

15 JAN 2019

US Army Garrison - Redstone
Redstone Arsenal, Alabama 35898-5000

GARRISON SOP
NO. 608-1

DOMESTIC VIOLENCE AND CHILD ABUSE FATALITY REVIEW (DVCAFR)
STANDING OPERATING PROCEDURE (SOP)

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1. **PURPOSE.** This Standing Operating Procedure (SOP) establishes procedures for the operation of the yearly Domestic Violence and Child Abuse Fatality Review (DVCAFR) at the US Army Garrison – Redstone.

2. **SCOPE.** This SOP applies to all personnel having responsibilities addressed in this document and to all fatalities known or suspected to have resulted from domestic violence and/or child abuse against a member of a military department on active duty, a current or former dependent of a member of a military department on active duty, or a current or former intimate partner who has a child in common or has shared a common domicile with a member of a military department on active duty. The members of the Fatality Review Committee (FRC) are subject to the direction of the Garrison Commander.

3. **POLICY.** The FRC will review death cases in a closed session to formulate lessons learned, identify trends and patterns, contributing factors, results of prevention efforts, and recommendations for earlier and more effective intervention.

*This SOP supersedes Garrison 608-1, 26 April 2016

4. PROCEDURES.

a. The FRC will meet quarterly in closed session and review all fatalities known or suspected to have resulted from domestic violence or child abuse. The review process is not a public meeting and the attendance is limited to the members of the FRC and consultants, as appropriate.

b. Cases for review will come from multiple sources including: Family Advocacy Program (FAP) records, Army Central Registry, reports from the US Army Criminal Investigation Command (CID), Directorate of Operations (DO), local law enforcement, installation public affairs office, local and state medical examiners/coroner's office, and other community agencies.

c. Through multi-lateral discussions, the team will provide a comprehensive assessment and review concluding with fairly developed, reasonable, and realistic resolutions.

d. The FRC report will include, at a minimum, the following:

(1) An executive summary on each fatality following the format suggested in Army Regulation (AR) 608-18.

(2) Data setting forth victim demographics, injuries, autopsy findings, homicide or suicide methods, weapons, police information, perpetrator demographics, and household/Family information. Plot service timelines will be obtained, if appropriate, to get a clearer picture of what transpired.

(3) The Staff Judge Advocate (SJA) verified military and/or civilian legal dispositions of cases involving homicide, to include verdict and sentence, as applicable.

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

(5) System interventions and failures, if any, within the Department of the Army (DA).

(6) A discussion of significant findings for each fatality.

(7) Recommendations for systemic changes, if any, at the installation and DA level.

(a) For the installation level, specify proposed actions to solve the problem/issue.

(b) For the Army level, specify the rationale used to determine why this issue is an Army-wide problem/issue.

(8) Failure to provide the requested data listed above will be fully explained in the report.

(9) A signed annual report by the Garrison Commander or his/her appointed designee, to include negative reports.

5. RESPONSIBILITIES

a. Definitions.

(1) A child is an unmarried person under the age of 18 who is eligible for care through a Department of Defense (DoD) medical treatment program and 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. The term child means a biological child, adopted child, step-child, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and for whom care in a military medical treatment program is authorized.

(2) Domestic violence is an offense under the United States Code, the Uniform Code of Military Justice, or state law that involves the use, attempted use, or threatened use of force or violence against a person who is:

(a) A current or former spouse

(b) A person with whom the abuser shares a child in common

(c) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

(3) Child abuse is the physical or mental injury, sexual abuse or exploitation, or negligent treatment of a child. It does not include discipline administered by a parent or legal guardian to his or her child provided it is reasonable in manner and moderate in degree and otherwise does not constitute cruelty.

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b. The appointed FRC will:

(1) Meet quarterly to review all known and suspected domestic violence or child abuse related homicides and suicides to include all infant and child deaths in which the manner of death is undetermined at autopsy

(2) Use the outcome of the review process in formulating lessons learned and shared, as well as identifying trends and patterns that aid in developing policy recommendations for earlier and more effective intervention.

(3) Include all known or suspected fatal child and spouse/intimate partner abuse reports that occurred 24 months following the end of the fiscal year in which fatalities occur.

(4) Complete an annual report which is signed by the Garrison Commander and is due to the US Army Installation Management Command (IMCOM) on 1 May of each year. Annual operational guidance may be issued by IMCOM to assist in completing the review in addition to the guidelines in AR 608-18.

c. The Family Advocacy Program Manager (FAPM) will be the Garrison Commander's designated chairperson. The chairperson will report to the Garrison Commander on the process and outcomes of the FRC at the quarterly Family Advocacy Committee (FAC) meetings or as required.

d. The following personnel are appointed by the Garrison Commander on orders for a minimum of 1 year, subject to reappointment at the end of that period:

Family Advocacy Program Manager	IMRE-MWA
Case Review Committee Chairperson	MCXW-BHD
US Army Criminal Investigation Command	CIRC-CRA
Medical Provider	MCXW-AMB
Staff Judge Advocate	AMSAM-L-G
Directorate of Operations	IMRE-ES
Garrison Chaplain	IMRE-RS
Army Substance Abuse Program	IMRE-HRS
Garrison Command Sergeant Major	IMRE-CM
Victim Advocate	IMRE-MWA
New Parent Support Program	IMRE-MWA
Exceptional Family Member Program	IMRE-MWA
Community Health Nurse	MCXW-PM

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Commander, Dental Activity
Chief, Behavioral Medicine Division
Coordinator, Child and Youth Services (CYS)
Public Affairs Officer

HSDW-X
MCXW-BHD
IMRE-MWC
IMRE-PA

e. Consultants from Redstone Arsenal or the local community may be invited to participate in the review process as appropriate.

f. The FRC Membership Responsibilities. All team members are responsible for presenting pertinent information from their discipline; asking questions to better understand the circumstances surrounding the death(s); making recommendations for further action and identifying significant systemic findings and deficiencies at installation or higher organizational levels to include IMCOM Directorate-Sustainment, and following through on responses made to recommendations.

(1) The Garrison Commander provides guidance and liaison between the installation, IMCOM Directorate-Sustainment and the DA and designates the FAPM as the Chairperson.

(2) The FAPM serves as chairperson and is the coordinator of the FRC. The FAPM will coordinate annual training for FRC members through continuing education by professional organizations, conferences, and mock case reviews.

(3) The CRC Chairperson/Social Work Service or designee provides historical and Family documentation to include any known prior involvement with the Department of Human Resources, Social Work Services and conducts a review of all available Behavioral Health records.

(4) The US Army CID and Directorate of Operations (DO) provides criminal/civil history of Family and individuals, describes criminal perspective of circumstance, and acts as a liaison between the committee and local police department/sheriff. Information shared may be limited or redacted to ensure compliance with applicable guidelines that exempt or restrict the disclosure of law enforcement information. The CID and DO will provide as much specificity to the committee as is permissible.

(5) The Fox Army Health Center pediatrician or Family Practitioner provides medical opinions, definitions, explanations, and interpretations of events based on facts and sound investigative information, reviews autopsy report, and gives defined feedback based on current literature/knowledge, and provides any medical history.

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(6) The SJA or designated representative provides interpretation of legal processes, criminal justice process, information about criminal and civil actions, privacy issues and release of information.

(7) The Chaplain provides summary on spiritual, community, and Family dynamics.

(8) The Army Substance Abuse Program representative provides a summary of substance abuse involvement.

(9) The Garrison Command Sergeant Major provides a summary of command actions taken with regard to Soldier involvement.

(10) The Victim Advocate and New Parent Support Home Visitor provides summary information on involvement with the decedent or Family members, as appropriate.

(11) Additional members of the committee will provide insight, expertise, and assistance as required. Consultants should provide summary information on involvement with the deceased or Family members as appropriate.

g. Record Keeping. Safeguard and maintain all records, data, training records, and meeting minutes in accordance with AR 608-18, AR 340-21, AR 25-55, AR 25-400-2, and any other applicable regulations.

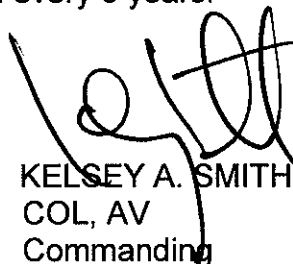
h. Confidentiality. The installation FRC shall comply with the requirement of the DoD Privacy Program and relevant state and federal laws that protects the confidentiality of the identities of individuals; protect the confidentiality of the deliberations and internal team documents under the DoD Freedom of Information Act (FOIA) Program; comply with the requirements of the DoD Federal Advisory Committee Management Program in the event team membership is not restricted to employees of the Federal Government; comply with the DoD 6025.18-R, DoD Health Information Privacy Regulations; and comply with Code of Federal Regulations Parts 160 and 1264, Standards for Privacy of Garrison SOP. Individually Identifiable Health Information: Final Rule. The FCR shall have complete access to all records and information described within these procedures.

7. REFERENCES.

a. AR 340-21, The Army Privacy Program, 5 Jul 85.

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- b. AR 25-55, The Department of the Army Freedom of Information Act Program, 1 Nov 97
 - c. DoD Directive 5400.7, DoD Freedom of Information Act (FOIA) Program, 4 Sep 98.
 - d. DoD 6025.18-R, DoD Health Information Privacy Regulation, 24 Jan 03.
 - e. DoD Directive 5105.4, DoD Federal Advisory Committee Management Program, 10 Feb 03.
 - f. Directive-type memorandum, Under Secretary of Defense, 12 Feb 04. Subject: Domestic Violence and Child Fatality Reviews.
 - g. DoD Directive 5400.11, DoD Privacy Program, 8 May 07.
 - h. AR 25-400-2, The Army Records Management System (ARIMS), 2 Oct 07.
 - i. AR 608-18, The Army Family Advocacy Program, 30 Oct 07.
 - j. Code of Federal Regulations Parts 160 and 164. Standards for Privacy of Individually Identifiable Health Information: Final Rule.
8. This SOP will be reviewed and updated every 3 years.



KELSEY A. SMITH
COL, AV
Commanding