (stepparent), 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.

**Physical Injury:** An injury to the skin, tissue, bone, or internal organs of the body.

*a. Minor Injury.* This injury does not compromise the welfare or life of the individual. Examples include minor cut(s) or bruise(s), scratch(s), first-degree burn(s), or an injury not requiring immediate medical attention.

*b. Significant Injury.* This injury may compromise the welfare but not the life of the injured. Examples include multiple cuts and/or bruises or other injuries in various stages of healing, loss of consciousness, second-degree burn(s), or an injury requiring immediate medical attention or medical evaluation in a treatment facility within a short period of time.

*c. Serious Injury.* An injury that is life threatening or results in serious impairment. Examples include respiratory compromise, any third-degree burn, a limb fracture, skull fracture, gunshot wound, stab wound, injury to a pregnant spouse/partner that could affect the fetus, or an injury requiring immediate emergency services and possible hospitalization to prevent death or serious impairment.

**Primary Aggressor:** In the instance of spouse maltreatment, the primary aggressor is the person who maintains the power and control in an abusive incident regardless of which party started the physical or verbal action, the party who continued the dispute, or the party who "provoked" the event. This eliminates the terms co-battering, mutual battering, or mutual spouse/intimate partner abuse in most cases.

**Program Standards:** Elements that guide the development and ongoing effective operation of installation prevention or parenting programs.

**Protection:** Safeguarding the victim or potential victim from physical, emotional, and sexual abuse or, in the case of children, neglect. Protection of the alleged victim and others in the household of the alleged victim shall be given the priority by the FAP.

**Protective Placement Cases:** Cases that involve child victims of abuse (other than threat-to-life cases) where, although the abuse is not life threatening, Civilian foster care, EPC, or a continuation of emergency foster care is required or will be required for

the protection of the child.

**Recantation:** The victim of abuse (or any person professing to have observed the abuse) retracts or disavows his/her previous statement on the occurrence of the abuse.

**Report Point of Contact (RPOC):** The person or location on the installation designated to receive all reports of spouse/intimate partner abuse, child abuse/neglect, and PSB-CY and to notify appropriate authorities of such reports.

**Respite Care:** A program providing a temporary rest period for Family members responsible for regular care of children who are at risk for abuse or neglect, or regular care of persons with disabilities. Care may be provided either in the respite care user's home or a caregiver's home.

**Retired Military Member:** An individual who served on active military service and has been released upon completion of the 20-year service obligation or was medically retired and is eligible for continued military medical care.

**Risk:** The potential for harm of the victim or potential victim of abuse. The likelihood of another maltreatment incident occurring. Risk of recurrence is based upon a complete risk assessment using a DA-approved instrument.

**Risk Assessment:** A clearly defined process that uses interviews, observations, and evidence to develop an accurate, reliable understanding (and written description) of whether or not the victim is safe and unlikely to be harmed by the offender(s) in the near future. Risk assessment cannot definitively predict behavior but can reduce errors in judgment and may be studied over time to lend more accuracy to predictions. Risk assessment shall identify strengths as well as problems and limitations.

**Routine Cases:** Cases that involve all other victims of abuse whose cases have not been designated as threat-to-life, protective placement, or stabilize treatment.

**Senior Enlisted Advisor:** The immediate highest ranking enlisted noncommissioned officer (E7-E9) — usually the Command Sergeant Major, First Sergeant, or acting First Sergeant who has control over Soldiers assigned under his or her unit commander.

**Severe Child Physical Abuse:** A type of severe child maltreatment that refers to physical injury that seriously impairs the health and well-being of the victim.

**Severity of Harm:** The degree of danger posed by past and present injuries caused by the acts of the offender.

**Shelter:** A facility designated for temporary, emergency housing for victims of abuse. Its use is normally limited to female victims of spouse/intimate partner abuse and her minor

children. It is usually one service provided as part of a more comprehensive response to domestic violence, including counseling and referral. Included in this definition are safe houses. Safe houses are private or government Family quarters that the residents have volunteered to make available for abuse victims in an emergency. This arrangement is prearranged and is in compliance with Service and installation regulations.

**Soldier:** The term Soldier includes SM serving on active duty and former Soldier of the U.S. Army where appropriate.

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

**Spouse:** The term *spouse* means a dependent-spouse and, where appropriate, includes former spouse. A partner in a lawful marriage or a person who is not married but cohabitating with another, when one or both of the partners are employed by, or are military members in the Department of Defense and are eligible for medical treatment from the DoD. A married person under 18 years of age shall be included in this category.

**Spouse/Partner Maltreatment/Abuse:** Acts incident or incidents that indicate an emerging pattern or risk of further victimization of the spouse/partner. Behaviors can include acts of physical, emotional, or sexual abuse as well as deprivation of necessities to a partner incapable of self-care. Excluded are behaviors indicative of marital discord with the absence of abusive acts (for example, arguments or disagreements regarding child rearing, financial management, and so on).

**Stabilize Treatment Cases:** Cases involving instances of multiple problems, moderate or severe abuse, and situations when relocation of the Soldier would jeopardize completion of the treatment plan, or when adequate resources are not available at the next duty station. Such cases require the Soldier remain assigned to his or her current duty station.

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

**Stalking:** Actions of a person performed in a repeatedly harassing manner, including but not limited to following another person in a manner to induce, in a reasonable person, fear of sexual battery, bodily injury, or death of that person or that person's immediate Family.

**Standards:** Standards are designed to be used as goals and objectives based on

tested knowledge and approved practice in the various fields of service. Standards are intended to be goals for continuous improvement of services. They represent practices considered to be most desirable in providing a specific area of service. These standards, therefore, are for child abuse and spouse/ intimate partner abuse services, regardless of the office or setting. They offer a base for examining practices and for evaluating the performance of child abuse and spouse/intimate partner abuse agencies and the adequacy of existing services.

**State Criminal History Repository:** The state's central record of investigative files. Contains state information, including addresses, phone numbers, costs, and remarks.

**Strategy Team:** Installation multidisciplinary team that develops the installation plan to respond to child abuse/neglect cases that occur in out-of-home childcare settings.

**Suspected:** A case determination is pending further investigation.

**System of Records:** A group of records under U.S. Government control from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

**Threat-to-Life Cases:** Cases that involve victims of abuse who are at risk of death or serious (in other words, life threatening) physical injury who require or will require immediate Civilian foster care, EPC, or emergency measures (for example, medical protective custody) to protect their lives.

**Transitional Compensation Program:** A program established to provide monthly monetary compensation to Family members (dependent spouses and children) of service personnel separated for a dependent-abuse offense. Funding is provided pursuant to 10 USC 1059 where a court-martial or administrative separation is based upon a Family member abuse offense committed by a Soldier.

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

**Victim:** An individual who is the subject of abuse and/or neglect or whose welfare is harmed or threatened by acts of omission or commission by another individual or individuals.

**Victim Advocate:** Individual who is paid or a volunteer who acts as a liaison to and for victims of spouse/intimate partner abuse. The victim advocate ensures victim safety, autonomy, and integrity within the intervention system.

**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.

**Withholding Medically Indicated Treatment:** Failure to respond to the child's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's reasonable medical judgment, most likely will be effective in ameliorating or correcting all such conditions. The term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to a child when, in the treating physician's reasonable medical judgment:

a. The child is chronically and irreversibly comatose.

b. The provision of such treatment would —

(1) Merely prolong dying.

(2) Not be effective in ameliorating or correcting all of the child's life-threatening conditions.

(3) Otherwise, be futile in terms of the survival of the child.

c. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

**Youthful Sex Offender:** 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 child's will; through coercion, trickery, or 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 who are not capable of understanding the nature of the act cannot consent.

Enclosure 4: Acronyms

**ACRONYM**

**MEANING**

ACR	Army Central Registry
ACS	Army Community Service
AG	Adjutant General (Department of HumanResources- DHR)
APHN	Army Public Health Nurse
CCR	Coordinated Community Response
CDC	Child Development Center
DACID	Criminal Investigation Division
COR	Contracting Officer Representative
CPAC	Civilian Personnel Advisory Center
CYS	Child, Youth and School Services
DA	Department of the Army
CRDAMC	Carl R. Darnall Army Medical Center
DENTAC	Dental Activity
D, Family and MWR	Director, Family and Morale, Welfare, and Recreation
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DOJ	Department of Justice
EPC	Emergency Placement Care
FAC	Family Advocacy Committee
FACAT	Family Advocacy Command Assistance Team

FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FAST	Family Advocacy Staff Training
FAST-A	Family Advocacy Staff Training—Advanced
FAVAP Manager	Family Advocacy Victim Advocacy Program Manager
FAVAP	Family Advocacy Victim Advocacy Program
FCC	Family Child Care
FIC	Families in Crisis
TDFPS	Family Protective Services
FRC	Fatality Review Committee
HQDA	Headquarters, Department of the Army
GC	Garrison Commander
IAW	In Accordance With
ICYET	Installation Child and Youth Evaluation Team
IDC	Incident Determination Committee
IMCOM	Installation Management Command
IRC	Installation Record Check
LED	Law Enforcement Division
LOSS	Line-of-Sight Supervision
MEDCOM	U.S. Army Medical Command
MEDCEN	Medical Center
MOA	Memorandum of Agreement
MP	Military Police



MPI	Military Police Investigator
MTF	Medical Treatment Facility
NAC	National Agency Check
NACI	National Agency Check and Written Inquiries
NCO	Noncommissioned Officer
NPSP	New Parent Support Program
OSD	Office of the Secretary of Defense
PAD	Patient Administration Division
PAO	Public Affairs Officer
PM	Provost Marshal
DES	Directorate of Emergency Services
PCS	Permanent Change of Station
POC	Point of Contact
PSB-CY	Problematic Sexual Behavior-Children and Youth
RPOC	Report Point of Contact
SCHR	State Criminal History Repository
SIR	Serious Incident Report
SJA	Staff Judge Advocate
SOP	Standing Operating Procedure
SN	Social Security Number
TPC	Texas Penal Code
UCMJ	Uniform Code of Military Justice
USC	United States Code