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*FK Regulation 608-2

Personal Affairs
FORT KNOX FAMILY ADVOCACY PROGRAM

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Summary. This regulation outlines policies, procedures, and responsibilities for management of the Fort Knox Family Advocacy Program (FAP) and is to be used in conjunction with AR 608-18, The Army Family Advocacy Program and other cited references below. Recently added is the following: Incident Determination Committee (IDC), Clinical Case Staff meeting and Problematic Sexual Behavior Child and Youth (PSB-CY).

Applicability. The provisions of this regulation are applicable to all Soldiers and their Family members, all units, and staff sections located at Fort Knox.

Proponent and exception authority. The proponent of this regulation is the Directorate of Family and Moral, Welfare and Recreation (DFMWR).

Army Management Control Process. This regulation does not contain management control provisions.

Supplementation. Supplementation of this regulation and establishment of local forms are prohibited by DFMWR.

Suggested Improvements. Users are invited to send comments and suggested improvements on the DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to DFMWR, ACS (AMIM-KNW-A), US Army Garrison Command, Fort Knox, Kentucky 40121-5102.

Distribution. This regulation is distributed solely through the Fort Knox Homepage at <http://www.knox.army.mil>.

*This regulation supersedes Fort Knox Regulation 608-2, dated 1 November 2014.

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Chapter 1 Overview

1-1. Purpose

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

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Applicability

The procedures and responsibilities in this regulation apply to the Fort Knox community personnel and their Family members to include active-duty Soldiers, retired Soldiers, Department of Defense (DoD) and Department of the Army (DA) civilian employees and contractors, and Family members authorized treatment at the local Medical Treatment Facility (MTF). In accordance with Headquarters Department of Army implementation instructions for the Incident Determination Committee (IDC) and clinical Case Staff Meeting (CCSM) Domestic Abuse is defined as Domestic Violence or a pattern of behavior resulting in Emotional/Psychological abuse, Economic Control, and/or interference with personal liberty that is directed toward a person who is the former or current spouse; a person with whom the abuser shares a child in common; a current or former Intimate Partner (IP) with whom the abuser shares or has shared a common domicile; or a person who is or has been in a social relationship of a romantic or intimate nature with the accused and determined to be an intimate partner. Sexual Assault occurring in spousal or IP relationships will be managed under FAP policy. IP Sexual Assault Victims, who are dating partners are now included in the expanded IP definition and will be provided FAP Clinical Services and may utilize FAP or SHARP for Victim Advocate Services.

1-4. Mission

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

1-5. Coordinated Community Response

Communication among and within agencies involved with the FAP is critical. A multidisciplinary approach will be emphasized, and information shared to the greatest extent possible among those having a need to know. The safety of Families assigned to the Fort Knox community is a top priority. All agencies will work together to ensure there is no duplication of services and appropriate measures are taken when gaps are identified.

Chapter 2 Installation Staff Responsibilities

2-1. General

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

2-2. Directorate of Emergency Services will:

a. Serve as the Reporting Point of Contact (RPOC) for all unrestricted reports of domestic abuse and all reports of child abuse and neglect. The DES will ensure response capabilities for the Fort Knox

community on a 24-hour basis. If a victim contacts DES to request a restricted report, the victim will be referred to the 24/7 victim advocacy call center.

b. Coordinate with FAP Clinical, Hardin County Department of Community Based Services (DCBS), and Criminal Investigation Division (CID) as required by AR 190-45 for all allegations of domestic abuse, child abuse and neglect that are reported.

c. Provide victims of domestic abuse with the Victim Advocate (VA) contact information when responding to an alleged incident of domestic abuse. Printed resource materials will be provided by ACS FAP.

d. Coordinate with civilian law enforcement regarding allegations of abuse that occur off the military installation or when the assistance of civilian law enforcement is required to conclude an investigation. Law enforcement will work collaterally or jointly to investigate situations of child abuse and domestic violence.

e. Ensure law enforcement personnel receive annual training regarding domestic abuse, child abuse and neglect and law enforcement role in the coordinated community response in preventing and responding to these harmful behaviors. Family violence prevention training is provided for all law enforcement personnel assigned to the Fort Knox DES. Training will be conducted through coordination with the FAPM.

f. Support FAP training, awareness, prevention, and response efforts.

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

2-3. Army Public Health Nurse (APHN) will:

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

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

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

d. Refer cases to the Reporting Point of Contact (RPOC), (Military Police Desk Sergeant), (502-624-2111) when domestic abuse, child abuse and neglect are suspected.

2-4. Family Advocacy Program Manager (FAPM) will:

Provide and coordinate community-wide efforts regarding Family violence. This includes, but is not limited to, education classes and briefings for Soldiers and commanders; briefings and information for the public at large; education or special service programs for high-risk groups; child safety education; and professional training for staff involved in FAP or childcare activities. Members of the community may contact the FAPM to organize and implement prevention and education events for units, specific groups, organizations, or activities. All new civilian employees and contractors in ACS FAP must receive training on identification and reporting procedures for suspected child abuse and domestic abuse and reporting options within sixty days of beginning employment. FAPM and the RPOC receive reports of Problematic Sexual Behavior in Child and Youth. FAPM attends the Incident Determination Committee (IDC) meeting as a non-voting member providing support to the Garrison Commander and Deputy Garrison.

2-5. Victim Advocate (VA) will:

a. Inform victims of domestic violence of their reporting options, to include the benefits and limitations of restricted and unrestricted reporting.

b. Assist victims in implementing short- term and long- term safety plans.

c. Provide victims with information to access medical care, emergency shelter, available resources both on and off the installation, and orders of protection.

d. Accompany victims as they seek services, if requested and approved by the Victim Advocate supervisor.

e. When the issue is sexual assault, and it has been determined that it does not involve domestic abuse or domestic violence, the victim will be referred to SHARP. Civilian employees will also be referred to EEO to initiate a report within 45 days of the incident.

f. Provide Victim Advocacy services to assist parents with addressing the needs of children and youth involved in reports or allegations of PSB-CY IAW HQDA EXORD 111-21 Implementation Guidance for Installation.

2-6. Commanders will:

a. Attend domestic abuse and child abuse commander briefing designed for unit commanders within 45 days of assuming command and ensure Soldiers attend FAP troop awareness briefing on domestic abuse and child abuse to include resources available presented by ACS FAP personnel. Unit Commanders and 1SG's will complete online IDC training prior to being a voting member on the IDC.

b. Be familiar with rehabilitative, administrative, and disciplinary procedures relating to domestic and child abuse and neglect.

c. Report suspected domestic and child abuse to the RPOC and provide all relevant information to those investigating the report, to include law enforcement agencies and DCBS.

d. Direct the Soldier to participate in assessment by SWS FAP and comply with treatment recommendations. The Soldiers' place of duty will include scheduled appointments until treatment is completed. It is important to have the participation of father/stepfathers when ACS/FAP New Parent Support Program (NSPS) home visitation is recommended.

e. Attend IDC case presentations, chaired by the Garrison Commander or Deputy Garrison, pertaining to Soldiers in their command. Support and comply with treatment recommendations to the maximum extent possible. Provide non-concurrence with IDC in writing through the Chain-of-Command to the Garrison Commander within 30 days following IDC.

f. Ensure Soldiers involved in allegations of child and/or domestic abuse, after properly being advised of their Article 31, Uniform Code of Military Justice (UCMJ) rights with the use of DA Form 3881 (Rights Warning Procedure/Waiver Certificate) against self-incrimination, are encouraged to cooperate with FAP personnel to the maximum extent possible for initial report to case closure, to include participation in individual and Family interviews or examinations by appropriate Social Services, medical, and law enforcement personnel.

g. Provide written no-contact orders on DD Form 2873 (Military Protective Order (MPO)) (see Appendix B), as appropriate; counsel Soldiers; and take other actions, as appropriate, regarding compliance with civilian orders of protection for victims of domestic abuse utilizing the Fort Knox Form 5067-E (Emergency Protective Order (EPO) Checklist) (see Appendix C). The commander should provide a written copy of the MPO to law enforcement within 24 hours of its issuance. Additionally, send the Military Protective Order Cancellation form DD 2873-1.

h. Normally, a "cooling off" period or protection of a victimized partner can be accomplished by the removal of the offender from the residence. If an active-duty Soldier is identified as the alleged offender, commanders can order the offender into government furnished billeting (not to return to the quarters) and to have no contact with the victim for a minimum of 72 hours (commanders may permit officers and senior noncommissioned officers, E-8 and above, to reside at an approved site at their own expense).

i. Mandated treatment does not preclude disciplinary and administrative actions against offenders in appropriate cases. Commanders should consult with their assigned judge advocate (Trial Counsel) regarding applicability of the Lautenberg Amendment when considering administrative and disciplinary action.

2-7. Criminal Investigation Division (CID) will:

a. Ensure agents receive annual Child Abuse and Domestic Violence refresher training from ACS FAP staff.

b. Investigate cases of child physical and sexual abuse and domestic abuse, which fall within the investigative responsibility of CID as established in AR 195-2, Criminal Investigation Activities

c. Provide a representative to the Family Advocacy Committee (FAC), Fatality Review Committee (FRC) and Multidiscipline Team (MDT) for PSB-CY cases.

d. Provide a representative to the Incident Determination Committee (IDC) as needed.

Chapter 3

RPOC and Notifications

3-1. Community Members

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

3-2. Suspected Case Reporting

a. Suspected cases of domestic violence and/or child abuse will be reported to the installation RPOC, the Fort Knox Police at: (502)-624-2111. The Fort Knox Police will immediately contact FAP Clinical Social Worker IAW local SOP. The Fort Knox Police will also notify the Hardin County Department for Community Based Services (DCBS) IAW local SOP, for all child abuse and neglect reports. Fort Knox Police will notify the FAP Clinical Staff and Family Advocacy Program Manager of all incidents in which a preponderance of indicators reveals a potential risk of re-occurrence and increasing severity of maltreatment which could lead to domestic violence or child abuse. The FAP Clinical Staff is responsible for notifying the Soldier's commander after receiving the initial report. FAP Clinical will bring reported case to the IDC.

b. Suspected Case Reporting of PSB-CY any report or other allegation of Problematic Sexual Behavior of Children and Youth (PSB-CY) received by the Family Advocacy Program (FAP), the installation commander, a law enforcement organization a Child Youth Services (CYS) Program, an MTF, or a Department of Defense (DoD) school operating on the installation or otherwise under DoD administration for the installation will be reported to the installation RPOC (MP's) who will then notify the FAPM as per designated installation policies. Within 24 hours the FAPM will communicate all reports of PSB-CY to the appropriate law enforcement agency (CID) IAW Army Directive 2021-27 (Installation Response to Problematic Sexual Behavior in Children and Youth).

3-3. Installation Personnel

All installation law enforcement personnel, physicians, nurses, social workers, school personnel, FAP and CYS personnel, psychologists, and other medical personnel will report information about known or suspected cases of domestic violence and/or child abuse to the identified reporting point of contact (RPOC) which is the Fort Knox Military Law Enforcement agency as soon as the information is received.

Chapter 4

DoD Operated/Sanctioned Activities

4-1. Responsibilities

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

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

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

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

(4) Train staff and volunteers.

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

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

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

(5) Prepare child abuse identification, reporting and responding SOP in coordination with the FAPM, which includes procedures taken to prevent and respond to child abuse situations addressing the following:

- (a) Child supervision.
- (b) Discipline/touch policy.
- (c) Child abuse training.
- (d) Child abuse identification and internal reporting procedures.

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

(7) Provide safety education.

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

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

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

a. All child abuse alleged to have occurred in a DoD operated or sanctioned activity will be reported immediately, either by activity staff or outside person, to the installation RPOC (The Fort Knox Police 502-624-2111).

b. The MP will immediately notify the, FAPM, FAP Clinical and DCBS. The activity coordinator/director will remove the staff member(s) alleged in the report from access to children, if the identity of the staff member is known. Notification and timeliness are critical due to the safety of the other children, possible need to preserve evidence, and potential seriousness and requirements to notify DA.

c. Whenever possible, the initial on-site assessment/investigation will be conducted jointly by law enforcement and the DCBS. If the DCBS worker does not accompany law enforcement to the activity, the investigators will notify the Family Advocacy FAP Clinical Chief after observing the child, if available, and initiate consultation with activity personnel. The DCBS will arrange for medical examination/treatment as required. The DCBS will take the child into protective custody and will transport the child to the local MTF. Car seat and seat belt requirements will be followed when transporting children. DCBS will notify the parent(s). A joint decision allows for criminal, legal and social consideration; complies with the required team approach; minimizes trauma to the victim; and protects everyone involved.

d. If the report is determined to be a regulatory violation rather than abuse, the FAP Clinical Chief will inform the activity coordinator/director by telephone followed by a formal memorandum.

e. If the report is determined credible, a complete child abuse investigation will proceed. Law enforcement, FAP Clinical, and the Staff Judge Advocate (SJA) will work together during the assessment/investigation.

f. The activity coordinator/director will be notified by the FAP Clinical Chief as soon as the determination is made. If the report did not meet FAP criteria for abuse, the employee may have access to children as deemed appropriate by program manager.

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

4-3. Identifying/Reporting/Responding/Preventing Child Abuse in Child and Youth Services Facilities on Fort Knox

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

b. Reporting Child Abuse and Neglect.

(1) Immediately contact the Fort Knox Police.

(2) Immediately contact DCBS.

(3) The individual making the report may ask for the **DCBS Referral Intake Number** to document the report. This number entitles the individual making the report to receive confirmation of the action to the extent permitted by the Privacy Act of 1974.

(4) CYS staff will immediately inform a program director after making the above reports, who will then inform the CYS Coordinator.

(a) Reports of credible domestic violence, child abuse or neglect must include the following information: the child's name, parent's name and address, reasons abuse is suspected, a description and location of any injuries, where the child is now, whether the child needs medical attention, and any spontaneous statements made by the child.

(b) Both the FAPM and the CYS Coordinator will submit a report to the Installation Management Command as warranted.

c. Responding to allegations of child/domestic abuse or neglect.

(1) When an allegation of domestic violence, child abuse or neglect is made against a CYS staff member, Family Child Care (FCC) provider, volunteer, or contractor will be removed from any position that includes child contact. If the reported accusation is made against an FCC Provider, the home will be closed. If the reported accusation is made against a CYS worker in a facility, they will be reassigned to a position outside of CYS facilities with duties that do not include child contact.

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

(3) When an allegation of abuse is made against a CYS staff member or FCC provider that results in an investigation by FAP Clinical, DCBS, or military/civilian law enforcement authorities, the CYS staff member or FCC provider will continue working with reassigned duties outside of CYS until a determination is made by the IDC. In an FCC home, the home will remain closed until a determination is made by the IDC. The FCC staff will assist parents of children in the home to find alternative childcare. The CYS Coordinator will report these instances to the Region CYS within 24 hours.

(4) The CYS Coordinator will consult with the Public Affairs Office (PAO) and the Garrison Commander to determine the appropriate public response, on a case-by-case basis. The CYS Coordinator will be readily available to talk to parents in accordance with this guidance.

d. Preventing child/domestic abuse or neglect.

(1) Post the child/domestic abuse hotline poster in all CYS facilities.

(2) Ensure articles regarding child/domestic abuse prevention are included in quarterly newsletters at least twice a year.

(3) Include the CYS Statement of Understanding/CYS Personnel Standards of Conduct and Accountability in CYS Programs and Fort Knox Home Alone Policy in the staff handbook, parent handbook, the FCC certification handbook, and the FCC certification training class.

(4) Ensure the CYS program management staff performs care screening/ training/oversight of all applicants and employees/FCC providers by:

(a) Pre-screen FCC applicants and their Family members during the Family home interviews and carefully interview applicants.

(b) Ensure all background checks are cleared prior to employment and home opening. In an FCC home, background checks will be cleared prior to provisional certification and repeated annually, to include all Family members over the age of 12. In the facility programs local background checks will be repeated every five years.

(c) Check at least three personal references on FCC providers and at least two professional references on all CYS staff.

(d) Ensure there is appropriate supervision of rooms and/or FCC homes by the CYS program manager to minimize the risks of child/domestic abuse to include the following: unannounced, documented staff observations and FCC home visits will be conducted by management personnel during the first six weeks of provisional/ employment certification and at least once quarterly thereafter; and appropriate disciplinary action must be taken by management when a child's well-being is jeopardized by actions that are an infraction of CYS policies.

(e) Maintain adult/child ratio and group sizes at all times IAW AR 608-10.

(f) Ensure management staff conducts the Child Abuse Risk Assessment Tool (CARAT) prior to full certification in FCC homes and every three years thereafter. CARAT inspections will be conducted once every three years or when an allegation of abuse/neglect has been made in the Child Development Centers (CDC). Findings will be discussed with program directors and steps taken to implement a plan for improvement.

(g) Ensure management makes parents feel welcome in the facility and/or FCC provider's home. The staff and/or provider will present regular opportunities for parent participation in the daily activity plans.

(h) Ensure management coordination with FAP personnel to schedule parent training on child/domestic abuse and neglect annually.

(i) Provide written reports to parents of all accidents/injuries and incidents that occur in CYS facilities and FCC homes. In CYS facilities, the report will be reviewed and signed by the facility director prior to the parent's signature. The parent will be given the signed, original report and a copy will be retained in the child's file.

(j) All accidents and injuries requiring medical treatment must be reported in writing to both the CYS Chief and the Safety Officer.

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

Chapter 5

Domestic Violence and Restricted Reporting

5-1. Report Options

a. Restricted reporting is limited to adult victims of domestic violence who have attained the age of 18 or are married. The policy pertains to: Intimate partners of Active Duty (current or former) to include non-military beneficiaries, Family member spouses, and active-duty victims, all have the option of receiving victim advocacy and other supportive services without making a formal report, thus triggering the investigative processes. This allows a victim to come forward and receive the appropriate care and services while providing them the opportunity to make an informed decision about reporting the abuse to law enforcement or the chain of command.

b. When the issue presented is sexual assault and it has been determined that it does not involve domestic abuse or domestic violence the victim will be referred to SHARP.

5-2. Restricted Report Limits

a. The Domestic Abuse Restricted Reporting option allows the adult victim to share information with specific personnel without contacting the Chain of Command or Law Enforcement. Adult Domestic Abuse victims may access the restricting reporting option by contacting the Domestic Violence Victim Advocate, Military Health Care Providers (including FAP Clinical Social Workers and their Supervisor) or the Family Advocacy Program Manager. Accepting restricted reports of domestic abuse is limited to these individuals. It is important to utilize these channels when making a restrictive report. If a report is made to Fort Knox Law Enforcement (RPOC) an investigation may be initiated and the chain of command will be notified. The restricted reporting option does not pertain to child abuse.

b. If the victim discloses the domestic abuse incident in the presence of anyone other than the specified individuals listed above, or a military chaplain, this negates the restricted reporting option. Although a report to a chaplain is not a restricted report, it is communication that may be protected under Military Rules of Evidence (MRE) or applicable statutes and regulations. The restricted reporting process does not affect any privilege recognized under the MRE.

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

5-3. Victims Accepting Restricted Reporting Option

a. Written documentation of informed consent and election of a reporting option by the victim (signed and dated) is required using DD Form 2967 (Victim Reporting Preference Statement (VRPS)), (see Appendix C).

b. The following minimum requirements must be explained to the victim before restricted reporting can be received:

- (1) Benefits and limitations of restricted and unrestricted reporting.
- (2) Department of Defense (DoD) preference and reason for unrestricted reporting.
- (3) Understanding of exceptions.
- (4) A victims' refusal to sign a written acknowledgement will result in unrestricted reporting.

5-4. Converting a Restricted Report to an Unrestricted Report

Victims' must sign and date the VRPS indicating the change from restricted reporting to unrestricted reporting if this change is desired. The victim must indicate in writing what restricted reporting information may be disclosed and to whom, (for example, just the restricted reporting incident informant and/or the entire history, and/or any medical evidence, and etcetera). The victim should also indicate to whom the information can be forwarded, (for example, alleged offender's commander, law enforcement, Incident Determination Committee (IDC)).

5-5. Reporting and Case Presentations of Restricted Reports

- a. Both the FAPM and FAP Clinical Chief will be informed of every restricted report.
- b. Restricted reports will not be individually presented to the IDC. Only the aggregate number of new restricted reports will be briefed to the IDC and included in the minutes on a monthly basis.

5-6. Unrestricted Reporting Option

If a victim discloses a domestic abuse incident to anyone other than the specified individuals listed above, in the presence of the offender, if pregnant, or if one of the exceptions apply, or by the victims' choice, unrestricted reporting will be initiated.

Chapter 6 Emergency Shelter

6-1. Domestic Violence Shelter

- a. Anytime during the management of a domestic abuse case there may be a need for a victim to be placed in an emergency shelter. Placement in a shelter is temporary and voluntary and can be coordinated by FAP VA.
- b. Normally, a "cooling off" period or protection of a victimized partner can be accomplished by the removal of the offender from the residence. If an active-duty Soldier is identified as the alleged offender, Commanders can order the offender into government furnished billeting (not to return to the quarters) and to have no contact with the victim for a minimum of 72 hours (Commanders may permit officers and senior noncommissioned officers (E-8 and above) to reside at an approved site at their own expense).

6-2. Foster Care & Medical Protective Custody

- a. Anytime during the management of a case, DCBS may recommend placement of a child in temporary foster care due to abuse, parental illness/injury, or any other reason that prevents the parent(s) from caring for their own child(ren).
- b. The treating physician may place a child in medical protective custody without parental consent, if the circumstances or condition of the child are such that allowing the child to remain in the care or custody of the parent(s) presents imminent danger to the child's life or health.

Chapter 7 Treatment

7-1. Responsibilities

- a. FAP Clinical is responsible for assessment and treatment of domestic and/or child abuse. FAP Clinical will coordinate installation support needed in treatment efforts such as drug and/or alcohol assessments, parenting classes, psychological examinations, and etcetera.
- b. Protection of the alleged victim and at-risk child(ren) is given first priority in providing treatment, beginning in assessment and intervention stages. Each case will include a risk assessment of the abused partner or abused child and any siblings.
- c. The multidisciplinary IDC will, based on information from FAP Clinical and any other key player, determine by two-thirds quorum vote if incidents of reported abuse meet mal-treatment criteria. The CCSM develops a treatment plan for each case and review cases at least quarterly until closed.
- d. The FAPM will keep the Garrison Commander advised of any high-risk cases involving Soldiers and Family members. Unit commanders or Army operated, or sanctioned activity directors will be informed of abuse involving their Soldiers or employees after receiving a credible report by the Family

Advocacy Social Worker. FAP Clinical will inform the commander of scheduled IDC case presentations pertaining to Soldier's within their command to attend the IDC meeting and participate in the discussion.
e. FAP Clinical will manage case files IAW AR 608-18.

Chapter 8

Installation Strategy Team

8-1. Mission

The installation strategy team will meet within eight working hours of a credible report of child abuse alleged to have occurred, where multiple victims are suspected or there is potential for alarm in the community, for the purpose of guiding the installation's response.

8-2. Membership

Members of the strategy team should include: DFMWR CID, PAO, CPAC, Provost Marshall (PM), FAPM, FAP Clinical, pediatrician, SJA, CYS Coordinator, and civilian members of the team deemed appropriate by the installation commander.

8-3. Member Responsibilities

Develop a response plan that addresses:

- a. Corrective action within the facility.
- b. Safety of children.
- c. Identification of lead investigative agency/agencies who will coordinate interviewing, identifying potential victims, and assigning responsibilities.
- d. To ensure a team approach for all actions taken (investigation through treatment).
- e. Installation communication plan for information release to parents, staff, media and victims.
- f. Assignment of a Staff Judge Advocate Victim Liaison Officer to keep Families informed of how the investigation is proceeding and provide information on available resources.

8-4. Team Deployment

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

Chapter 9

Family Advocacy Committee (FAC)

9-1. Mission

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

9-2. Membership

- a. The membership of the FAC, appointed on orders to serve a minimum of one year by the Garrison Commander, should have supervisory or functional responsibility for prevention, diagnosis, and treatment of domestic and/or child abuse. In addition to the chairperson, the membership will include the following: FAPM; Chief of SWS; IDC Chairperson; APHN; CYS Coordinator, Director of Dental services; DES; CID; SJA; ASAP Clinical Director; installation chaplain; and Post Command Sergeant Major.
- b. The Garrison Commander will chair the FAC.

9-3. Member Responsibilities

- a. Provide recommendations for FAP programs, policies, and procedures.
- b. Facilitate an integrated community approach to addressing Family violence.

- c. Recommend new resources and programs. Identify gaps and duplications in service delivery.
- d. Identify long-range, intermediate, and immediate FAP needs, and initiate action for the implementation to include addressing corrective action plans and comply with DoD quality assurance standards.
- e. Implement and maintain Family Advocacy outcome measures.

Chapter 10

Fatality Review Committee (FRC)

10-1. Mission

The FRC shall meet quarterly to review all known or suspected domestic violence or child abuse related homicides and/or suicides. This includes all infant and child deaths in which the manner of death is undetermined at autopsy involving any of the following:

- a. A member of the Army on active duty.
- b. A current or former dependent of a member of the army on active duty.
- c. A current or former intimate partner who has a child in common or has shared a common domicile with a member of the Army on active duty.

10-2. Membership

a. Core members of the FRC are appointed on orders to serve a minimum of one year, by the Garrison Commander and have supervisory or functional responsibilities. The minimum number of members necessary to conduct a review include: FAPM; FAP Clinical Chief; IDC chairperson; pediatrician or Family practitioner; Medical Examiner (if available); DES; CID; SJA; ASAP clinical director; and the Installation Command Sergeant Major.

- b. The Garrison Commander will chair the FRC.

10-3. Member Responsibilities

- a. Facilitate quarterly meeting to review all fatalities known or suspect as a result of domestic violence, child abuse or suicide.
- b. Review and evaluate the involvement of each military, local/state agency providing service to the Family (spouse/intimate partner and/or child) prior to his/her death.
- c. Conduct a thorough review of the law enforcement information and compare this information with other records in review, (for example, FAP and medical records, autopsy records, and etcetera).
- d. Safeguard and maintain all records, data, training records, and minutes.
- e. Analyze outcomes of the review process as well as identify trends and patterns that aid in developing policy recommendations for earlier and more effective intervention.

Chapter 11

Incident Determination Committee (IDC) & Clinical Case Staff (CCSM)

11-1. IDC Mission

The IDC reviews reports of child abuse and unrestricted reports of domestic abuse to determine whether the reports meet the criteria for entry into the service FAP headquarters central registry of child abuse and domestic abuse incidents and in accordance with DoDI 6400.01 Vol 1 and Service FAP headquarters implementing policies and guidance.

11-2. Membership

a. The IDC comprises of voting and non-voting members. Attendance at the IDC is limited to individuals listed in this paragraph and individuals authorized with a "need to know." No active-duty service member or Family member who is an alleged abuser or victim, or non-offending parent, is authorized to attend the IDC, nor is an attorney for such individuals. Voting members are appointed on orders by the senior commander, garrison commander, or deputy garrison commander IAW Army Directive 2021-26 (Family Advocacy Program Incident Determination Committee and Clinical Case Staff Meeting).

- b. IDC voting members-
- (1) IDC Chair (Garrison Commander or Deputy)
 - (2) Senior enlisted advisor to the Garrison Commander or Garrison Manager
 - (3) representative from the Office of the Staff Judge Advocate (SJA)
 - (4) representative of the Office of the Provost Marshal
 - (5) MTF FAP Clinical Chief/Supervisor
 - (6) Healthcare provider
 - (7) Unit commander or other delegated alternate representative (if both the alleged victim and alleged subject are service members, both commanders or designated alternates are required to attend as voting members.
- c. Non-voting IDC members are individuals who have relevant information that can inform the IDC during the determination process. These individuals do not vote during the ISD review process. Non-voting members are required to complete introductory and refresher training to serve as a member of the IDC. The following individuals are non-voting members:
- d. The FAPM (required to attend all meetings).
 - e. Representative or designated alternate from the military criminal investigative organization who can provide information directly related to the alleged incident being reviewed.
 - f. the military medical examiner (ME) who performed the autopsy in a reported fatality (The ME may provide additional background and insight, not otherwise available, on the cause of death.)
 - g. other individuals invited by the FAPM or MTF FAP Chief/Clinical Director or Clinical Supervisor deemed relevant to the ISD decision-making process, subject to approval by the IDC Chair.
 - h. the principal (or principal's alternate) of the Department of Defense Education activity (DODEA) school or the director of a DoD-sanctioned activity for incidents involving an employee or volunteer as the alleged offender.

11-3. Member Responsibilities

The IDC Chair is responsible for following all published procedures and guidance ensuring that contributions to the IDC are limited to the fact of incident and refrain from exerting undue influence. The IDC will only consider an incident and make an ISD when there is a quorum. An IDC member with a conflict of interest in any case will notify IDC Chair and the IDC Chair is the final decision authority to resolve any conflicts of interest. All assessed incidents must be heard at the IDC. The Decision Tree algorithm will be used by voting members. The IDC will consider all available incident-focused information relevant to the case presented. Administrative personnel will annotate the results of the vote for each ISD in the Army Central Registry (ACR) IAW Army Directive 2021-26 Family Advocacy Program Incident Determination Committee and Clinical Case Staff meeting.

11-4 Clinical Case Staffing Model (CCSM)

The Army is required to implement the Clinical Case Staffing Model (CCSM) to review reports of family maltreatment and to provide clinical case and risk management planning and review of risk and protective factors. IAW Army Directive 2021-26.

Chapter 12

FAP Response to incidents of Problematic Sexual Behavior-Child and Youth (PSB-CY)

12-1. Mission

The Army will review each report or allegation PSB-CY occurring on an Army installation and conduct a multidisciplinary review to recommend treatment, counseling or other intervention for youth exhibiting or impacted by incidents of PSB-CY. For eligible beneficiaries, affected by PSB-CY, the Army will provide trauma-informed assessments, care, support and treatment. All PSB-CY incidents are reported to the Reporting Point of Contact (RPOC) Fort Knox Police, and they will in turn notify both FAPM and CID. The FAPM will establish an MDT within 3 business days after receiving a report of PSB-CY and will chair the MDT. If CID personnel receive the PSB-CY report before the installation RPOC then CID will immediately notify the RPOC within 24 hours.

12-2. Multi-Disciplinary Team

a. The purpose of the MDT is to address safety and risk factors and recommend treatment, counseling and appropriate intervention plan for each PSB-CY report and to address the needs of the children, youth and their families. The intervention plan will include safety planning, a parent engagement strategy and appropriate referrals. Services offered to involved children require parental consent unless ordered by a court.

b. The MDT core members will include, at a minimum:

- (1) FAPM
- (2) U.S. Army Criminal Investigation Command representative
- (3) Child Youth Services (CYS) representative when CYS is the referral source or if the problematic sexual behavior occurred in a CYS sponsored setting.
- (4) Department of Defense Education Activity (DoDEA) when DoDEA is the referral source or the child or youth's PSB occurred in a DoDEA-sponsored setting.
- (5) The Core PSB-CY MDT may be expanded on a case-by-case basis.

12.3. The Expanded MDT

a. Members: depending on the involvement of other Army and civilian entities, the core PSB-CY MDT may be expanded as needed.

b. The Expanded MDT members:

- (1). Staff Judge Advocate representative
- (2). MTF FAP representative
- (3). MTF Pediatric/Family Practice representative
- (4). Child Protective Service representative
- (5). Child Advocate representative
- (6). Community agencies serving the installation.

Appendix A References

Section I Required Publications

AR 608-18,
The Army Family Advocacy Program.

DoD Directive 6400.01 Vol 1,
Family Advocacy Program.

DoDI 6400.6
Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, 21 August 2007.

DoDI 6400.5,
New Parent Support Program, 13 June 2012.

DoDI 1432.22,
Family Centers, 3 July 2012.

US Army Medical Command (MEDCOM) Decision Tree Algorithm (DTA).

Kentucky Revised Statutes (KRS) 600 to 645.

AR190-45,
Law Enforcement Reporting.

AR 608-10,
Child Development Services.

AR 195-2,
Criminal Investigation Activities.

Operations Order 22-034: Implementation Guidance for Installation Response to Problematic Sexual Behavior in Children and Youth (PSB-CY).

Army Directive 2021-27
(Installation Response to Problematic Sexual Behavior in Children and Youth).

Army Directive 2021-26
(Family Advocacy Program Incident Determination Committee and Clinical Case Staff Meeting).

HQDA EXORD 111-21
Implementation Guidance for Installation.

Memorandum of Understanding (MOU) Kentucky Cabinet for Health and Family Services.

AR 608-1,
Army Community Service.
IMCOM CYS Regulation 608-10-1, 17 March 2020.

HQDA EXORD 156-21 FRAGO 1 Implementation Instructions for the IDC & CCSM, 29 July 2022

Section II Related Publications

DODDD 1030.1
Victim And Witness Assistance

DODI 1342.24
Transitional Compensation for Abused Dependents

DODI 1402.5
Criminal History Background Checks on Individuals in Child Care Services
DODI 6400.3
Family Advocacy Assistance Team

DODI 6400.5
New Parent Support Program

P.L. 97-291
Victim and Witness Protection Act of 1982
(Available at: <https://www.congress.gov/bill/97th-congress/senate-bill/2420/text>)

5 USC 552a
Records Maintained on Individuals

5 USC 552b
Open Meetings

5 USC 3111
Acceptance of Volunteer Service

10 USC 10801 through 10 USC 940
Uniform Code of Military Justice

10 USC 1059
Dependents of Members Separated for Dependent Abuse: Transitional Compensation; Commissary and Exchange Benefits

USC 1588
Authority of Accept Certain Voluntary Services

10 USC 1788(b)
Additional Family Assistance

10 USC 1794
Child Abuse Prevention and Safety at Facilities

10 USC 2164
Department of Defense Domestic Dependent Elementary and Secondary Schools

20 USC 921
Defense Dependents' Education System

28 USC 2671 through 28 USC 2680
Definitions/Exceptions

31 USC 1342
Limitation on Volunteer Services

42 USC 5101
Office on Child Abuse and Neglect

42 USC 5102
Advisory Board on Child Abuse and Neglect

Section III **Referenced Forms**

DA Form 2028
Recommended Changes to Publications and Blank Forms

DA Form 3881
Rights Warning Procedure/Waiver Certificate

DA Form 5897
Army Community Service Client Case Record (Prescribed in paras. 2-27, and 4-2*h*.)

DA Form 7517
Child/Spouse Abuse Incident Report

DD Form 2967
Victim Reporting Preference Statement

DD Form 2873
Military Protective Order

Fort Knox Form 5067-E
Emergency Protective Order (EPO) Checklist

Fort Knox Form 5096-E
Installation Barment Request

Appendix B Glossary

ACS	Army Community Service
APHN	Army Public Health Nurse
AR	Army Regulation
ASAP	Army Substance Abuse Program
CARAT	Child Abuse Risk Assessment Tool
CCSM	Clinical Case Staff Meeting
CDC	Child Development Center
CID	Criminal Investigation Division
CPAC	Civilian Personnel Advisory Office
CSAPIT	Child Abuse Prevention Intervention Training
CYS	Child and Youth Services
DA	Department of the Army
DCBS	Department for Community Based Services
DES	Department of Emergency Services
DFMWR	Directorate Family Moral Welfare and Recreation
DoD	Department of Defense
DoDI	Department of Defense Instruction
EPO	Emergency Protective Order
FAC	Family Advocacy Committee
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FAST	Family Advocacy Staff Training
FCC	Family Child Care
FK	Fort Knox
FKPD	Fort Knox Police Department
FRC	Fatality Review Committee
IAW	In Accordance With

IDC	Incident Determination Committee
IOC	Installation Operations Center
MFT	Medical Treatment Facility
MOU	Memorandum of Understanding
MP	Military Police
MRE	Military Rules of Evidence
NSPS	New Parent Support Program
OIC	Officer in Charge
PAO	Public Affairs Office
PMO	Provost Marshall Office
PSB	Personnel Service Battalion
PSB-CY	Problematic Sexual Behavior Child and Youth
RPOC	Reporting Point of Contact
SJA	Staff Judge Advocate
SWS	Social Work Service
UCMJ	United Code of Military Justice
USACID	US Army Criminal Investigation Command
VA	Victim Advocate
VRPS	Victim Reporting Preference Statement