



DEPARTMENT OF THE ARMY
JOINT BASE MYER – HENDERSON HALL
204 LEE AVENUE
FORT MYER, VIRGINIA 22211-1199

REPLY TO
ATTENTION OF

DEC 18 2019

IMMH-MW

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Joint Base Myer-Henderson Hall (JBM-HH) Policy Memorandum
DFMWR-5, Family Advocacy Program

1. REFERENCES.

- a. Memorandum, Deputy Secretary of Defense, 22 Jan 06, Subject: Restricted Reporting Policy for Incidents of Domestic Abuse.
- b. Army Regulation 608-18, The Family Advocacy Program, 30 Oct 07.
- c. Department of Defense Instruction 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, 21 Aug 07, Incorporating Change 4, 26 May 17.
- d. Army Directive 2019-24, Reporting Responsibilities of Commanders and Covered Professionals for Child Abuse and Neglect, 11 Jul 19.
- e. DoD Manual 6400.01, Volume 1, Family Advocacy Program (FAP): FAP Standards, 3 Mar 15, Incorporating Change 1, 5 Apr 17.

2. PURPOSE. This policy establishes procedures for the JBM-HH Army Family Advocacy Program (FAP).

3. APPLICABILITY. This policy applies to every Soldier, family member, and employee of the JBM-HH community and all partner agencies; to include Army National Guard/Army National Guard of the United States, and the U.S. Army Reserves.

4. POLICY.

a. Family violence, including child and spouse abuse, and violence perpetrated by a single Soldier against an intimate partner, adversely impacts morale and readiness. Commanders/supervisors and Soldiers must understand the dynamics of family violence and the tools and programs available to reduce the frequency of such violence.



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b. It is the policy of this command to support the FAP mission. The FAP assists Commanders/supervisors in preventing child abuse, neglect, intimate partner violence; protecting victims from further abuse, and helping Soldiers and family members to change abusing behavior patterns.

c. The JBM-HH FAP seeks to intervene with families at the earliest point to preserve the family unit and protect the quality of family and community life. This can be accomplished through a comprehensive program of educational and therapeutic services. Social workers in Behavioral Health Services at the Rader Army Health Clinic are available to provide therapeutic services. Commanders must ensure Soldiers scheduled for such services are present for each appointment.

5. PROCEDURES.

a. AR 608-18 directs all commanders and encourages all members of the community to report any suspicion of spouse and child abuse. Reports shall be made immediately to the Reporting Point of Contact (RPOC) in the jurisdiction where the abuse has allegedly occurred. The 24-hour RPOC for Joint Base Myer-Henderson Hall and Fort McNair is the military police, at (703) 588-2800/2801. The military police will notify the Rader Army Health Clinic Behavioral Health Services at (703) 696-3457 the next business day. In cases of suspected child abuse, the military police and/or Behavioral Health Services will also notify the local Child Protective Service agency involved.

b. In cases of suspected child abuse, Talia's law makes it mandatory for anyone employed by the Defense Department to report to their base Family Advocacy Program or RPOC and to the appropriate state agency Child Protective Services (CPS) any "credible information" or "a reasonable belief" that there has been an incident of child abuse or neglect. The appropriate Child Protective Services (CPS) is contacted according to the jurisdiction where the alleged abuse occurred. Allegations of such occurring on the grounds of JBM-HH shall be reported to the Arlington County CPS at 703-228-1500. Allegations of such occurring on Fort McNair shall be reported to the District of Columbia CPS at 202-671-7233.

c. All agencies where Problematic Sexual Behavior among Children and Youth (PSB-CY) is initially observed or reported will report the incident to the FAP Reporting Point of Contact and local CPS. The Clinical FAP office will guide the families of both the child exhibiting and the child impacted through the investigative process, encourage their participation and help them understand their rights. Appropriate intervention strategies to improve the family's coping skills will also be provided.

d. Restricted Reporting. Adult victims of domestic abuse are afforded the opportunity to use the confidential reporting option known as restricted reporting.

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Victims may elect a restricted report only when domestic abuse disclosures are made to one or more of the following: Victim Advocates (VAs), the VA's supervisor, military healthcare providers, or FAP clinical social workers. In these specific instances, the VA's supervisor is the Family Advocacy Program Manager (FAPM).

(1) If the victim discloses the domestic abuse incident in the presence of anyone other than the specified individuals listed above, this negates the restricted reporting option.

(2) Victims who make a restricted reporting inquiry to Military OneSource, Soldier and Family Life Consultants, or their affiliate providers will be provided an appropriate referral to a Victim Advocate, who will assist the victim with restricted reporting requirements.

(3) If the victim discloses a domestic abuse incident in the presence of an offender, this negates the restricted reporting option.

e. Unrestricted Reporting.

(1) Victims of domestic abuse who want to pursue an official investigation of an incident should use current reporting channels. The RPOC is the military police at (703) 588-2800.

(2) Upon notification of a domestic abuse incident, the Military Police will offer VA services to the victim, to include the 24/7 JBM-HH Victim Advocate Hotline number (703) 919-1611.

(3) Whenever possible, the Military Police will contact the VA while the victim is present and provide an appropriate referral.

(4) Domestic violence-related blotters will be emailed to the Chief, Clinical Family Advocacy Program and the FAPM.

(5) At the victim's discretion/request, a forensic medical examination will be conducted if deemed appropriate. The VA will coordinate the exam with INOVA Health Care System in Fairfax and/or other designated facilities. If a forensic exam is not warranted, the victim will be offered medical treatment at the nearest military treatment facility.

(6) Details regarding the incident will be limited to those personnel who have a legitimate need to know.

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f. Commanders will:

(1) Ensure Soldiers are trained in the nature and consequences of domestic violence and proper reporting procedures.

(2) Attend commander training within 45 days of assuming command.

(3) Cooperate with efforts by the FAP to protect victims and rehabilitate offenders. This includes: 1) ensuring Soldiers are properly advised of their rights; 2) attending the Family Advocacy Case Review Committee (CRC) meetings; 3) considering case manager and CRC Recommendations when taking or recommending disciplinary action, such as issuing "Military No-Contact Order", and 4) affording Soldiers and family members every opportunity to comply with such recommendations.

(4) Provide Clinical FAP/Victim Advocate and Department of Emergency Services with a copy of all "Military No-Contact Orders" and "Civilian Protective Orders".

(5) Be aware of the Transitional Compensation Program (TCP). This program authorizes transitional compensation payments for dependents of Soldiers when a Soldier has been administratively discharged from service; or discharged from service and/or forfeited all pay and allowances by court-martial for dependent abuse, commanders shall contact FAP personnel for guidance on the procedures to establish entitlement to TCP.

(6) Commanders should also be aware of the New Parent Support Program-Home Visitation (NPSP-HV). The NPSP-HV provides support to families through a comprehensive combination of services before and after a child's birth to include: home visits, parent education, parent/child bonding and playtime, child development, and information and referral. The NPSP-HV is an important voluntary program that is designed to increase parental skills and reduce incidents of child abuse. Both mothers and fathers are encouraged to participate in the NPSP-HV.

g. Please contact the FAPM at (703) 696-1200 to schedule FAP briefings and trainings.

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6. PROPONENT. The proponent for this policy is the Directorate of the Family, Morale, Welfare and Recreation. The POC is the FAPM, (703) 696-1200.



KIMBERLY A. PEERLES
COL, EN
Commanding

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