



National Center on Child Abuse and Neglect

**Protecting Children in
Military Families:
A Cooperative Response**

The User Manual Series

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
National Center on Child Abuse and Neglect**

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Protecting Children in Military Families: A Cooperative Response

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PREFACE

The Child Abuse Prevention and Treatment Act was signed into law in 1974. Since that time, the Federal Government has served as a catalyst to mobilize society's social service, mental health, medical, educational, legal, and law enforcement systems to address the challenges in the prevention and treatment of child abuse and neglect. In 1977, in one of its early efforts, the National Center on Child Abuse and Neglect (NCCAN) developed 21 manuals (the *User Manual Series*) designed to provide guidance to professionals involved in the child protection system and to enhance community collaboration and the quality of services provided to children and families. Some manuals described professional roles and responsibilities in the prevention, identification, and treatment of child maltreatment. Other manuals in the series addressed special topics, for example, adolescent abuse and neglect.

Because our knowledge base has increased significantly and the state of the art of practice has improved considerably, NCCAN has updated the *User Manual Series* by revising many of the existing manuals and creating new manuals that address current innovations, concerns, and issues in the prevention and treatment of child maltreatment.

Among the key individuals for whom this manual is intended are the child protection team members in civilian communities, without whom the military could not fully meet its child protection objectives. Military leaders are deeply sensitive to the importance of the partnership between their agencies on the installation and those in the civilian community.

Military installations are sometimes viewed as distinct and separate from local civilian communities. In many ways that perception is understandable. The Armed Forces, after all, provides its families with an array of services, including commissaries, medical treatment facilities, churches, legal offices, recreational activities, and social services. Military leaders often point out that "we take care of our own." And in some isolated areas, the military must become fully responsible for family support. But a closer look reveals how closely woven the two communities are when it comes to the prevention and treatment of child abuse and neglect.

The Armed Forces cannot intervene successfully without local community support. Child protection must be a cooperative effort between the military and civilian communities. A principal reason for this, of course, is that most military families do not live on a Government installation and often cannot be reached by an installation's family service providers. Even on military installations, the military has limited jurisdiction over the civilian members of a military household.

Despite these complications, each military installation maintains a program called the Family Advocacy Program (FAP) designed to prevent, identify, and treat cases of child abuse and neglect. It is intricately tied to the child protective services of the local civilian community.

This manual is offered to help clarify the military role in child protection and to strengthen the bridges between the military installation's child abuse prevention team and civilian agencies involved in each community's child protection efforts. Those bridges will become increasingly important to the well-being of military families in the coming years as the Armed Forces is reshaped to meet the changing security requirements of the 1990's.

ACKNOWLEDGMENTS

Ralph Blanchard serves as the Publications Services Manager for the Military Family Clearinghouse. He is also the Manager of Program Services for the Clearinghouse on Child Abuse and Neglect Information and the Clearinghouse on Family Violence Information. In this capacity, he serves as Editor for a resource guide for the National Center on Child Abuse and Neglect (NCCAN), a review of the literature on child sexual abuse, and several other NCCAN publications. After retiring from the Navy in the early 1980's, Mr. Blanchard published a periodical for distribution by the Commandant's Family Support Programs Office to all Coast Guard families. For 8 years, he coordinated the Great American Family Recognition Program for several branches of the Armed Services. Mr. Blanchard has also researched, written, and edited annual reports for the Armed Services YMCA and provided writing and editorial supervision for numerous pamphlets, brochures, selected chapters of a 544-page history, and other materials related to quality of life issues within the worldwide military community. For the past 7 years, he has edited newsletters for the Department of Defense, the U.S. Air Force, the Armed Services YMCA, and the U.S. Navy Family Program Branch.

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INTRODUCTION

The Armed Forces operates child abuse and neglect prevention, identification, and treatment programs known as Family Advocacy Programs (FAP) in each of its military communities. These programs are organized and operated in much the same way as child protection programs in civilian communities, but there are some differences. This manual is intended to clarify the similarities and differences so that service providers on and off military installations may better identify, treat, and prevent child abuse and neglect among military families.

FAMILY ADVOCACY

The term "family advocacy" in the Armed Forces includes the prevention, identification, and treatment of spouse abuse as well as child abuse and neglect. Therefore, while the focus of this publication is on the protection of children of military families, it also addresses all aspects of family violence. Department of Defense (DoD) regulations and instructions have established Service-wide guidelines that govern family advocacy matters throughout the Armed Forces.

For the military community, addressing family violence in its totality was a practical and effective move. There are a number of studies that link the occurrence of wife abuse with the occurrence of child abuse in the household.¹ Military leaders decided early in the development of the FAP that there would be a significant advantage to including spouse abuse in the overall program.

FAMILY ADVOCACY POLICY

After passage of Public Law 93-247, the military branches developed separate programs to address the prevention and treatment of child abuse and neglect. However, it was not until 1980 that funding for the FAP was designated by Congress, enabling DoD to create a comprehensive program.

The first DoD directive was issued by the Secretary of Defense in 1981 and provided the policy guidance necessary to coordinate effective programs. The directive, titled Family Advocacy Program, is reproduced in Appendix A.

Each military Department has implemented its own set of instructions related to family advocacy, including Service-unique features enabling family advocacy personnel to address the needs of maltreating and at-risk families within their ranks. (The specific programs will be reviewed later along with other DoD programs.)

ARMED FORCES PERSONNEL

The military community is a unique segment of society made up of just under 2 million uniformed personnel and 2.7 million family members. This is the full-time military population, often referred to as the "active duty" community. The Services are undergoing a major restructuring; the "active duty" force will be considerably smaller by the mid-1990's.

Additionally, there are approximately 1.6 million men and women in the National Guard and Reserve plus their family members. Reserve and National Guard personnel are vital members of the Armed Forces; re-

liance on these "citizen soldiers" will become increasingly apparent over the coming years. However, unless they are on active duty, they live in civilian communities and work in civilian jobs. Consequently, child abuse and neglect problems that are identified in those families are resolved solely by child protective services (CPS) agencies in the communities where they reside. When Reservists and National Guard members are recalled to active duty for training or contingency operations, such as the 1991 Persian Gulf crisis, they become fully subject to the regulations and procedures of the military services. Number of personnel in each of the Services are included in the section titled "Profile of the Military Organization."

Most active duty military families are not housed on military installations because Government housing exists for only one-third of the active duty military family population on a military installation. The number of units varies, of course, from community to community. Typically, the more junior and younger military families must obtain housing in the local civilian community. This creates a challenge to military professionals who are charged with the responsibilities of providing family advocacy services. When they live off the installation, families are out of the military's mainstream of family support and reaching them is often difficult.

Approximately 390,000 family members live in foreign countries and U.S. Territories, far from their extended families and friends and in settings that tend to isolate them further.² Living overseas can have an overpowering effect on at-risk families.

TENETS PERTAINING TO CHILD PROTECTION

Military leaders and service providers on installations share with their civilian counterparts the basic tenets of child protection. While circumstances may require different approaches, the well-defined tenets of child protection contained in the basic user manual of this series, *A Coordinated Response to Child Abuse and Neglect: A Basic Manual*, provide a solid foundation for a cooperative community program.

The role of the family in the American society is important to the Nation's history and tradition. Society presumes that parents want to and do act in their children's best interest. Based on that presumption, parents have a right to raise their children if they are willing and able to protect them. However, the Supreme Court provided that this presumption can be overcome and cited "the incidence of child abuse and neglect as grounds for rebutting parents rights." Therefore, when parents cannot meet their children's needs and cannot protect their children from harm, society has a responsibility to intervene to protect the health and welfare of children. Any intervention into family life on behalf of children must be guided by the legal base for action, strong philosophical underpinnings, and sound professional standards for practice.

The tenets of child protection are restated here as a mirror against which military needs and responses may be reflected.

- Communities should develop and implement programs to strengthen families and prevent the likelihood of child abuse and neglect.
- Child maltreatment is a community problem; no single agency, individual, or discipline has the necessary knowledge, skills, or resources to provide the assistance needed by abused and neglected children.
- Intervention must be sensitive to culture, values, religion, and other individual differences.
- Professionals must recognize that most parents do not intend to harm their children; rather, abuse and neglect is the result of a combination of psychological, social, situational, and societal factors.

- In order to be helpful to families, service providers need to believe that many maltreating adults have the capacity to change their abusive/neglectful behavior, given sufficient help and resources.
- If the goal is to help families protect their children and meet their basic needs, then the community's response must be nonpunitive, noncritical, and conducted in the least intrusive manner possible.
- Growing up in their own family is optimal for children, as long as their safety can be assured. Maintaining the family as a unit preserves the bonding and loving relationship with the parents and siblings and allows the children to grow and develop within the culture and environment most familiar to them.
- If families cannot meet their children's needs or protect their children from harm, and children have to be removed from their families to ensure their safety, all efforts must focus on a permanent plan for the child. In most cases, the preferred permanency plan is to return children to their families.

WORKING TOGETHER

Local CPS agencies and other professionals involved in the community's child protection efforts are crucial to the successful resolution of child abuse and neglect in the military setting. It must be remembered that, even though the military has authority over its active duty members, it has little if any authority over the civilian family members of service men and women. Furthermore, some installations do not have the full range of resources needed to prevent and treat child abuse and neglect. If the installation is small, limited resources can be a particularly acute problem.

Therefore, the protection of military children must be a team effort to be successful. Collaboration between DoD family advocacy personnel, CPS personnel, and other community agencies is the keystone to continued success in the prevention of child abuse and neglect and in the resolution of other forms of family violence within the military setting.

This manual helps clarify how the family advocacy system works in the military setting. It is designed to facilitate the interagency cooperation needed to ensure that children in a military family receive the protection to which they are entitled.

It also provides a basic overview of the information needed by professionals who provide child protection and help to the members of military families. The manual:

- Provides an explanation of the unique character of military family life.
- Explains the importance of preventing abuse and neglect from the military organization's perspective.
- Emphasizes the necessity of civilian and military installation agencies working together in the prevention, identification, and treatment of child abuse in the military community.
- Provides an overview of the legal and jurisdictional aspects of child maltreatment in the Armed Forces.
- Outlines some of the specific programs in the Armed Forces to combat child abuse and neglect.
- Provides examples of memoranda of understanding (MOU) that enhance community cooperation.

This manual is written for individuals who work with military families including community child protection professionals in areas where there are concentrations of the Armed Forces; military leaders and other policymakers involved in quality of life issues for military families; and the professional staff members on military installations across the Nation and overseas.

PROFILE OF THE MILITARY ORGANIZATION

The Armed Forces is a very large organization with installations nationwide and overseas. It consists of the Department of the Army, the Department of the Navy, and the Department of the Air Force. Every military installation belongs to one of these three Departments (Figure 1). The exceptions are Coast Guard installations, which are under the Department of Transportation (DoT). Although it is a component of the DoT, the Coast Guard always has worked very closely with DoD in matters related to family advocacy and military family issues in general. The Coast Guard, for example, is represented on the DoD Family Advocacy Committee. The instruction that is related to the Coast Guard Family Advocacy Program is contained in Appendix A.

The Secretary of Defense is a member of the President's Cabinet, appointed by the President after confirmation by Congress. The Secretary is responsible for ensuring that the Armed Forces is maintained at a high state of readiness and for directing appropriate military actions when the Nation's vital interests are threatened. Activities and programs, such as the FAP, that enhance the quality of life for Service members and their families, contribute to overall readiness.

JOINT CHIEFS OF STAFF

Military operations, such as the Persian Gulf crisis in the Middle East, are conducted by the Joint Chiefs of Staff (JCS) in accordance with the Secretary of Defense's direction. The senior member of each of the Services is a member of the JCS. The JCS is led by a four-star officer whose designation is Chairman of the Joint Chiefs of Staff. The Chairman is the Nation's senior military leader.

THREE MILITARY DEPARTMENTS

The Department of each of the Services is led by an appointed civilian, also designated "Secretary." The Secretary of Defense, of course, is the senior civilian authority.

There are three categories of personnel in the Armed Forces, active duty military personnel, Reserve and National Guard components, and DoD civilian employees. The active duty community is the segment of the military population that is primarily addressed by the FAP.

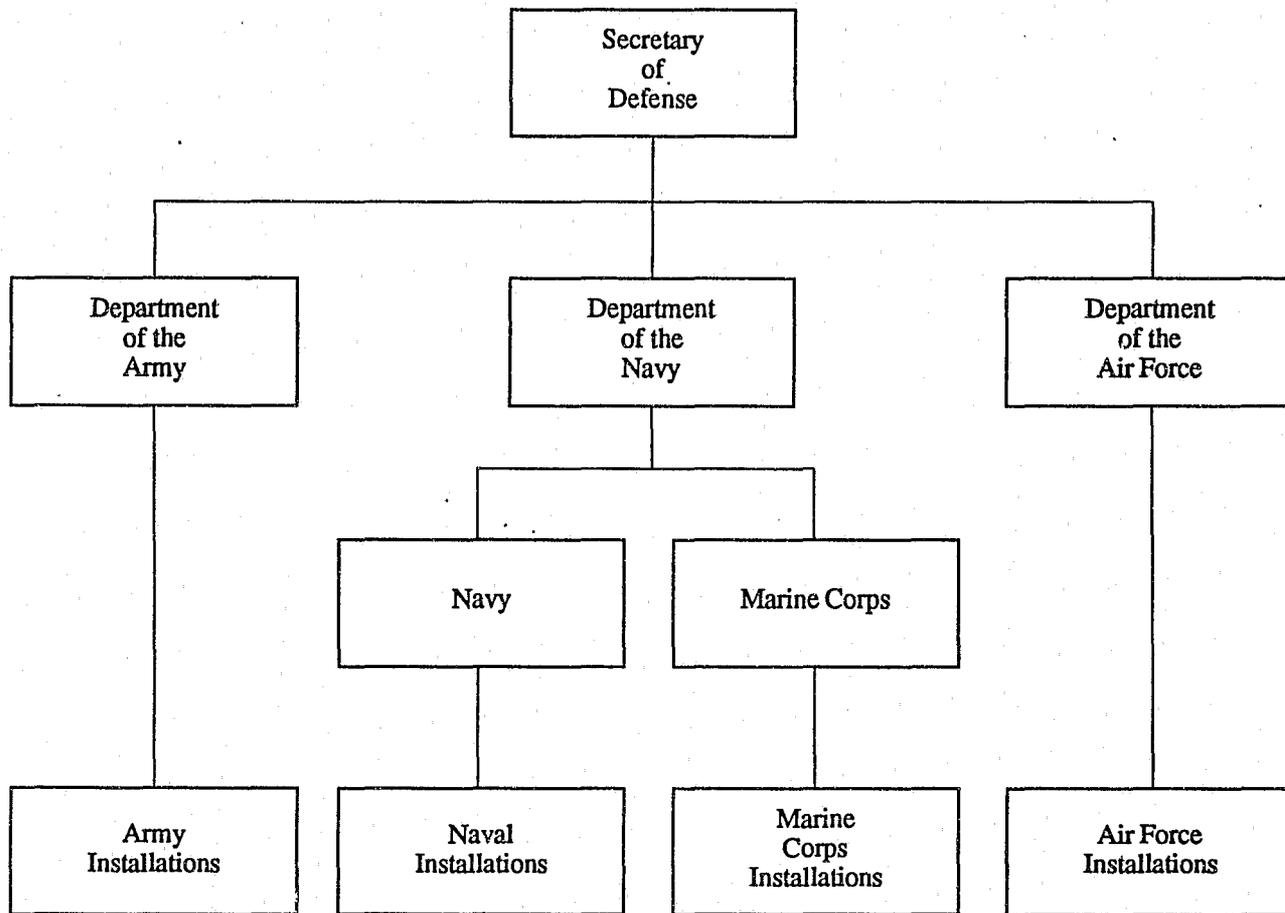
Department of the Army

The Department of the Army is the largest of the three Departments with about 735,000 military personnel on active duty. Approximately 418,000 are married. There are about 1 million family members, including spouses, children, and parents or other older relatives.

Department of the Navy

The Department of the Navy consists of two Services, the Navy and the Marine Corps. Their missions have been intertwined since they were established over 200 years ago. The Navy has 575,000 men and women in uniform; 304,000 of them are married. Navy family members total 720,000. The Marine

Figure 1
DEPARTMENTAL ORGANIZATION



Corps consists of 196,000 men and women in uniform, of which 90,000 are married. Marine Corps family members total 212,000.

Department of the Air Force

The Department of the Air Force maintains an active duty force of 525,000 uniformed men and women. Of that number, 351,000 are married; the total family member population is about 820,000.

CITIZEN SOLDIERS, SAILORS, AIRMEN, AND MARINES

In addition to the active duty community within these three Departments, there are 1.6 million National Guard and Reserve personnel available to supplement the active duty force in times of crisis. Special family support programs are provided for these families by their military branches. However, as noted previously, Reserve and Guard members are civilians holding civilian jobs and living in civilian communities, except for when they have been recalled to active duty status, and as such will use CPS when child abuse and neglect occurs.

CIVILIAN EMPLOYEES

There also is a force of more than 1 million DoD civilians employed by the Office of the Secretary of Defense (OSD) and the Services located throughout the United States and overseas. Similar to the Reserve components, they are permanent residents of the civilian communities where they live. Those DoD civilian employee families in the United States experiencing child abuse and neglect would be served by the civilian community. Those who are employed in overseas assignments are more integrated in the military community and would use the military facilities and services that are available to uniformed personnel and their families.

MILITARY INSTALLATIONS

The DoD operates more than 800 separate military installations where training is conducted, equipment is maintained, and military exercises are carried out to ensure the readiness of the forces. The size of each installation varies. For example, the military community in the Hampton Roads area of Virginia is a complex of Air Force, Army, Marine Corps, and Navy installations with more than 250,000 Service personnel and family members. There also are installations operated by very few personnel. Each has an impact on its nearby local community.

The Military Community

In many ways, military installations are self-contained cities. Installation commanders perform functions similar to the mayor's or county manager's responsibilities. As with civilian communities, many of the commander's "constituents" do not live within the "city" limits of the installation but commute each day to the installation from surrounding civilian communities.

Most installations have law enforcement organizations, medical treatment facilities, legal offices and courts of law, stores, churches, child development programs, housing for some personnel, and recreational facilities. It is helpful to view the installation as an individual community and a separate jurisdiction. As with other jurisdictions, the installation is operated and maintained by public revenues.

Because they are self-contained "cities," installations obviously require regulations and ordinances. An installation's regulations are based on instructions that pertain to the installations of that particular Service (e.g., Department of the Army). If it is an Army post, for example, it operates under the regulations of the Department of Army. The regulations, of course, are framed within the parameters of Federal and State laws.

Guidance in the Armed Forces always starts at the top, with the Secretary of Defense issuing broad policy directives to the military Departments, which in turn issue instructions and regulations that apply to local military installations throughout the country and overseas. Among the DoD directives and instructions are those that govern specific FAP's. Directives and instructions will be discussed later in this manual.

Access to the Installation

Despite the tall chain fences that surround many military facilities, child protection professionals in the local community will find that access to the local installation is not complicated, and that community support is welcomed by the installation's military leaders and professional services providers, including the FAP team members.

In the past, a few civilian agencies have reported difficulty in establishing a connection with their counterparts on the installation. This guide will explain why the Services want to encourage coordinated efforts and eliminate any misunderstandings that could detract from the important job of protecting the children of military families.

Civilian agencies needing information or desiring to initiate closer working relationships with their local military installations are encouraged to telephone the installation directly and ask for the FAP coordinator.

If there is a problem in contacting FAP personnel on an installation or if there is need for other information, agencies may contact DoD's FAP Office for further assistance. Because the Department's policy is to resolve issues and problems at the lowest possible level, individual concerns may be referred to the Service headquarters or to the major command that provides direction and support to the installations. The address of the FAP Office is:

Office of Family Policy, Support and Services
Ballston Centre Tower III, Suite 917
4015 Wilson Boulevard
Arlington, VA 22203-5190
(703) 696-5806
(800) 336-4592
FAX: (703) 696-6344

RISK FACTORS IN MILITARY FAMILIES

A persistent misconception among civilian agencies is that the incidence of child abuse and neglect in military families is higher than that among civilian families. The reasoning is usually that military personnel are trained for combat and are, therefore, more violent than their civilian counterparts, either by inclination or training. Experience among family advocacy staff does not substantiate this misconception. In fact, some aspects of military life are believed to reduce the risk of abuse, such as steady incomes and the wide range of family support programs that contribute to a family's ability to meet the daily challenges of life in the military. In addition, there are some indications that the severity of abuse among military families may be less than that of their civilian counterparts because intervention occurs at an earlier point in the abuse cycle, and the Services track families that have been abusive even during long-range moves.

In a tightly structured organization such as a military installation, communications efforts to promote prevention also are quite effective. Because of this, military leaders have been relatively successful in expanding an awareness of the child abuse problem and publicizing the fact that treatment is available.

YOUTHFUL ORGANIZATION

One of the unique features about the Services is the youthfulness of its members. More than 65 percent of the active duty population is 30 years old or younger. More than a million Service men and women are under 26 years of age.

A 1981 report by the Center for Women's Policy Studies highlighted the youthfulness of the Armed Forces, noting that more than 50 percent of the active duty population is 30 years of age or younger as compared to 25 percent of the general population in that age group. Ten years later the same profile exists with an even higher percentage of military personnel 30 years old or less.

ISOLATED FAMILIES

In a typical American community with a military installation nearby, roughly two-thirds of the military families do not live on the installation. This can be a sizeable military population in communities with large installations.

Many of these off-installation families are at a high risk. They are the households of young Service members, many still in their teens, with even younger spouses. They are relatively new in the Service and, consequently, are in the lower paygrades. Some qualify for the food stamp program. Their limited home management skills are buffeted by easy credit and "needs" that exceed their incomes. Many are parents.

Like most young couples, civilian or military, they have had limited training in parenting skills. But unlike their civilian counterparts, they are almost certain to be living far from their extended families and other support networks that normally would provide structure in which to develop as young parents.

Their isolation is further compounded by the fact that they are out of the mainstream support that the installation provides for its Service men and women and their family members. In crisis times, military service providers have a great deal of difficulty reaching the young families living in the civilian community far from the support systems provided by the installation.

Isolation exists even in noncrisis times. For example, a Service member, the family "sponsor," is often sent on training exercises that separate him or her from the family for long periods of time. In the case of the Navy, ships deploy for months at a time. Families that are not in the mainstream of the military's support system can often "fall through the cracks." The Services work hard at reaching these families and helping them prepare for the challenges they face. Without collaboration between military and civilian agencies, however, family advocacy efforts cannot be fully successful.

MOBILITY OF MILITARY FAMILIES

In 2 or 3 years after "settling in" at their current assignment, military personnel can expect to receive reassignment papers that order them to another installation within the United States or overseas. It is common for military families at all paygrades, even the lower ones, to be reassigned every 2 or 3 years. Mobility *at all levels* is a primary and necessary characteristic of the military profession.

THE NEED FOR COMMUNITY COLLABORATION

To civilian service providers, it may seem that the complexities of military life defy rational efforts to plan and deliver effective CPS. Some families live on the installation and others live in housing in the local community. Civilian members of a military household are subject to different sets of rules than are the uniformed members. Some installations are subject to Federal jurisdiction, others are not.

Given these complexities, community collaboration is critical to effective child abuse and neglect prevention and treatment efforts for military families. The key ingredient in preventing and treating abuse and neglect among military families is a strong cooperative program involving both civilian and military service providers. Having a day-to-day working relationship with FAP personnel on the installation is crucial to a community's child abuse prevention program in regard to military families living in the community. Having mutual access to case management committee meetings facilitates the flow of information and the effective use of treatment programs that are available on the installation and in the local community. A close working relationship also should help local agencies that often are understaffed and overburdened with many caseloads.

UNDERSTANDING MILITARY FAMILY DYNAMICS

Family advocacy team members on installations are aware of the unique events that affect military families on a day-to-day basis. Upcoming ship deployments, for example, can trigger reactions that lead to abuse. Other types of training exercises and deployments also require separations and create stress and problems within the family. A close working relationship between professionals on the installation and those in civilian agencies promotes an understanding of what is affecting the lives of the military families living in the local community. For example, shortly after the Persian Gulf crisis, many military communities provided briefings to local public school staff to help them understand the changes in behavior of their students who were children of military members involved in the crisis.

MOBILITY CAN DISRUPT TREATMENT

One of the most compelling reasons for a close working relationship between professional agencies on the installation and their civilian counterparts is the prevention of disruption of treatment that can result from reassignment. If a family living off the installation has been reported to a civilian agency and is receiving help from the local CPS agency but the Family Advocacy Case Review Committee on the installation is unaware of the case, it is very likely that reassignment orders will interrupt the treatment being provided to the family. If the installation's family advocacy team is unaware of ongoing treatment, the family may be relocated to a new community and the new child protection personnel will be unaware of the family's situation.

Options

The FAP has a number of options to promote stability of the family. In situations where abuse or neglect has been substantiated, it may be possible to postpone a Service member's reassignment. The Navy, for example, codes an offender's personnel record thus precluding reassignment until the case has been re-

solved. The other Services have instituted similar means of supporting families through the treatment process.

The Services share the community's concern for family members involved in abusive family situations. The Services' efforts are aimed at ensuring the safety of spouses as well as children. However, as in all other aspects of the military's efforts to protect its family members from abuse, it must rely on a close and effective working relationship with the community.

TREATMENT PROGRAMS

Most installations have professional treatment programs available to Service personnel regardless if they live on or off the installation. This is particularly helpful if local agencies are facing large caseloads and overextended treatment programs. This consideration provides further impetus to interagency cooperation.

In cases where the risk of maltreatment has been reduced sufficiently to allow reassignment of the Service member, but the family needs continued treatment, the military is able to transfer the case with assurance that the interdisciplinary Case Review Committee on the receiving installation is fully apprised of the case and will assume complete responsibility for continuing all actions required.

THE LEGAL RESPONSE

It should be noted that unit commanders have a number of options to deal with Service members involved in incidents of abuse. Unit commanders have legal options under the Uniform Code of Military Justice (UCMJ) to impose punishment if necessary. Unit commanders can also take steps to ensure that Service members get appropriate treatment, rehabilitation, and protection for the family. It is important that civilian agencies are sensitive to the fact that a unit commander's approach to cases of child or spouse abuse is based on specific circumstances and what is best for the individual and the family.

Protection for Victims

Actions can be taken by an installation to ensure the protection of family members. For example, the abusive Service member can be moved into barracks to live until the case is fully resolved or until it is safe for that individual to be returned to his/her family. Command support is very important in all aspects of the cases, including protection of the victims.

INFORMATION SHARING

To protect victims and to promote treatment of family members, it is essential that civilian service providers involve the installation's family advocacy team in military family cases of child abuse and neglect. Interagency communication is important if service delivery is to be coordinated properly. Communication between agencies must be maintained on a formal and informal basis.

It has been recommended that all key agencies involved in the community's CPS establish a central person to serve as a liaison on cases of child abuse and neglect. This individual would take the lead in developing written policies and procedures for appropriate roles and activities as they pertain to specific agencies. The installation's Family Advocacy Case Review Committee should be included in this formal arrangement.

On the informal level, ongoing communications must occur among civilian and installation agencies involved with the same child and family. Ongoing communication regarding case progress, changes in

behavior or circumstances, problems encountered, and outstanding issues are critical to preventing contradiction and duplication in services. These informal exchanges of information also provide for ongoing assessment and enable changes in intervention approaches and services, as necessary.

With an effective interdisciplinary effort in place between the FAP personnel of a military installation and local community service providers, the opportunity to help at-risk and abusive families is greatly enhanced.

CONCERN ABOUT SHARING INFORMATION

In the past, civilian service providers have expressed concern regarding the exchange of information. Some feel that sharing information with the military installation would adversely affect the offender's career and his or her family. The Services' position regarding the handling of offenders is somewhat similar to that of the civilian community. The family's overall well-being is of great concern. Disciplinary action is a last resort. Early intervention and prevention of further injury are facilitated when information is shared between agencies on the installation and those in the community.

COLLABORATIVE AGREEMENTS

If professionals and agencies are to work together effectively, there must be commonly shared goals and formalized working agreements that state policies and procedures. The military refers to these agreements as memoranda of understanding (MOU) or memoranda of agreement.

The MOU is a primary means of clarifying responsibilities between the installation and the civilian community and of establishing the procedures that are to be followed in investigation and case management. The establishment of these protocols between agencies guides intervention and standardizes practice. The MOU probably is the single most effective tool to ensure that maltreating families are not overlooked or are not transferred to other communities before their cases have been resolved properly.

The MOU is a flexible document and can be designed to cover all of the variables and dynamics related to prevention, identification, and treatment. In the next section, the usefulness of the MOU in resolving jurisdiction issues will be discussed. Model MOU's are shown in Appendix B.

JURISDICTION AND LEGAL ISSUES

The jurisdiction issues related to a military installation pose substantial challenges to agencies involved in the protection of the children of military families. While service providers on the installation and in the community share common goals with regard to these children, the complications of jurisdiction inherent in a Federal enclave within a State's borders have created barriers in the past to meeting the needs of maltreated children. The problem is particularly difficult for military families living on installations under exclusive Federal jurisdiction.

THE CHILD PROTECTION DILEMMA

Military leaders are bound by regulations governing and protecting Federal jurisdiction of the land on which an installation is situated. They also realize how important it is to provide legal protection and make social services available to those who live on the installation. The dilemma is that Federal laws do not specifically address procedures for handling child abuse and family violence; however, Federal laws supersede State laws.

A 1979 General Accounting Office (GAO) report noted that the legal relationship between a military installation and the State in which it is located may present an impediment to effective interaction between military and civilian social service organizations in responding to cases of child abuse and neglect. The GAO cited exclusive Federal jurisdiction as a potentially difficult type of legal relationship. Even in cases where the jurisdiction is less than exclusive there are procedural complications.³

TYPES OF JURISDICTION

Jurisdiction is the power, right, or authority to interpret and apply the law or the authority of a sovereign power to govern or legislate. The authority to enact general municipal legislation is reserved to the individual States. Where the Federal Government has jurisdiction over a specific land area, such as a military installation, Congress may enact statutes under its legislative authority. As noted above, however, Federal laws do not prescribe procedures for handling child maltreatment and family violence cases.

There are four common categories of legislative authority with which civilian child protection professionals may need to be familiar.

- Exclusive Federal Jurisdiction. The Federal Government has all of the legislative authority within the land area in question. Normally, the State reserves the right to serve civil or criminal process on the Federal area.
- Concurrent Jurisdiction. In granting the United States authority tantamount to exclusive legislative jurisdiction over an area, the State reserves the right to exercise the same authority concurrently with the United States.
- Partial Jurisdiction. The Federal Government has some legislative authority, but the State reserves the right to exercise other authority beyond service of process. Neither the Federal Government nor the State has complete authority over the land in question.

- **Proprietary Interest.** The Federal Government has some degree of ownership or right to use of land within the State, but does not have legislative authority except as authorized by the Constitution.

As mentioned previously, one of the difficulties in implementing the FAP is related to the issue of exclusive Federal jurisdiction. In areas that fall within one of the other categories, the State either has legislative authority or shares that authority with the Federal Government. In those instances, the State is clearly obligated to provide services to residents on the Federal land.

However, the civil and criminal laws of a State do not directly apply to military installations in areas of exclusive Federal jurisdiction. Since no comprehensive Federal legislation has been enacted to address child and spouse abuse occurring on Federal land, military personnel and their family members who reside in areas of exclusive Federal jurisdiction theoretically could be deprived access to appropriate and timely law enforcement and social services.

Inconsistent legal interpretations in matters of jurisdiction can influence the implementation of military family violence programs. At the local installation level, the situation of exclusive Federal jurisdiction may present barriers to a timely and effective case response in both civil and criminal actions, particularly in terms of who has the authority, responsibility, and resources to respond to an incident of alleged abuse.

In communities where the availability of public services is limited, it may be opportune for civil authorities to view the Federal enclave as a distinct political entity, ineligible for certain categories of services. At times, military authorities may prefer to deny civilian workers access to an installation for reasons of installation security or because the military desires complete sovereignty in governance. However, the military's authority to remove at-risk family members from their homes is limited, as are legal provisions for placement and supervision of dependent minors outside their own homes. In addition, it is difficult to get appropriate authorities to prosecute civilian perpetrators for alleged criminal offenses occurring on Federal land. The UCMJ is applicable only to active duty military personnel; and, as previously noted, State criminal laws do not directly apply to civilian members of a military family residing on Federal land.⁴

A study released by the OSD in June 1986 noted that 141 installations reported having military families residing in areas of exclusive Federal jurisdiction.⁵ Of 874 military installations nationwide, the Army had 63 installations with personnel residing in areas of exclusive Federal jurisdiction; the Navy, 38; the Air Force, 31; and the Marine Corps, 9.

According to the 1986 OSD study, approximately 500,000 military family members reside in areas of exclusive jurisdiction. This represents 16 percent of the total active duty military community, which includes Service men and women and family members.

No Hindrance to Cooperation

It should be noted that jurisdiction issues do not preclude human services providers on a military installation from cooperating with civilian child protection professionals. In fact, the Military Child Care Act of 1989 requires that the Services cooperate with civilian CPS agencies.

DoD directive 6400.1, entitled "Family Advocacy Program," directs the Services to establish programs addressing the prevention, identification, evaluation, treatment, and followup of child abuse and neglect and spouse abuse. And while neither the provisions of Public Law 93-247 nor State reporting statutes apply to agents of the Federal Government, DoD policy prescribes cooperation with civilian authorities in address-

ing the problems of family violence and in reporting cases of child abuse as required by State law. (It should be noted that there are no mandatory State laws for reporting spouse abuse.)

Installation Regulations

The 1986 OSD study determined that most installations have established procedures for implementing a family advocacy policy, despite jurisdiction constraints. Procedures may be prescribed in installation and military unit standard operating procedures (SOP) or operating instructions (OI) or both. Some of these procedures incorporate specific elements of State child abuse laws, such as reporting requirements, protections for individuals making reports, and authority to take a child into protective custody without a court order if the child is determined to be in danger.

In some cases, these procedural documents refer to an MOU between the installation and civilian agencies responsible for providing CPS and spouse abuse services. In a number of instances, sparsely populated installations defer to a larger installation or regional military installation, such as a military treatment facility (MTF), for case management guidance.

Memorandum of Understanding

The MOU is an important key to helping military families living on a military installation. It provides the framework that establishes responsibilities and the procedures that facilitate effective and efficient implementation of those responsibilities.

MOU's Employed To Resolve Jurisdiction Issues

The 1986 OSD study looked for information on operative MOU's because FAP personnel in the OSD and the Services recognized that these agreements facilitated the management of child abuse and neglect and spouse abuse cases. In 1986, a total of 46 installations had established MOU's with CPS agencies and law enforcement agencies. Some MOU's focused on only one agency; others addressed both the child welfare agency and law enforcement.

Defense officials discovered that most of the agreements are executed between military and civilian law enforcement and/or CPS agencies for handling child abuse cases. Some MOU's address such broad issues as installation access for arrests, the management of juvenile misconduct, as well as child abuse. Some agreements have been developed with local shelters.

In addition to the installations with MOU's, another 16 installations were negotiating agreements with local agencies or had MOU's in draft form at the time of the survey. The trend throughout the Armed Forces is to address the jurisdiction issue with MOU's.

Benefits Resulting From Formal Agreements

The 1986 OSD study indicated that exclusive Federal jurisdiction over an installation does not pose a substantial military-wide problem for child protection personnel. However, the nature of the survey precluded its being able to capture a thorough description of the very complex processes in the investigation and disposition of child abuse cases.⁶

The study noted that the issue of providing protection to an endangered child is an impetus for a concerted effort by civilian and military officials in resolving child maltreatment cases.

The report further pointed out that MOU's between installation and CPS agencies do not constitute a retrocession of Federal jurisdiction. In fact, DoD officials believe that MOU's provide some very positive returns, including:

- protecting the interests of the Federal Government;
- maximizing use of resources;
- avoiding duplication of effort and role confusion;
- improving the accuracy and timeliness of case reporting; and
- enhancing military and civilian relations.

Because military commanders usually do not have the legal means to deal with the problem of juvenile members of military families, the application of State law in matters of child welfare is viewed as benefiting the installation.

By the mid-1980's, about 38 percent of military personnel and families were residing in areas of exclusive jurisdiction without MOU's in effect at the time of the survey. While this did not necessarily mean that local procedures had not been established, it did indicate that there are areas where formal agreements could be reached that would enhance the overall efforts of child protection team members both on and off the installation.

Common Components of the MOU Related to Jurisdiction Issues

The following are common components in MOU's.

- Responsibilities related to investigation of child abuse and neglect and service provision to families where abuse and neglect have been substantiated.
- The role of military police in arranging for civilian access and escort on the installation.
- Requirements of civilians to carry appropriate credentials while on the installation.
- Procedures for service of judicial process.
- Assignment of criminal and civil functions and responsibilities, including prosecutory discretion for criminal and noncriminal acts.
- The locus of case management functions.
- Procedures for temporary removal of a child to protective custody.
- Provisions for sharing case information between military and civilian authorities.
- Appointment of a member of the local CPS agency to serve as liaison to installation case management teams.

- Appointment of a military family advocacy team member to the local civilian case management team to provide expertise related to the military community.

MOU's between military installations and local CPS agencies may address:

- The reporting and investigation of child abuse and neglect in cases involving military families.
- Multiple agency involvement in such matters related to dependent children of military personnel as foster care, adoption, child abuse, and neglect.
- The use of services and shelters for battered military spouses and their children.

OTHER CHILD PROTECTION ISSUES AFFECTED BY JURISDICTION

Reporting

The State laws that pertain to mandatory reporting do not apply to military installations that are under exclusive Federal jurisdiction. However, MOU's can address the issue of mandatory reporting, just as they address other issues related to child abuse and neglect. All military installations regardless of jurisdiction are under instructions to comply with applicable State laws in reporting child abuse.

The 1986 OSD study indicated that 78 percent of the installations surveyed routinely refer child abuse cases occurring in areas of exclusive Federal jurisdiction to civilian agencies. In some instances, reports are made to civilian officials after the cases are screened by appropriate military authorities. Many of the installations reporting child abuse and neglect have elected to adopt State reporting requirements and procedures. All installations, however, must report alleged child abuse cases to local authorities, as required by DoD directive 6400.1, the Military Child Care Act of 1989, and by Service directives.

Reporting within military channels is a routine procedure, varying somewhat between Services. The added obligation to report to the State does not impose an undue burden on the FAP personnel. Each installation tailors the reporting procedures to meet the specific needs of the local military community. An installation's reporting procedure in an isolated area or in a foreign country may vary, for example, from that of a military facility in a metropolitan area with a strong CPS system.

Each Service provides its installations with specific guidance on reporting. For instance, the Army regulation regarding its FAP states: "The (reporting) system should be tailored to each installation's size, location, and other unique factors (e.g., the presence of a military police station or 'MP Desk,' the existence of MOU's with CPS, the presence of a Spouse Abuse Shelter, the availability of an MTF Emergency Room)....As a matter of Army policy, the reporting procedures within these documents will comply with applicable State laws mandating the report of child abuse to the extent permitted by Federal laws, executive orders, and regulations." While DoD provides reporting policy guidance, individual Service regulations spell out the details of reporting child abuse.

In the 1986 OSD study, more than half of the military installations stated that they receive regular reports of abuse from civilian agencies. Some civilian authorities state concerns about reporting cases to the military such as confidentiality, lack of confidence in the military system, and fear that the military may take administrative or judicial action that jeopardizes a Service member's career. Again, it should be emphasized that a cooperative working arrangement and the use of formal agreements can resolve concerns of

this nature and enhance the overall support that is provided to military families whether they live on or off the military installation.

While few civilian jurisdictions have mandatory reporting requirements for spouse abuse, a number of installations encourage civilian reporting of spouse abuse incidents to military family advocacy workers as part of a formal MOU or local operating procedure. The advantage to this, of course, is that offenders can be provided treatment and, again, the treatment process will not be inadvertently interrupted by reassignment or separation orders.

Working closely with the FAP organization on the installation will ensure CPS that equal consideration under the law is being provided to all families, including those that live on and off the installation. Close cooperation with the FAP officer will provide local agencies a clearer insight into the unique nature of military life and enhance the overall effectiveness of the community's total child protection efforts. The FAP officer is sensitive to the importance of mandatory reporting laws and is eager to work with local officials to ensure that families living on the installation have the same benefits as those living off the installation.

Court Action in Alleged Child and Spouse Abuse Cases

Generally, installations allow the circumstances of a particular case to determine if, when, and where court action will be initiated. There may be civil and criminal remedies in a child abuse or spouse abuse case. When a criminal action is taken, a decision is required as to whether or not a crime has been committed; whereas the focus of a civil case is on the protection of the victims.

The Federal Government retains full authority to prosecute offenders for crimes committed in areas of exclusive Federal jurisdiction. If the alleged offender is a military member, the case is tried under the provisions of the UCMJ, if warranted. Allegations against civilians usually are heard in U.S. district courts for felony cases or in magistrate courts for misdemeanor cases.

In the Armed Forces, very few cases of abuse involving military members or their families are criminally prosecuted. Civil or administrative solutions are more typical. Installations often defer to State or local procedures in the disposition of domestic and juvenile matters.

In cases where civilian court involvement is necessary, military investigators and FAP personnel remain actively involved and play a central role throughout the process. Some civilian courts direct offenders into family advocacy treatment programs. Involvement and guidance from the installation legal staff in family violence cases occur on most installations, and the legal staff are an essential component of the case disposition process.⁷

Removal of Children From Their Parents

The majority of installations defer to State or county procedural guidelines for removal of children. Often, military officials on an installation assist in the removal process, either directly or by facilitating civilian access to the installation. In some cases, local regulations authorize installation law enforcement personnel to remove children with consent of the commanding officer. Some installations have separate procedures regarding removal of a child into protective custody, while others have incorporated civilian child removal guidelines into existing regulations and MOU's.

LEGAL ISSUES AND SPOUSE ABUSE

The Armed Forces conducts very strong spouse abuse programs on all military installations. Civilian CPS should be aware that their counterparts on the military installation are actively engaged in the prevention and treatment of spouse abuse as well as child abuse and neglect. FAP personnel are involved in all aspects of family violence.

Spouse abuse consistently represents the largest proportion of reported incidents of family violence in the DoD. Its impact on the family and on the Service member's ability to function well in military duties should not be underestimated. FAP personnel on the local military installation emphasize the benefits of aligning their spouse abuse efforts with those of their civilian neighbors in law enforcement, legal assistance, and community services.

When developing an MOU regarding jurisdiction and reporting issues, clarification of spouse abuse procedures will be helpful to FAP personnel.

SUMMARY

Supporting the local military installation in its efforts to apply State child protection laws to its Service personnel and their families is an important element of a community's work in preventing, identifying, and treating child abuse and neglect.

The civilian community and the Services have made great strides in developing and strengthening programs that address child abuse and neglect. Integrating the professional services and resources available in a community through such agreements as MOU's creates a powerful edge in combating child maltreatment.

THE DOD FAMILY ADVOCACY PROGRAM

The DoD directive that pertains to FAP is DoD directive 6400.1, issued by the OSD. As is the case of many directives, it is updated and re-issued periodically to reflect changes and provide new direction for programs that support family advocacy.

FAP personnel are highly trained in the various aspects of prevention and treatment of child abuse and neglect. They are especially sensitive to the importance of a multidisciplinary approach. Peter McNelis states: "Compared with other community-based family violence intervention efforts, the military case management team has unique aspects. All cases are routinely evaluated by the multidisciplinary team members and the team makes all disposition decisions....The inclusion of different types of knowledge has a synergistic impact on the deliberations and ultimately enhances family outcomes."⁸

FAMILY ADVOCACY POLICY

The FAP objectives, as outlined in the directive, are to:

- Prevent child and spouse abuse in the Armed Forces and to establish procedures for responding to allegations of such abuse.
- Direct the development of programs and activities that contribute to healthy family lives.
- Provide a coordinated and comprehensive DoD-wide child and spouse abuse program.
- Promote early identification and intervention in cases of alleged child and spouse abuse.
- Provide rehabilitation and treatment programs for child and spouse abuse. These programs do not preclude appropriate administrative or disciplinary action.
- Cooperate with responsible civilian authorities in efforts to address the problems related to the prevention and treatment of child and spouse abuse.

FAP ELEMENTS

The FAP includes the following elements:

- Prevention. Efforts to prevent child and spouse abuse, including information and education about the problem in general. Prevention efforts are directed specifically toward potential victims, offenders, and nonoffending family members.
- Direct Service. Identification, diagnosis, treatment, counseling, rehabilitation, followup, and other services directed toward the victims and perpetrators of abuse and their families. These services are supplemented locally by a multidisciplinary case review committee established to assess incidents of alleged abuse and make determinations and recommendations for treatment and case management.

- Administration. The administration of the FAP includes all services, logistical support, and equipment necessary to ensure the effective and efficient operation of the FAP. This includes the development of local MOU with civilian authorities regarding case reporting, provision of services, and the delineation of responsibilities.
- Evaluation. This element includes needs assessments, program evaluations, research, and similar activities in support of family advocacy work.
- Training. The training element includes all educational measures, services, supplies and/or equipment needed to prepare and maintain the skills of personnel working the FAP.

DEFINITIONS

To establish a common base for conducting the FAP within the Armed Forces, the DoD directive provides a set of definitions. It defines child abuse and neglect as the physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. Child abuse and neglect encompass both acts and omissions on the part of a responsible person.

Definitions are included in the DoD directive in Appendix B. The organizational structure of FAP is outlined in Figure 2.

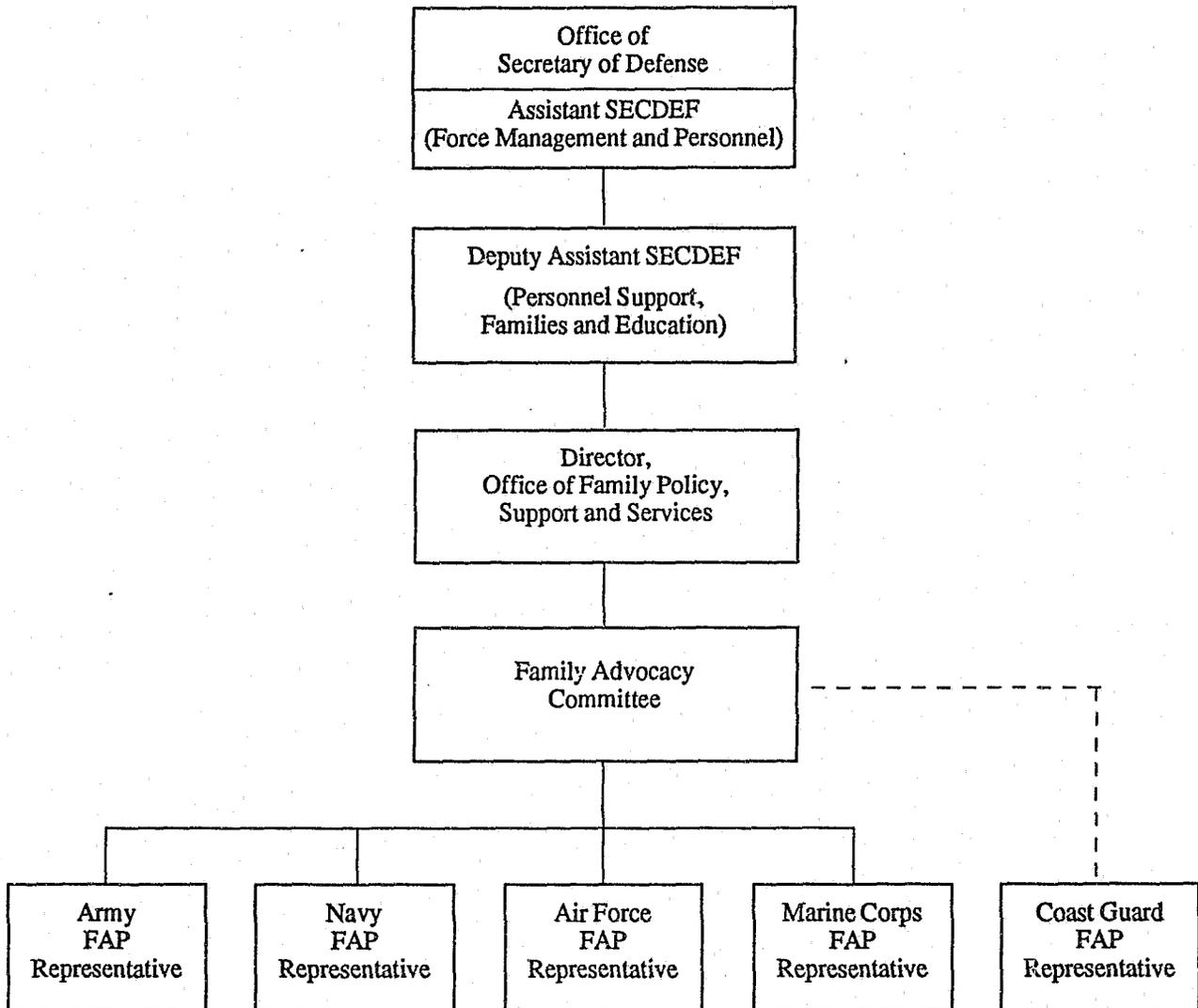
INSTRUCTIONS TO EACH MILITARY DEPARTMENT

The FAP directive establishes the Family Advocacy Program within each Service and instructs each of the Services to establish a Family Advocacy Committee (FAC) and officer on each installation. Each of the Services is responsible for identifying the fiscal and personnel resources needed to implement its FAP.

The Services also are directed to:

- Ensure that a multidisciplinary approach is followed by coordinating efforts and resources among all activities serving military families.
- Provide specific program information and other data as required by the OSD.
- Standardize the certification of health care and social service personnel who counsel individuals and families.
- Provide education and training to those involved in family advocacy.
- Encourage local commands to develop MOU's providing for cooperation and reciprocal reporting of information with the appropriate civilian officials.
- Ensure that eligible military families living in the civilian community as well as those families living on military installations are included in the FAP.
- Ensure that installation commanders appoint FAP officers to implement local programs.

Figure 2
FAMILY ADVOCACY ORGANIZATION



- Establish multidisciplinary family advocacy case review committees at the installation level to assess incidents of alleged abuse and make recommendations for treatment and case management.
- Develop additional guidelines for assembling complete case information.
- Establish specific criteria for retaining Service members who have been involved in an incident of substantiated abuse.
- Develop guidelines for case management and for monitoring the FAP.

PROCEDURES

When an alleged act of abuse is reported, the Services are required to take specific and timely actions. Local responses to cases of suspected child or spouse abuse must be coordinated among appropriate military and civilian agencies to ensure that any further trauma to the victim or victims is minimized.

Medical Support and Notification

Certain immediate actions are required in cases of suspected abuse, and individuals who are instructed in these procedures are "on call" after normal duty hours. The actions include:

- Notification of the local FAP officer who in turn must ensure that other procedures are fully implemented.
- Provision of medical assessment and treatment as needed for all family members by appropriately trained medical personnel.
- Notification of military law enforcement and investigative agencies.
- Notification of the Service member's commanding officer.
- Notification of the local CPS by installations in the United States if it is a child abuse case.
- Observance of applicable rights of the alleged offender.

The Case Review Committee

The FAP case review committee is responsible for evaluating reports of alleged child and spouse abuse. It reviews the available case material on each incident and makes a case status determination. A case may be designated "substantiated," "suspected," or "unsubstantiated." The committee makes recommendations to the Service member's commanding officer regarding appropriate treatment programs and is responsible for monitoring treatment progress.

Disposition of Offenders

Each installation has established guidelines to ensure that military leaders have access to complete case information when they are considering the disposition of allegations. Some of the factors that are considered may include the:

- Past military performance and potential for further service.
- Prognosis for treatment as determined by a clinician with expertise in the diagnosis and management of the specific type of abuse in question.
- Extent to which the alleged offender accepts responsibility for the behavior and whether there is a genuine desire for treatment.

Treatment

The FAP procedures are structured to ensure that all offenders and their families shall have access to appropriate case management and treatment services.

CHILD AND SPOUSE ABUSE REPORTS

To effectively respond to reported incidents of child or spouse abuse on a military installation, reporting procedures have been developed by the DoD Family Advocacy Committee. The reporting system facilitates the immediate actions that are required when cases of abuse and neglect are reported. It also assists in the analysis of information needed by DoD leaders in the development of overall programs related to family violence. Guidance related to reporting procedures is contained in DoD's Instruction Number 6400.2. It is titled "Child and Spouse Abuse Report" and is displayed in Appendix A.

Child/Spouse Abuse Incident Report

The purpose of the Child and Spouse Abuse Report form is to provide a standardized means of reporting alleged incidents of abuse in a complete and timely fashion. All installations, including the Coast Guard, use similar forms. The form is sensitive to legal and medical concerns related to the incident, and it also prevents the disclosure of identifying information in unsubstantiated cases. An effective reporting procedure is crucial to successful case management and in ensuring that individuals and families in treatment are not inadvertently "lost in the system."

Out-of-Home Child Sexual Abuse Report

The Services are aware that there are risks associated with out-of-home child care. The OSD has established specific guidelines related to alleged incidents of child sexual abuse that occur in such DoD-sanctioned, out-of-home care settings as child development centers, schools, recreation programs, and child care in private households on a military installation. In addition to reporting such incidents on the Child and Spouse Abuse Report, a special report is required to be made to the OSD, normally within 72 hours of the initial report. A special DoD team is available around the clock to assist local installations. The section on the Family Advocacy Command Assistance Team (FACAT) (pronounced "facet") describes this program.

Semi-Annual Report to OSD

The DoD collects information from each of the Services on child abuse and neglect and spouse abuse in order to understand the scope of the problem, types of maltreatment, and information about victims and offenders. This information is submitted to the OSD twice a year. Defense officials use this nonidentifying information in the same way that civilian agencies use child abuse statistics: to develop changes in policy and to support public inquiries and assist in budgetary decisions.

VICTIM AND WITNESS ASSISTANCE

DoD instructions provide internal guidance “to protect and assist crime victims and witnesses, and to enhance their roles in the criminal justice process without infringing on the Constitutional rights of the accused.”⁹

Among the procedures that DoD personnel follow are those that include advising abused spouses of the availability of emergency medical and social care, information related to crime victim compensation and the availability of community-based treatment programs, and the role the victim plays in the process of the criminal justice process. The victim of a serious offense is additionally advised and consulted about a variety of options related to preferring charges, restraining orders, and other legal actions. The victim’s safety is the paramount consideration.

CENTRAL MILITARY REGISTRIES

By and large, military child abuse and neglect registries perform the same functions as civilian registries: to assist FAP personnel carry out their responsibilities. To ensure the effectiveness of the military’s prevention and treatment programs, it is necessary for the registries of each Service to be as complete as possible. For that reason, medical information is included.

Maintaining information regarding abusive or neglectful military families living in the civilian community is important to the FAP. This is another area where cooperation between civilian agencies and the installation’s family advocacy personnel contributes to the overall well-being of military families.

An element of the FAP is an index of the names of child abuse victims, maintained by each military Department.

Functions of Central Registries

The functions performed by DoD registries include:

- Tracking victims of abuse and neglect.
- Providing a central location for information necessary to conduct investigations and assist medical personnel.
- Helping FAP personnel in the allocation of program resources.
- Raising awareness of the problems of child abuse and neglect through statistical profiles.
- Enabling the management of caseloads and caseworker assignments.
- Screening applicants for employment in child day care programs, or other positions of trust involving children.
- Forming a database for research.

Military registries are better equipped to track abuse and neglect victims and their families than are their civilian counterparts. This will prove to be an increasingly important aspect of the FAP because the

military lifestyle is so mobile. Families are transferred every 2 or 3 years, frequently to and from overseas assignments.

DOD FAMILY ADVOCACY COMMITTEE

The FAC at the DoD level was established by the Secretary of Defense in the mid-1980's. The committee is chaired by the Deputy Director for Family Advocacy of the Office of the Assistant Secretary of Defense for Force Management and Personnel (FM&P) and is made up of the FAP manager of each of the military Services, the Office of the Assistant Secretary of Defense for Health Affairs, and other DoD components as required. The Coast Guard, while not a component of the DoD, also is represented on the committee.

FAP representatives on the committee develop the criteria for professional staffing throughout the Armed Forces and the range of FAP services that are required to ensure effectiveness. The committee also coordinates FAP activities with other social and medical programs that serve military families.

The FAC performs a number of other important activities including the programming and allocation of FAP funding and the collection and analysis of family advocacy data. Of particular interest to civilian agencies at the State and local level is the committee's participation in Federal Government programs and advisory groups addressing child maltreatment (e.g., the Interagency Task Force on Child Abuse and Neglect).

PREVENTION THROUGH AWARENESS

Each year, the FAC conducts activities that promote the prevention of child and spouse abuse through community awareness efforts. This is accomplished in coordination with the DoD public affairs network, including the public affairs offices of each of the services. The FAC also collaborates with national organizations in developing awareness campaigns.

Certain times are set aside when family violence prevention is emphasized. April, for example, is the month of the military child and the month to emphasize child abuse prevention. October is spouse abuse prevention month. These observances coincide with civilian awareness activities. Local civilian child protection personnel are encouraged to coordinate awareness efforts with the FAP team on the military installation. The Armed Forces is particularly interested in fostering cooperative efforts in the local civilian community to create a better awareness because so many military families live in civilian communities. Appendix C is a brief discussion of how awareness programs can be carried out in cooperation with a military installation.

FAMILY ADVOCACY COMMAND ASSISTANCE TEAM

An innovative program initiated by the DoD in the late 1980's was the development of a highly trained team that provide assistance to commanders of installations where out-of-home child sexual abuse incidents have been reported.

A pool of 80 professionals is available for when incidents of child sexual abuse occur on military installations in such DoD-sanctioned, out-of-home child care settings as child development centers and private home care on the installation. The instruction that governs this program is DoD Instruction Number 6400.3, dated February 3, 1989.

The FACAT consists of multidisciplinary professional members of the OSD and each of the military Services, including pediatricians, psychiatrists, psychologists, social workers, attorneys, public affairs specialists, criminal investigators, and managers from family advocacy programs, child development services, and youth activities.

Military communities are not routinely assigned personnel with the level of training and experience needed when allegations of child sexual abuse occur on an installation. When the team is deployed, it is tailored to the specific needs of the installation and to the particular circumstances of the situation. One of its goals is to reduce the trauma to the children, families, and to the military community in general.

As with civilian communities when child abuse is discovered in a child care facility or private home, anxiety and deep concern throughout the community arise, particularly if the incident receives public attention through the media.

Although it is a traumatic experience to the victims and to the community in general, it can be a time of learning. If it is properly handled, it may contribute to the overall prevention of child sexual abuse. The inclusion of public affairs specialists on the FACAT demonstrates DoD's awareness of the importance of keeping the local civilian and military community informed while being fully sensitive to the needs of the victim and other members of the victim's family.

TRAINING

Training is considered an essential ingredient of FAP. The Secretary of Defense provides training for the FACAT and for the personnel assigned to family advocacy positions throughout the Armed Forces. This latter training is called Family Advocacy Staff Training (FAST). The Army is the executive agent for providing this intensive training.

In addition to OSD's FACAT and FAP staff training, each of the Services provide training for those involved in the field of child and spouse abuse. Their training is specifically designed for the Service-unique aspects of family violence programs. Professionals on the installation also participate in local and national meetings and conferences on child abuse and neglect and attend other conferences related to their specific disciplines.

Child abuse/neglect prevention, identification, and intervention training is incorporated into the process that prepares individuals to work in child care and youth activities programs on the installation. People interested in the military's family advocacy training should contact the FAP manager on the installation for further details. There may be opportunities for cross-training and program exchanges between local civilian agencies and professional service providers on the installation.

MILITARY FAMILY CLEARINGHOUSE

The OSD maintains a central clearinghouse to support the professional community that provides services to uniformed men and women and their family members. The Military Family Clearinghouse (MFC) (formerly the Military Family Resource Center) serves as a source of information related to resources and research on military family matters. Individuals and agencies involved in providing services to military families are able to obtain a wide range of information, including model programs, training curriculums, abstracts of audiovisual materials, reports, dissertations, journal articles, publications, and other information. The MFC also maintains a calendar of conferences and meetings for personnel who work with military families.

Civilian agencies working with military families are welcome to use the MFC resources. For additional information and assistance in obtaining abstracts, write to: Military Family Clearinghouse, Ballston Centre Tower Three, Suite 903, 4015 Wilson Blvd., Arlington, VA 22203-5190. DoD maintains a toll-free number: 1 (800) 336-4592.

PUBLICATION

Since 1981, the OSD has published a newspaper for those who provide services to military families. *Military Family* provides information about the wide range of services and programs that are available to support families, including services related to child and spouse abuse. *Military Family* is published bi-monthly by the DoD with family advocacy funds provided by Congress. An agency wishing to receive *Military Family* should contact the MFC.

DEPARTMENT OF DEFENSE DEPENDENT EDUCATION

Occasionally, a service provider in the civilian community will be involved with a family whose children attend a school operated by the DoD. There are 17 schools for dependents of military personnel in the United States and 1 in Puerto Rico. These are known as "Section 6" schools. The list of DoD schools in the United States and Puerto Rico is contained in Appendix D.

The DoD Dependent Education Family Advocacy Program is an important element of child protection work in the Armed Forces. The primary focus is prevention. Just as public school officials and teachers in local civilian communities are highly valuable in prevention and in the reporting process, DoD education personnel perform similarly valuable work in overseas communities and in the 18 schools located in the United States and Puerto Rico.

DoD School Reporting Procedures

School reporting procedures are in accordance with the DoD FAP directive. Recognizing the important role that schools play in the protection of children, principals are instructed to:

- Establish school procedures for reporting suspected cases of child abuse and/or neglect.
- Establish liaison with the FAP officer or coordinator for the local installation on which the school is located.
- Assign a faculty member to represent the school on the installation/community case review committee in cases concerning students and/or student families.
- Coordinate with the installation's FAP officer in providing training for school personnel to assist in the identification and protection of actual or suspected victims of child abuse.

Dependents Schools Regulation 2050.2 states that any DoD Dependents School (DoDDS) employee who has reason to believe that a student has been abused or neglected shall report that information to the local installation's designated FAP point of contact immediately, following established school procedures. The obligation to report abuse is considered an official responsibility of each DoDDS employee.

RESEARCH

In the early 1980's, the DoD increased its research into family-related aspects of military life. The end of the selective service process, popularly known as the "draft," and the introduction of an all-volunteer force resulted in a greater need to be able to recruit young people and to retain them within the Service. At the same time, there was an increasing interest in understanding the factors that lead to improved performance of Service men and women to ensure that military units were kept at a high level of readiness. The Services recognized a need to conduct research to identify the factors that contribute to these goals.

Military leaders possess an increasingly clear understanding of the dynamics related to military life and the impact that the family has on the military unit's readiness. They have recognized that it is beneficial to provide support to Service men and women and their family members. They have discovered that providing support not only empowers families to be able to adapt to the tough challenges of military life but also benefits the military units by enhancing job performance.

Providing family advocacy support to military families is clearly in the best interest of the families. Research on family adaptation to the military indicates that the prevention and treatment of family violence in the final analysis is beneficial to the military unit.

ARMY FAMILY ADVOCACY PROGRAM

The Army FAP is responsible for addressing child abuse and neglect and spouse abuse matters. Army Regulation 608-18 states the program requirements for all Army installations.

ARMY FAMILY ADVOCACY PROGRAM POLICY

Army Community Service (ACS) has overall responsibility for managing the Army's FAP. Medical treatment facility personnel, Army lawyers, military police, chaplains, and other Army staff personnel work with the local CPS to ensure that Army families receive help. The program consists of:

- identification;
- reporting;
- treatment;
- prevention; and
- followup of each case.

The services that are offered include community education and awareness, primary prevention efforts to enhance good parenting and family communication, crisis intervention, emergency shelter, and counseling.

FAMILY ADVOCACY PROGRAM ELEMENTS

The FAP comprises the following elements.

Family Advocacy Program Manager

The FAP manager administers and directs the installation FAP and serves on the Family Advocacy Case Management Team (FACMT). The program manager develops community education and prevention programs, coordinates civilian and military resources, assesses the special needs of families, publicizes information related to services and how to report child maltreatment, and works with the installation commander to organize FAP services.

Family Advocacy Case Management Team

The FACMT is a multidisciplinary treatment team comprised of military and local community agency personnel. The team diagnoses, evaluates, and manages cases of child abuse and neglect within the Army community. The FACMT includes members of the ACS center, pediatrics, law enforcement, legal services, the local CPS agency, and other service providers as required. It coordinates with local CPS to ensure that the military's services are effectively used in protecting the children and treating the family. It is strongly recommended that a local CPS representative serve as a member of the FACMT.

Prevention

The primary thrust of the Army's FAP is prevention. A wide variety of tools are used to accomplish the awareness and educational objectives required by a successful program of prevention. Army leaders appreciate opportunities to participate with civilian agencies in promoting a better awareness of child abuse and neglect and in working on the programs to address it because many Army families live in local civilian housing areas.

Treatment Services

Counseling and medical treatment services are provided through local military medical treatment facilities (MTF) or coordinated with local civilian community services. Once a case has been diagnosed, and a treatment plan developed, the services employed to accomplish the plan will depend on the resources available either in the military and/or civilian communities. Military treatment programs range from comprehensive services for the child and the family to case monitoring to ensure that abuse does not recur. It is Army policy to develop and maintain a strong relationship with local civilian agencies to ensure that the family will be offered the most appropriate services. Treatment generally is available through the military hospital or clinic, the community mental health system, or the alcohol and drug abuse treatment program. Military chapel programs often include parenting education and couples communication classes. The Army emphasizes services that help families develop coping skills. Protection of the child is paramount throughout the treatment process. An integral part of treatment is regular communication with the offender's commander. Command authority is a valuable tool in motivating families to participate in treatment programs.

Commander's Role and Major Commands

The commander on the Army installation is required to be familiar with rehabilitative procedures and disciplinary policies related to family violence and is responsible for ensuring that soldiers involved in an abusive incident receive counseling and referral assistance as recommended by the FACMT. Each installation commander reports to a major command that provides an intermediate level of coordination, guidance, and oversight on family advocacy matters. These senior commands also identify and address the needs and concerns of the local installation.

Memorandum of Understanding

An MOU between the installation and the relevant agency or agencies in the local community is a key element of an Army installation's FAP. A written MOU specifies the responsibilities of the local CPS and the military agencies involved in family advocacy. Elements of an MOU include responsibilities related to the investigation of cases, the protection of victims, and the provision of services. It facilitates the working relationships and promotes a commitment to a cooperative effort. In addition to the MOU, each installation maintains a standing operating procedure that outlines the processes and procedures used by the installation in addressing child and spouse abuse.

Incident Reporting

Child and spouse abuse incident reporting is conducted in accordance with the DoD Child and Spouse Abuse Report form contained in Appendix C.

The Army Central Registry

The Army maintains a central computer that tracks child abuse and neglect and spouse abuse cases and provides an automated database. Installations are required to report all suspected and substantiated cases to the Central Registry. The Central Registry also is available for use in the employment selection of individuals who are applying for child care positions on an installation. The Registry is used in prevention by ensuring that the treatment of a Service member or family is not interrupted by reassignment orders.

Training

The Academy of Health Sciences at Fort Sam Houston in Texas provides training on a regularly scheduled basis to FAP staff. Installations are involved in local training efforts.

ARMY FAMILY ADVOCACY PROGRAM ADDRESS

For additional information, civilian agencies should contact the local installation's FAP manager. For information on the Army's FAP, write to:

Army Family Advocacy Program
Headquarters Department of the Army
(Attn: DACF-FSA)
Hoffman Building 1, Room 1402
Alexandria, VA 22331-0521
Commercial: (703) 325-9390

NAVY FAMILY ADVOCACY PROGRAM

The Department of the Navy consists of two Services: the Navy and the Marine Corps. The military missions of the two Services are closely intertwined. The Navy is headed by the Chief of Naval Operations and the Marine Corps is headed by the Commandant. They report to the Secretary of the Navy in leading their respective Services.

Marine Corps personnel often are assigned to Naval facilities. On each Marine Corps installation, a number of Navy personnel are assigned for special duties, such as medical support and religious leadership. The Marine Corps FAP is discussed in a separate chapter.

NAVY FAP POLICY

The Secretary of the Navy establishes the rules and operating procedures for family advocacy for both the Navy and the Marine Corps. The Secretary's policy guidance on child abuse and neglect and spouse abuse is contained in SECNAV Instruction 1752.3A. Each Service has established a FAP.

The Department of the Navy Naval Medical Command also has issued a family advocacy instruction through BUMED Instruction 6320.22. It outlines the procedures that medical treatment facilities and dental clinics are to follow in carrying out family advocacy responsibilities. It is titled "Family Advocacy Program (FAP)."

The Navy FAP addresses the prevention, identification, intervention, treatment, followup, and reporting of child and spouse maltreatment, and sexual assault.

ASSUMPTIONS ON WHICH PROGRAM IS BASED

- Family violence occurs within all communities, including the Navy community.
- Family maltreatment and abuse is disruptive and interferes with the work performance of the Service member and thus with the mission of the Navy.
- Family violence and neglect is incompatible with the high standards of professional and personal discipline required of Naval members.
- Most perpetrators of family violence are not deviant or incorrigible; many may be rehabilitated.
- Victims and involved families often are best served when the perpetrators of family violence are placed in treatment and are available to participate in the family's general rehabilitation.
- Perpetrators of family violence must be held accountable for their behavior; swift and certain intervention is a very effective deterrent.
- The rehabilitation of a valued Service member is cost effective for the Navy.

NAVY RESPONSE TO FAMILY VIOLENCE

The Navy's comprehensive response to family violence is designed to prevent or to stop the violence and to minimize its impact on the family and on the Navy.

Prevention

Navy family support programs help minimize the negative stresses caused by a mobile lifestyle. For example, "welcome baby" programs conducted by the Navy provide new parents with information on community resources and on basic parenting skills. These young parents are far from their hometowns and extended families; therefore, they are denied a rich source of learning parenting skills. Without these informal learning opportunities, families at risk increase their chances of falling into abusive situations. Often young military families are even separated from the family support systems provided by the installation. By extending or combining local community outreach programs to military families living off the installation, important prevention efforts are strengthened.

Identification and Reporting

An important aspect of the Navy's FAP is training professionals to recognize abuse. Incidents of abuse or neglect are reported to Family Advocacy Representatives (FAR) and coordinated with local CPS agencies. The Navy's incident reporting procedures are the same as those of the other Services. The same Child and Spouse Abuse Report form which is shown in Appendix C is used.

Intervention and Treatment

A multidisciplinary team (the Case Review Committee) of family advocacy professionals and command representatives recommends an appropriate response to identified cases of abuse. The Navy's intervention may include:

- crisis intervention;
- emergency shelter;
- rehabilitation;
- treatment;
- criminal prosecution;
- disciplinary or administrative sanctions;
- close coordination with civilian social service providers;
- a treatment option for carefully screened incest offenders; and
- physical and mental health treatment.

CHILD SEXUAL ABUSE

The Navy manages its child sexual abuse cases centrally, because incest is such a complex and highly emotional aspect of child abuse. A standardized treatment option is available for incest offenders, which the Navy believes is better for the overall family outcome.

CASE MANAGEMENT AND FOLLOWUP

Family advocacy cases are monitored to ensure the victim is safe and the perpetrator is making satisfactory progress. Case followup continues for a year to allow time to resolve the immediate problem before reassigning the Service member.

NAVY PROGRAMS PROVIDING FAMILY ADVOCACY SERVICES

Family support programs, medical treatment facilities, and local commanders work together to provide family advocacy services. Families may obtain assistance with family problems, including family violence, by contacting a local Family Service Center, a military hospital social work office, or a mental health clinic on the nearest Naval installation.

NAVY FAP ADDRESS

Civilian agencies also are welcome to contact these installation organizations. If there are questions that cannot be handled at the local level, CPS caseworkers may contact:

Family Advocacy Program Office
Naval Military Personnel Command
(Code: NMPC-663)
Department of the Navy
Washington, DC 20370

Despite the address, the headquarters is in Virginia near the Pentagon, and the telephone number is (703) 746-5938. Medical issues related to child abuse and neglect and spouse abuse may be directed to the Navy's medical headquarters located in Washington, DC. The address is Bureau of Medicine and Surgery, BUMED, Washington, DC 20372-5120. The telephone number is (202) 653-0370.

AIR FORCE FAMILY ADVOCACY PROGRAM

The initial Air Force program designed in 1975 to prevent and treat child abuse cases was called the Child Advocacy Program (CHAP). In 1981, the program expanded to address spouse abuse and was redesignated as the Family Advocacy Program (FAP). In 1989, the Air Force FAP included those programs and services designed to respond to family members with special medical or educational needs.

AIR FORCE FAP POLICY

The mission of the FAP is to support Air Force readiness. The goal of the FAP is to promote family readiness by enhancing the health, welfare, and morale of the Air Force family. The family plays an integral role in the achievement of the Air Force mission by having a direct impact on the Service member's capacity to perform his or her assigned duties. It is Air Force policy to minimize the negative impact of and, where possible, prevent family maltreatment and to identify, report, assess, and treat families having exceptional medical or educational needs, children who are at risk for injury, and families experiencing family maltreatment.

PROGRAM COMPONENTS

Prevention

A Family Advocacy Outreach Program was initiated in 1986 to address the development and implementation of primary and secondary family maltreatment prevention programs. The Air Force is committed to healthy families and has dedicated specific resources for maintaining and enhancing the health of families through preventive education and support services.

Exceptional Family Member Program

In 1989, the FAP expanded its role to address the needs of families with children possessing special medical and educational needs. This component of the FAP is designated the Exceptional Family Member Program (EFMP). EFMP ensures the availability of medical and educational services for exceptional children. The component also manages the provision of medically related services to handicapped students enrolled in special education in DoDDS outside the United States.

Direct Services

Direct services include identification, diagnosis, treatment, counseling, rehabilitation, followup, and other services directed toward the victims and perpetrators of abuse and their families. These services are supplemented locally by a multidisciplinary case management team established to assess incidents of alleged abuse and make determinations and recommendations for treatment and case management. A Family Advocacy therapist, who is a credentialed clinician, provides the full range of diagnosis, assessment, and treatment for Family Advocacy clients.

Research

In 1988, the Air Force designed a 4-year longitudinal evaluation study that relies on a social interactional perspective and focuses on antecedent events precipitating abuse, on the interactional nature of behavior, and on the bidirectional influences among family members. A standardized assessment protocol is used to evaluate families with intrafamilial child or spouse maltreatment issues and to evaluate the overall effects of program intervention with these families. The ultimate goal of this initiative is to determine which treatment interventions work, with which people, and under what conditions.

ORGANIZATIONAL STRUCTURE AND STAFF

Headquarters

The Office of the Surgeon General of the Air Force has primary responsibility for the FAP. The FAP manager is an Air Force social work officer on the staff of the Surgeon General. The FAP central office is located at Brooks Air Force Base in San Antonio, TX. A staff of 14 carry out the responsibilities for policy, programs, and administrative support.

Major Commands

On the staff of each of the Air Force's 12 major commands, there is a Major Command Family Advocacy Program manager who is responsible for providing technical assistance at each Air Force installation within the command. This individual also is responsible for ensuring installation compliance with FAP requirements and that each installation FAP is actively participating in a quality assurance plan.

Air Force Installations

Each Air Force installation conducts its family advocacy work through an Air Force FAC. The installation commander is responsible for implementing the local FAC and ensuring that the program is effective and receiving all the required support. The Medical Facility Commander is the installation chairman of the FAC and is responsible for oversight of the program. A social work officer is designated as the Family Advocacy Officer (FAO) and that person is the action officer for the Family Advocacy Program. There are approximately 120 FAO's throughout the Air Force.

Family Advocacy Civilian Staff

The Air Force has taken aggressive action to dedicate resources, develop programs, conduct research, and provide services to families. Additional civilian staff have been hired at various Air Force military treatment facilities to provide prevention programs, direct services, administrative help, and research activities. These personnel assist the Family Advocacy Officer in improving the responsiveness of the base FAP by providing services to prevent or reduce negative conditions in Air Force families.

Coordination Within the Civilian Community

Cooperation between military and civilian agencies is important to the provision of services to families, including those with special needs. The Air Force is committed to an open relationship, with close coordination and liaison between local agencies and staff members. While State laws and local proce-

dures for both military and civilian agencies dictate its nature, Air Force policy encourages a close working relationship with the local community.

Special Overseas Requirements

The FAP's on overseas installations are given priority for resources and technical assistance. This is especially important in view of the increased level of stress generally associated with life in a foreign country. The nonavailability or scarcity of English-speaking human service providers in overseas civilian communities combined with "host nation" jurisdiction issues require special considerations when meeting the needs of Air Force families overseas.

REPORTING PROCEDURES

As is the case for each service, incidents related to child abuse and family violence are reported in accordance with the Child and Spouse Abuse Report form reproduced in Appendix C.

AIR FORCE FAP ADDRESS

Individuals in a civilian community who are involved in providing services to military families should contact the FAO on the nearest Air Force base. For information regarding the overall Air Force FAP, inquiries should be addressed to:

Air Force Family Advocacy Program Manager
HQ Air Force Office of Medical Support/SGPS
Brooks Air Force Base, Texas 78235-5000
Commercial: (512) 536-2031
FAX (512) 536-9032

MARINE CORPS FAMILY ADVOCACY PROGRAM

As noted earlier, the Department of the Navy consists of two Services: the Marine Corps and the Navy. The military missions of the two Services are closely intertwined. The Marine Corps is headed by the Commandant, and the Navy is headed by the Chief of Naval Operations. Both report to the Secretary of the Navy in carrying out the responsibilities of their respective Services.

As part of overall responsibilities, the Secretary of the Navy outlines the ground rules and operating procedures for family advocacy for both Services. Guidance on child and spouse abuse matters is contained in SECNAV Instruction 1752.3A.

MARINE CORPS FAP POLICY

The major objective of the Marine Corps FAP is to stop abuse within Marine Corps families through a coordinated community response. The program operates within the established structure of the Marine Corps FSC at the 18 major Marine Corps installations. Commands that are far from a Family Service Center appoint a FAP officer to act as the focal point for the unit's FAP. Commanders are involved in the FAP throughout the process from identification to final disposition.

PROGRAM ELEMENTS

The child and spouse abuse program encompasses the elements of prevention, evaluation, identification, intervention, treatment, rehabilitation, followup, and reporting. The program enables a commander to perform the following actions:

- enhance unit readiness by operating programs to restore families suffering from abuse to a healthy state;
- use and integrate resources in setting up prevention programs; and
- guarantee interagency, staff, and command cooperation in addressing family advocacy.

REPORTING PROCEDURES

Procedures for reporting child abuse and other forms of family violence are similar to those of the other Services and are carried out in accordance with the Child and Spouse Abuse Report form reproduced in Appendix C.

CASE MANAGEMENT

Prevention of abuse through aggressive early and ongoing intervention is the foundation of the Marine Corps program. Underpinning the program is a mandatory evaluation and counseling for all active duty Marines involved in substantiated child and/or spouse abuse incidents. The Marine Corps sponsors Parent Aide Prevention/Intervention efforts through social worker and community health nurse teams. These teams provide intensive education and support throughout pregnancy and the first year after a child is

born. Crisis intervention, ongoing support groups, and professional counseling provide further prevention of abuse. Family members and others eligible for services are highly encouraged to participate in all FAP activities, but their attendance is voluntary. The rehabilitative counseling uses a behavior management/social learning model of behavior change and it is conducted through the installation's FSC. Special or unique cases may be referred to appropriate civilian agencies.

The key objectives of the treatment program, as with other FAP elements, are in keeping with the spirit of prevention and rehabilitation. The Marine Corps considers prevention as the most cost effective means of dealing with child and spouse abuse, both in quality of life and in actual dollars.

The Marine Corps has three Child Sexual Abuse Response Teams: (1) East Coast; (2) West Coast; and (3) areas out of the continental United States. These multidisciplinary Response Teams consist of a specially trained social worker, attorney, pediatrician, and investigator. They are accessed through the Marine Corps Headquarters FAP manager and are available for consultation and assistance to local commands. Incidents are reported to the Command FAO and are coordinated with military police, naval investigative services, local CPS, and others as required. These cases are closely monitored to ensure victim safety and appropriate care. Offenders' activities are monitored and held accountable for their behavior. The Response Teams work closely with installation Command Strategy Teams to provide a full range of FAP services.

Evaluation and counseling aspects are mandatory for all active duty Marines involved in child and/or spouse abuse. The civilian family members are highly encouraged to participate, but their attendance is voluntary. The rehabilitative counseling conducted at the FSC is strictly short-term and nonmedical. Extended treatment, if necessary, is provided by local military medical treatment facilities or by appropriate civilian agencies.

TOLL-FREE INFORMATION TELEPHONE LINES

The Marine Corps maintains a toll-free telephone system for Marines and their family members to use wherever they are stationed. The support provided by the telephone system covers all aspects of Marine Corps family life, including child and spouse abuse. Civilian agencies are encouraged to provide this information to Marine Corps families that need help or information.

Families living east of the Mississippi River, except for Wisconsin, may call the East Coast Regional Family Service Center, located at Quantico, VA. The number is: (800) 336-4663.

Families living west of the Mississippi River, including Wisconsin, may call the West Coast Regional Family Service Center, located at Camp Pendleton, CA. The number is: (800) 854-2131.

MARINE CORPS FAP ADDRESS

In addition to the toll-free numbers, civilian agency representatives who need information or help related to the Marine Corps' child and spouse abuse programs should get in touch with the FAP manager on the local installation. For additional help, contact the Marine Corps FAP Office:

Family Program Officer
Care of the Commandant of the Marine Corps
Headquarters USMC (Code: MHF)
Washington, DC 20380
(703) 693-7883

COAST GUARD FAMILY ADVOCACY PROGRAM

The United States Coast Guard is a relatively small uniformed Service, with an active duty force of about 38,000 individuals. Many Coast Guard members are assigned to areas far from large military installations. This results in Coast Guard families living away from family and friends and also apart from the usual support systems provided in communities where there are larger concentrations of military personnel.

As stated previously, the Coast Guard is not part of the DoD. It is a component of the DoT. Therefore, it is governed by DoT regulations. The Coast Guard maintains an active FAP and works closely with DoD FAP personnel in the area of family violence.

Policy for family advocacy in the Coast Guard is contained in Commandant Instruction 1750.7A (Appendix A). The instruction notes that the Coast Guard FAP is a result of the 1979 GAO recommendation that the Armed Services should establish programs to address family maltreatment.

COAST GUARD POLICY AND SCOPE

It is the intent of the Coast Guard to significantly reduce the incidence of family violence (child abuse and neglect and spouse abuse) and to ensure the safety and well-being of all active duty personnel and their family members. Child or spouse abuse incidents require specialized professional screening, intervention, and treatment.

It is Coast Guard policy that Family Program Administrators (FPA) are the primary Coast Guard resource for all family violence incidents. FAR are responsible to their respective Coast Guard FPA's for program guidance in family violence matters.

The Commandant's instruction discusses the importance of addressing family advocacy issues and notes how crucial civilian community resources are in preventing and treating families members involved in violence. It states, "The civilian community has become increasingly aware of the issue of family violence and most communities have prevention, intervention, and treatment programs which may be accessed by Coast Guard personnel."

In the early 1990's, the Coast Guard Family Support Program was reorganized to emphasize the Service's awareness of the importance of supporting its families and enhancing its ability to address issues such as those related to family violence.

FAP OBJECTIVES

- Establish Coast Guard policy and guidance for the successful prevention, intervention, and treatment of family violence. Current policy includes the administrative action for disciplining members and the rehabilitation of military personnel who have the potential for future useful military Service without further abusive incidents.

- Prevent and reduce family violence incidents through educational programs, information and referral, and crisis intervention.
- Provide adequate guidance to commands through the Coast Guard network of FPA's and FAR's in order to ensure the availability of expert family advocacy resources and management of the FAP.
- Ensure reporting of all suspected or substantiated child abuse and neglect incidents to the proper civilian authorities to enable the appropriate intervention and treatment.
- Establish that acts of family violence will not be condoned by the Coast Guard.
- Ensure that the Child/Spouse Abuse Incident Report Form (CG-5488) is not placed in the Service member's personnel record and is available on a strict need-to-know basis. (Information on the Report Form may be entered into a Service member's record only if that action is appropriate for court martial or nonjudicial punishment actions.) The Coast Guard Incident Report is similar to the DoD form used by the other Services.

PROCEDURES FOR HANDLING FAMILY ADVOCACY CASES

Commanders or their representatives take the following actions when suspected or substantiated cases of family violence are reported within their commands.

Protection and Treatment

The victim's safety and well-being is maintained at all times, either by removing the victim or the abuser from the abusive situation or environment. Appropriate professional authorities are notified. Cases are assessed and professional consultation and recommendations are obtained for each incident. The treatment plan includes a carefully prepared followup procedure.

Child Protective Services Notification

In view of jurisdiction issues, local commanders are directed to maintain close cooperative relationships with local community agencies. The CPS agency in the community is alerted in all cases of suspected or substantiated physical and sexual child abuse.

The procedures followed by Coast Guard personnel in response to family advocacy issues are contained in the Coast Guard instruction. Terms and instructions for completing the Child/Spouse Abuse are included in the Coast Guard Incident Report (CG-5488).

FAMILY ADVOCACY ADDRESS FOR THE COAST GUARD

Civilian agency representatives should contact the Coast Guard in communities where there is a large Coast Guard facility. FAP personnel on the installations of all Services routinely provide support to all military families regardless of branch; civilian workers should not hesitate to contact the FAP manager on an installation despite Service affiliation of the family involved. In other cases involving Coast Guard families, inquiries may be directed to the Headquarters of the Commandant at the following address:

**Family Advocacy Program Manager
Headquarters USCG, (Code: G-Pd-3)
2100 2nd St., SW, Room 4108
Washington, DC 20593.
(202) 267-6730**

SUMMARY

Efforts to prevent child abuse and neglect in the Armed Forces and to identify and treat children and families where maltreatment exists parallel those in civilian communities. However, the military's unique lifestyle, coupled with its unusually high proportion of young Service members who are stationed far from their homes and traditional family support systems, challenges the child protection programs and professionals.

The OSD and the military Services have developed a highly effective network of "family advocacy" programs throughout the DoD. Success of these programs, in large measure, depends on collaborative efforts between agencies on the military installation and agencies in the civilian community. This is particularly important for two reasons. First, most military families live in civilian housing off the installation. Second, the jurisdiction of the installations impacts on the provision of services to maltreated children and families.

Cooperation between agencies on the military installation and in the neighboring civilian communities is the key to enabling military leaders to meet national goals related to the prevention and treatment of child abuse and neglect. This manual is intended to facilitate community efforts to address child abuse and neglect issues, thereby improving the welfare of children and families in the military community.

GLOSSARY OF TERMS/ACRONYMS

ACS	Army Community Services
AFFAC	Air Force Family Advocacy Committee
AFSEC	Air Force Services to Exceptional Children
ASD	Assistant Secretary of Defense
CJCS	Chairman Joint Chiefs of Staff
CHAP	Child Advocacy Program; initial Air Force FAP title
CRC	Case Review Committee
DoD	Department of Defense
DoDE	Department of Defense Dependent Education
DoT	Department of Transportation
FAC	Family Advocacy Committee
FACMT	Family Advocacy Case Management Team
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FAPO	Family Advocacy Program Officer
FAOW	Family Advocacy Outreach Worker
FAR	Family Advocacy Representative
FPA	Family Program Administrator; Coast Guard
FSC	Family Service Center, Navy, Marine Corps, Coast Guard; Family Support Center, Air Force; generally shortened to "family center"
JCS	Joint Chiefs of Staff
MOA	See MOU
MOU	Memorandum of understanding; sometimes MOA or memorandum of agreement
MFC	Military Family Clearinghouse
MTF	Medical treatment facility
OI	Operating instruction
OSD	Office of the Secretary of Defense
SECDEF	Secretary of Defense
SOP	Standard operating procedure
UCMJ	Uniformed Code of Military Justice

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6. *Ibid.*
7. *Ibid.*
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AUDIOVISUALS AND PUBLIC AWARENESS MATERIALS

For information on audiovisuals or public awareness materials on these topics, please contact:

Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, DC 20013
(703) 385-7565

Military Family Clearinghouse
4015 Wilson Boulevard
Suite 903
Arlington, VA 22203-5190
(703) 696-5806
DSN 226-5806
(800)336-4592

OTHER RESOURCES

ABA Center on Children and the Law
1800 M Street, NW
Suite 200
Washington, DC 20036
(202) 331-2250

American Humane Association
American Association for Protecting Children
63 Inverness Drive East
Englewood, CO 80112
(800) 227-5242

Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, DC 20013
(703) 385-7565

Federal Bureau of Investigation
FBI Academy
Behavioral Science Services Unit
Quantico, VA 22135
(703) 640-6131

Military Family Clearinghouse
4015 Wilson Boulevard
Suite 903
Arlington, VA 22203-5190
(703) 696-5806
DSN 226-5806
(800) 336-4592

National Children's Advocacy Center
National Resource Center on Child Sexual Abuse
107 Lincoln Street
Huntsville, AL 35801
(800) 543-7006

National Committee for Prevention of Child Abuse
332 South Michigan Avenue
Suite 1600
Chicago, IL 60604-4357
(312) 663-3520

APPENDIX A

DoD Family Advocacy Program Directive

Family Advocacy Program

No. 6400.1

Child and Spouse Abuse Report No. 6400.2

(including DD Form 2486

and Form DD 2404)



Department of Defense INSTRUCTION

February 3, 1989
NUMBER 6400.3

ASD(FM&P)

SUBJECT: Family Advocacy Command Assistance Team

References: (a) DoD Directive 6400.1, "Family Advocacy Program," July 10, 1986
(b) DoD Instruction 6400.2, "Child and Spouse Abuse Report,"
July 10, 1987

A. PURPOSE

This Instruction establishes policy, assigns responsibilities, and prescribes procedures under reference (a) for implementation and use of the DoD Family Advocacy Command Assistance Team (FACAT).

B. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Joint Chiefs of Staff, the Joint Staff, the Unified and Specified Commands, the Defense Agencies, and the DoD Field Activities (hereafter referred to collectively as "DoD Components"). The term "Military Services," as used herein, refers to the Army, Navy, Air Force, and Marine Corps.

C. DEFINITIONS

Terms used in this Instruction are defined in enclosure 1.

D. POLICY

It is DoD policy to:

1. Provide a safe and secure environment for DoD personnel and their families.
2. Prevent extrafamilial child sexual abuse of children covered by this Instruction and to treat allegations of such abuse in accordance with DoD Directive 6400.1 (reference (a)).
3. Promote early identification and intervention in allegations of extrafamilial child sexual abuse in accordance with DoD Instruction 6400.2 (reference (b)) as it applies to DoD-sanctioned activities.
4. Provide a coordinated and comprehensive DoD response to assist the Military Services in addressing allegations of extrafamilial child sexual abuse in DoD-sanctioned activities.
5. Foster cooperation between the Department of Defense, other Federal agencies, and responsible civilian authorities when addressing allegations of extrafamilial child sexual abuse in DoD-sanctioned activities.

6. Promote timely and comprehensive reporting of all incidents covered by this Instruction.

7. Prosecute or actively seek prosecution, as appropriate, of perpetrators to the fullest extent of the law.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)), or designee, shall:

- a. Monitor compliance with this Instruction.
- b. Train, maintain, and support a team of individuals from various disciplines to respond to child sexual abuse in DoD "out-of-home" care settings.
- c. Develop and coordinate criteria for determining the appropriate professional disciplines, support staff, and the required capabilities of FACAT members to enhance effectiveness.
- d. Ensure that policies and guidelines on activation and use of the FACAT are shared and coordinated with the Military Services and DoD Components.
- e. Program, budget, and allocate funds for the FACAT.
- f. Appoint the chief of the FACAT and provide required logistical support when deployed.
- g. Coordinate the management and interaction of this effort with other Federal and civilian agencies as necessary.
- h. Provide general awareness on FACAT goals and responsibilities.

2. The Secretaries of the Military Department and the Heads of DoD Components shall:

- a. Ensure compliance with this Instruction.
- b. Establish procedures in accordance with this Instruction.
- c. Designate nominees for the FACAT upon request and ensure replacements are appointed when vacancies are indicated.
- d. Ensure that commanders and staff within each Military Department are aware of the availability and use of the FACAT to assist in addressing extrafamilial child sexual abuse allegations covered by this Instruction.
- e. Encourage timely and comprehensive reporting in accordance with this Instruction.

F. PROCEDURES

1. DoD Instruction 6400.2 (reference (b)) requires accurate and timely (72 hours) reporting of every allegation of child sexual abuse in a DoD-sanctioned activity (out-of-home care setting).

2. A follow-up report is indicated when significant changes in the status of the case occur, when there is increased community sensitivity to the allegation, or when requested.

3. A closeout report to the ASD (FM&P) is required after all investigations have been completed. However, this report will not be delayed until all related disciplinary and administrative actions are completed. This report will include:

- a. Summary of all investigative findings and recommendations.
- b. Summary of legal actions that have occurred.
- c. Lessons learned including recommendations for changes in policies and procedures.
- d. Listing of corrective actions completed and programmed.

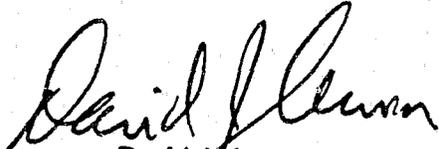
4. The preferred method of FACAT deployment is at the request of a Military Department or DoD Component. However, if the situation warrants, the ASD (FM&P) may deploy the team without the preferred request.

5. Composition of the FACAT and departure procedures shall be determined by the ASD (FM&P) based on the information and recommendations of the requesting official. A request for release of individual FACAT members from normal duty positions to serve on the deploying Team shall be made by the ASD (FM&P) to the Military Department or DoD Component. Funding shall be provided by the ASD (FM&P) or designee.

6. When deployed, the FACAT team chief shall report to the installation commander or designee. The team will assess the current situation, meet with an installation level task force, consult with DoD counterparts, and assist command and staff where indicated. Periodic updates of the situation by the team chief to the ASD (FM&P) or designee are required.

G. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward one copy of implementing documents to the Assistant Secretary of Defense (Force Management and Personnel) within 90 days.


David J. Armor
Acting

Enclosure - 1
Definitions

DEFINITIONS

1. Child. A natural child, adopted child, stepchild, 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 treatment in a Medical Treatment Facility is authorized.

2. 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 of a residential facility, 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 a responsible person.

3. Child Sexual Abuse. A category of abusive behavior within the definition of child abuse that includes the rape, molestation, prostitution, or other such form of sexual exploitation of a child; or incest with a child; or the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist in, any sexually explicit conduct (or any simulation of such conduct).

4. DoD-Sanctioned Activity. A U.S. Government activity or a nongovernmental activity authorized by appropriate DoD officials to perform child care or supervisory functions on DoD controlled property. The care and supervision of children may be either its primary mission or incidental in carrying out another mission (e.g., medical care). Examples include Child Development Centers (CDC), Department of Defense Dependents Schools (DoDDS), or Youth Activities (YA), School Age/Latch Key Programs, Family Day Care (FDC) providers, and child care activities that may be conducted as a part of a chaplain's program or as part of another Morale, Welfare, or Recreation Program.

5. Family Advocacy Command Assistance Team (FACAT). A multidisciplinary team composed of specially trained and experienced individuals who are on-call to provide advice and assistance on cases of child sexual abuse that involve DoD-sanctioned activities.

6. Reportable Incident. A reportable incident exists when an allegation has been made that child sexual abuse has occurred in an out-of-home DoD-sanctioned activity or allegedly has been committed by an individual providing out-of-home care in a DoD-sanctioned activity.



Department of Defense DIRECTIVE

June 23, 1992
NUMBER 6400.1

ASD(FM&P)

SUBJECT: Family Advocacy Program (FAP)

- References:
- (a) DoD Directive 6400.1, subject as above, July 10, 1986 (hereby canceled)
 - (b) Public Law 101-647, "Crime Control Act of 1990," November 29, 1990
 - (c) Public Law 97-291, "Victim and Witness Protection Act of 1982," October 12, 1982
 - (d) DoD 5025.1-M, "DoD Directives System Procedures," December 1990, authorized by DoD Directive 5025.1, December 23, 1988
 - (e) through (h), see enclosure 1

A. REISSUANCE AND PURPOSE

1. This Directive administratively reissues reference (a) to update:
 - a. DoD policy on child abuse and neglect (hereafter referred to as "child abuse") and spouse abuse.
 - b. The Department of Defense FAP and Family Advocacy Committee (FAC).
 - c. Responsibility for the establishment and operation of programs designed to address child and spouse abuse.
 - d. The Military Family Clearinghouse (MFC).
 - e. Responsibility to use the programs established by section D., below, to implement references (b) and (c).
2. This Directive authorizes the publication of DoD 6400.1-M, consistent with reference (d).

B. APPLICABILITY AND SCOPE

This Directive:

1. Applies to the Office of the Secretary of Defense (OSD) and the Military Departments. Military personnel assigned to the OSD, the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Unified and Specified Commands, the Inspector General of the Department of Defense, and the Defense Agencies (hereafter referred to collectively as "the DoD Components") shall be covered by this Directive and the regulations and policies issued by their parent Military Departments to implement this Directive.

2. Applies to the U.S. Coast Guard, an Agency under the Department of Transportation (DoT), by agreement with the DoT. This Directive shall also apply to the Coast Guard when it is operating as a Military Service in the Navy.

3. Encompasses all persons eligible to receive treatment in military medical treatment facilities (MTFs).

4. Provides only internal DoD guidance to protect and assist actual or alleged victims of child and spouse abuse. It is not intended to and does not create any rights, substantive or procedural, enforceable at law by any victim, witness, suspect, accused, or other person in any matter, civil or criminal. No limitations are placed on the lawful prerogatives of the Department of Defense or its officials. DoD policy governing the protection of victims and witnesses is prescribed in DoD Directive 1030.1 (reference (e)).

C. DEFINITIONS

Terms used in the Directive are defined in enclosure 2.

D. POLICY

It is DoD policy to:

1. Prevent child and spouse abuse involving persons covered by section B., above, and to treat allegations of such abuse, in accordance with section F., below.

2. Direct the development of programs and activities that contribute to healthy family lives.

3. Provide a coordinated and comprehensive DoD-wide child and spouse abuse program.

4. Promote early identification and intervention in cases of alleged child and spouse abuse.

5. Provide programs of rehabilitation and treatment for child and spouse abuse problems. Such programs do not prevent appropriate administrative or disciplinary action.

6. Cooperate with responsible civilian authorities in efforts to address the problems to which this Directive applies.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Force Management and Personnel) shall:

a. Develop a coordinated approach to family advocacy issues consistent with this Directive, recognizing that programs shall be designed to meet local needs.

b. Establish a DoD FAC to advise the Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)). The FAC shall identify joint-Service issues and assist in the coordination of special projects. The FAC shall be chaired by the Deputy Director, FAP, and shall be made up of representatives from the Military Services, the Office of the Assistant Secretary of Defense (Health Affairs), and other DoD Components, as required. The Coast Guard shall be invited to designate a representative to serve on the FAC.

c. Develop criteria for determining the minimum number of appropriately trained professionals, counselors, and support staff, and the range of services required to ensure program effectiveness.

d. Coordinate the management of this program with similar medical and social programs serving military families.

e. Program, budget, and allocate funds and other resources for the FAP.

f. Collect and analyze FAP data.

g. Serve on Federal committees and advisory groups that encompass issues included in the FAP.

h. Assist the Military Services in their efforts to establish, develop, and maintain comprehensive FAPs.

i. Collaborate with the DoD Components to establish FAP standards.

j. Monitor and evaluate existing FAPs at the headquarters level.

k. Provide guidance and technical assistance.

l. Collaborate with Federal and State agencies that address family advocacy issues.

m. Facilitate the identification and resolution of joint-Service issues and concerns.

n. Ensure that the MFC collects and maintains family advocacy-related resource and research materials.

o. Ensure that the MFC publishes a newsletter.

p. Monitor compliance with this Directive.

2. The Secretaries of the Military Departments shall:

a. Establish broad policies on the development of FAPs. Those policies shall include, but not be limited to, the prohibition of child and spouse abuse by persons covered under section B., above.

b. Identify the fiscal and personnel resources necessary to implement the FAP, in accordance with section F., below, and report these resource totals to the Office of the ASD(FM&P) (OASD(FM&P)).

c. Designate a FAP manager.

d. Coordinate efforts and resources among all activities serving families to promote the optimal delivery of services.

e. Provide program and obligational data as required to the OASD(FM&P).

f. Establish standardized criteria, in accordance with DoD Directives 6025.6 and 6025.11 (references (f) and (g)), for the selection and certification of health care and social service personnel who counsel individuals and families as part of the FAP.

g. Provide education and training to key personnel on this policy and effective measures to alleviate problems associated with child and spouse abuse.

h. Encourage local commands to develop memoranda of understanding (MOUs) providing for cooperation and reciprocal reporting of information with the appropriate civilian officials, in accordance with Pub. L. No. 101-189 (1989) (reference (h)).

i. Ensure eligible military families living in the civilian community, as well as those families living on military installations, are included in the FAP.

j. Ensure that installation commanders appoint FAP officers to implement local FAPS, in accordance with section F., below.

k. Ensure that installation commanders establish family advocacy case review committees (CRCs), in accordance with enclosure 3, and provide appropriate training to the members.

l. Ensure the development of additional guidelines for assembling complete case information under section F., below.

m. Develop specific criteria for retaining members in military service who have been involved in an incident of substantiated abuse.

n. Develop guidelines for case management and monitoring of the FAP.

F. PROCEDURES

1. When assisting victims of child and spouse abuse and witnesses to such acts, attention shall be given to the applicable provisions of Pub. L. No. 101-647 (1990) and DoD Directive 1030.1 (references (b) and (e)). Local response to cases of suspected child or spouse abuse shall be coordinated among appropriate military and civilian agencies to ensure that any further trauma to the victim(s) is minimized. When an act of abuse, as specified in section A.,

above, allegedly has occurred, the local FAP office shall be notified immediately and shall, in turn, ensure implementation of the following procedures:

- a. Medical assessment and treatment for all family members by appropriately trained personnel.
- b. Notification of the Service member's commanding officer.
- c. Notification of military law enforcement and investigative agencies.
- d. Notification of the local public child protective agency (in alleged child abuse cases only) in the United States and where covered by agreement overseas.
- e. Observance of the applicable rights of alleged offenders.

2. The CRC responsible for assessing reports of alleged child and spouse abuse shall review all the available case material and shall make a status determination of "substantiated," "suspected," or "unsubstantiated" for each case. The CRC shall make recommendations to the Service member's commanding officer on inclusion in a treatment program. The CRC shall also be responsible for monitoring and advising the commander of progress in treatment.

3. Guidelines shall be developed locally to ensure that commanders have timely access to complete case information when considering appropriate disposition of allegations. Factors that shall be considered in determining dispositions include the following:

- a. Military performance and potential for further useful service.
- b. Prognosis for treatment as determined by a clinician with expertise in the diagnosis and management of the abuse at issue (child abuse, child neglect, child sexual abuse, and/or spouse abuse).
- c. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment.
- d. Other factors considered to be appropriate by the command.

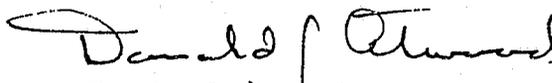
4. All alleged offenders and their families shall have access to appropriate case management and treatment services.

G. INFORMATION REQUIREMENTS

DD Form 2404, "DoD Child and Spouse Abuse Report," is assigned Report Control Symbol (RCS) DD-FM&P(SA) 1617. The Secretaries of the Military Departments shall submit this report to the ASD(FM&P), semiannually, not later than 45 days following the second and fourth quarters of each fiscal year.

H. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately.



Donald J. Atwood
Deputy Secretary of Defense

Enclosures-3

1. References
2. Definitions
3. Program Elements

REFERENCES, continued

- (e) DoD Directive 1030.1, "Victim and Witness Assistance," August 20, 1984
- (f) DoD Directive 6025.6, "Licensure of DoD Health Care Personnel," June 6, 1988
- (g) DoD Directive 6025.11, "DoD Health Care Provider Credentials Review and Clinical Privileging," May 20, 1988
- (h) Public Law 101-189, Title XV, "Military Child Care Act of 1989," November 29, 1989

DEFINITIONS

1. Case Review Committee (CRC). A multidisciplinary team of designated individuals working at the installation level, tasked with the evaluation and determination of abuse and/or neglect cases and the development and coordination of treatment and disposition recommendations.
2. Case Status. The status of the case at the time of the report. Includes "substantiated," "suspected," or "unsubstantiated," as follows:
 - a. Substantiated. A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This means that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse did not occur.
 - b. Suspected. A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation should not exceed 12 weeks.
 - c. Unsubstantiated. An alleged case that has been investigated and the available information is insufficient to support the claim that child abuse and/or neglect or spouse abuse did occur. The family needs no family advocacy services.
3. Child Abuse and/or Neglect. Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable for self-support because of a mental or physical incapacity and for whom treatment in a MTF is authorized.
4. DoD Family Advocacy Committee (DoD FAC). A body of representatives from all Military Service branches (including the Coast Guard) and other designated members chaired by the Deputy Director, FAP, tasked with advising the ASD(FM&P), or designee, on the status of FAPs, and assisting with the coordination of special projects.
5. Family Advocacy Program (FAP). A program designed to address prevention, identification, evaluation, treatment, rehabilitation, followup, and reporting of family violence. FAPs consist of coordinated efforts designed to prevent and intervene in cases of family distress, and to promote healthy family life.
6. FAP Manager (FAPM). An individual designated by the Secretary of the Military Department to manage, monitor, and coordinate the FAP at the headquarters level.
7. FAP Officer (FAPO). A designated officer to manage, monitor, and provide staff supervision of the FAP at the local level.

8. Spouse Abuse. Includes assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one of the partners is a military member or is employed by the Department of Defense and is eligible for treatment in an MTF. A spouse under 18 years of age shall be treated in this category.

PROGRAM ELEMENTS

A comprehensive FAP requires prevention, education, and training efforts to make all personnel aware of the scope of child and spouse abuse problems and to facilitate cooperative efforts. The FAP shall include the following elements:

1. Prevention. Efforts to prevent child and spouse abuse, including information and education about the problem in general. Prevention efforts shall be specifically directed toward potential victims, offenders, and nonoffending family members.
2. Direct Services. Identification, diagnosis, treatment, counseling, rehabilitation, follow-up, and other services directed toward the victims and perpetrators of abuse and their families. These services shall be supplemented locally by a multidisciplinary CRC established to assess incidents of alleged abuse and make determinations and recommendations for treatment and case management.
3. Administration. All services, logistical support, and equipment necessary to ensure the effective and efficient operation of the FAP, including the following:
 - a. The development of local MOUs with civilian authorities for the reporting of cases, provision of services, and the delineation of responsibilities in responding to child and spouse abuse.
 - b. Use of nonpersonal service contracts to accomplish program goals.
 - c. Preparation of periodic reports, consisting of incidence data. (See section G., of the basic Directive, above.)
4. Evaluation. Needs assessment, program evaluation, research, and similar activities to support the FAP.
5. Training. All educational measures, services, supplies, or equipment used to prepare or maintain the skills of personnel working in the FAP.



Department of Defense INSTRUCTION

July 10, 1987
NUMBER 6400.2

ASD(FM&P)

SUBJECT: Child and Spouse Abuse Report

- References:
- (a) DoD Directive 6400.1, "Family Advocacy Program," July 10, 1986
 - (b) DoD Directive 7750.5, "Management and Control of Information Requirements," August 7, 1986
 - (c) DoD Directive 5400.11, "Department of Defense Privacy Program," June 9, 1982
 - (d) DoD 5400.11-R, "Department of Defense Privacy Program," August 31, 1983, authorized by DoD Directive 5400.11, June 9, 1982

A. PURPOSE

1. This Instruction:

a. Implements reference (a) by assigning responsibilities and prescribing reporting requirements associated with child and spouse abuse in the Department of Defense.

b. Revises Report Control Symbol (RCS) DD-HA(SA)1617 to DD-FM&P(SA)1617 and adds a new RCS DD-FM&P(W)1738 under reference (b).

B. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense (OSD), the Military Departments, and the Defense Agencies, hereafter referred to collectively as "DoD Components." The term "Military Services," as used herein, refers to the Army, Navy, Air Force, Marine Corps, and the Coast Guard when it is operating as a Service of the Navy. This Instruction also applies to the Coast Guard when it is operating as a service of the Department of Transportation (DoT) by agreement with the DoT.

C. POLICY

The Department of Defense collects information on child and spouse abuse under DoD Directive 6400.1 (reference (a)) to do the following:

1. Analyze the scope of such abuse, types of maltreatment, and information about victims and offenders.
2. Support the replies to public, congressional, and other governmental inquiries.
3. Support budget requirements for child and spouse abuse program funding.
4. Develop changes in policy for child and spouse abuse.

D. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)), or designee, shall:

- a. Review information collected, analyzed, and reported by the Military Departments on child and spouse abuse under this Instruction.
- b. Ensure that compliance with this Instruction is timely and thorough.
- c. Provide advice to DoD Components on implementation of this Instruction.

2. The Secretaries of the Military Departments and the Heads of Other DoD Components, or designees, shall comply with this Instruction, to include the following:

- a. Ensuring the establishment of procedures in accordance with this Instruction that provide for the reporting of accurate information on child and spouse abuse.
- b. Ensuring that the reporting activities required by this Instruction are conducted quickly and thoroughly.
- c. Advising the ASD(FM&P) of reporting activities by summarizing the trends indicated from collected data and describing problems and accomplishments during a reporting period.

E. INFORMATION REQUIREMENTS

Child sexual abuse allegations that occur in DoD sanctioned "out-of-home" care settings require notification of the ASD(FM&P), or designee, within 72 hours of the initial report, enclosure 1. The reporting requirements of this Instruction have been assigned RCS DD-FM&P(W)1738 numbered DD Form 2486, Jul 86, entitled "Child/Spouse Incident Report" (that shall be submitted to the Offices within the Military Departments or the DoT designated to receive such reports), enclosure 2, and RCS DD-FM&P(SA)1617 numbered DD Form 2404, Oct 86, entitled "Department of Defense Child and Spouse Abuse Report" (that shall be submitted to ASD(FM&P), or designee), enclosure 3.

F. PROCEDURES

1. Reports of child and spouse abuse information shall be submitted semiannually. Reports covering the period October 1 through March 31 are due no later than May 15. Reports for April 1 through September 30 are due no later than November 15.

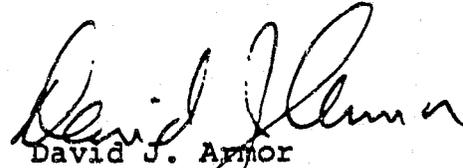
2. The memoranda transmitting the reports shall contain a narrative summarizing the trends indicated by the reported data and describing problems and accomplishments during the reporting period.

3. In addition to the reporting activities required by subsection F.1., above, the ASD(FM&P), or designee, may direct reporting activities of greater or lesser scope.

4. All allegations of child sexual abuse occurring in a DoD sanctioned "out-of-home" care setting shall be reported as described in enclosure 1.

G. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Force Management and Personnel) within 120 days.



David J. Armor
Acting

Assistant Secretary of Defense
(Force Management and Personnel)

Enclosures - 3

1. Alleged Child Sexual Abuse Reporting in DoD Sanctioned "Out-of-Home" Care Settings
2. DD Form 2486, Jul 86
3. DD Form 2404, Oct 86

ALLEGED CHILD SEXUAL ABUSE REPORTING
IN DoD SANCTIONED "OUT-OF-HOME" CARE SETTINGS

A. The focus of concern in reporting cases of child sexual abuse is first for the welfare of the child. The provision of family advocacy services occurs concurrently with case investigation. When abuse is perpetrated by an individual placed in a caretaker role sanctioned by the Military Services or authorized by the Service as a provider of care in "out-of-home" care setting, such as in child care centers, schools, recreation programs, or family day care, the case must be reported on DD Form 2486, according to procedures outlined in enclosure 2. Additionally, due to the sensitive nature of alleged cases, specified case information must be transmitted expeditiously through Service family advocacy channels to the ASD(FM&P), or designee, normally within 72 hours of the report.

B. Local Family Advocacy Program (FAP) officers have responsibility for reporting all cases of alleged child sexual abuse to command and investigative authorities. The FAP officer must assume the coordinating role among the commander, law enforcement and investigative agencies, medical treatment facility (MTF), civilian child protective services (CPS), and applicable involved activity, such as child care center, recreation center, Section 6 or DoDD school, or home child care provider. Specific actions depend on each situation. However, all reports of alleged child sexual abuse must be filed and forwarded through applicable family advocacy channels.

C. All allegations that occur in sanctioned out-of-home child care settings shall be reported by using the following format:

1. Branch of Service.
2. Date alleged incident occurred (YYMMDD).
3. Date case reported at installation (YYMMDD).
4. Installation location.
5. Activity where alleged abuse occurred.
6. Alleged offender's position within activity.
7. Alleged victim's age and sex.
8. Date reported to CPS.
9. Agencies involved in conducting the investigation.
10. Brief incident description.
11. Current status of the case.
12. Military contact name and telephone number.

D. Information provided to ASD(FM&P), or designee, shall contain anonymous descriptive information. Do not forward identifying information on each specific case.

Jul 10, 87
6400.2 (Encl 2)

CHILD / SPOUSE ABUSE INCIDENT REPORT

REPORT CONTROL SYMBOL
DD-FM&P(W)1738

PRIVACY ACT STATEMENT

AUTHORITY PL 93-247, "Child Abuse Prevention and Treatment Act," of 1974 DoD Directive 6400.1, "Family Advocacy Program"

PRINCIPAL PURPOSE To identify and record information on incidents of child and spouse abuse and provide protection and medical treatment to military members and their families

ROUTINE USES The Military Services use the information for internal management and maintain it by Service. Data forwarded to OSD will be aggregated for analysis and void of case identifiers. Incident data is used to evaluate and identify protocols required in the case. Service program managers use the data to identify incidence and prevalence rates and trends, track involved families, justify appropriate resource allocation, and review and control providers of care.

DISCLOSURE Voluntary, however, failure to provide information may delay the provision of appropriate services to the individual.

1. CASE NUMBER	2. REPORT SEQUENCE CODE	3. DATE CASE OPENED (YYMMDD)
4. MEDICAL TREATMENT FACILITY CODE	5. MAJOR COMMAND CODE	6. CASE STATUS DETERMINATION DATE (YYMMDD)

7. SOURCE OF INITIAL REFERRAL TO FAMILY ADVOCACY (if applicable)		
a. MILITARY <input type="checkbox"/> (1) Law Enforcement <input type="checkbox"/> (2) Medical/Dental <input type="checkbox"/> (3) Family Center <input type="checkbox"/> (4) Child Care/School/Recreation Center <input type="checkbox"/> (5) Command <input type="checkbox"/> (6) Chaplain <input type="checkbox"/> (7) Other (Specify) _____	b. CIVILIAN <input type="checkbox"/> (1) Law Enforcement <input type="checkbox"/> (2) Medical/Dental <input type="checkbox"/> (3) Social Services <input type="checkbox"/> (4) Child Care/School/Recreation Center <input type="checkbox"/> (5) Clergy <input type="checkbox"/> (6) Other (Specify) _____	c. NON-AFFILIATED <input type="checkbox"/> (1) Neighbor/Friend/Relative <input type="checkbox"/> (2) Self-Referral, Victim <input type="checkbox"/> (3) Self-Referral, Offender <input type="checkbox"/> (4) Other (Specify) _____

8. TYPE OF VICTIM (X one) <input type="checkbox"/> a Child Abuse/neglect (if 8a is checked proceed to item 9) <input type="checkbox"/> b Spouse Abuse (if 8b is checked proceed to item 10)	9. NOTIFICATION FORWARDED TO CHILD PROTECTIVE SERVICES? (X one) <input type="checkbox"/> a Yes <input type="checkbox"/> b No <input type="checkbox"/> c Not Applicable (Overseas)
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10. TYPE OF REPORT TO REGISTRY (X as applicable): <input type="checkbox"/> a Initial <input type="checkbox"/> b Updated Report <input type="checkbox"/> (1) Status Change <input type="checkbox"/> (2) Subsequent Incident <input type="checkbox"/> c Case Closed <input type="checkbox"/> (1) Resolved <input type="checkbox"/> (2) Unresolved <input type="checkbox"/> (3) Separated from Service <input type="checkbox"/> d Transferred (Specify) _____ <input type="checkbox"/> e Reopened Case	11. CASE STATUS (X one) <input type="checkbox"/> a Substantiated <input type="checkbox"/> b Suspected <input type="checkbox"/> c Unsubstantiated
--	--

If case is SUBSTANTIATED or SUSPECTED fill out remainder of form. IF UNSUBSTANTIATED, STOP!

12. SPONSOR DATA (if sponsor is alleged offender, X this box and go to item 13)	
a. NAME (Last, First, Middle Initial) _____	d. BRANCH OF SERVICE (X one) <input type="checkbox"/> (1) Army <input type="checkbox"/> (2) Navy <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (4) Marine Corps <input type="checkbox"/> (5) Coast Guard <input type="checkbox"/> (6) Retired Military <input type="checkbox"/> (7) Civilian/Other
b. SOCIAL SECURITY NUMBER - -	c. PAY GRADE _____

13. TYPE OF MALTREATMENT (X as applicable) <input type="checkbox"/> a Major Physical Injury <input type="checkbox"/> b Minor Physical Injury <input type="checkbox"/> c Sexual Maltreatment <input type="checkbox"/> d Deprivation of Necessities <input type="checkbox"/> e Emotional Maltreatment <input type="checkbox"/> f Fatality	14. TYPE OF TREATMENT (X as applicable): <input type="checkbox"/> a Social Services <input type="checkbox"/> b Medical Outpatient <input type="checkbox"/> c Medical Inpatient
--	--

15. VICTIM DATA		
a. NAME (Last, First, Middle Initial) _____	b. SOCIAL SECURITY NUMBER (if available) - -	c. SEX _____
d. DATE OF BIRTH (YYMMDD) _____	e. RACE/ETHNIC GROUP (X one) <input type="checkbox"/> (1) White, not of Hispanic Origin <input type="checkbox"/> (2) Black, not of Hispanic Origin <input type="checkbox"/> (3) Hispanic <input type="checkbox"/> (4) Asian/Pacific Islander <input type="checkbox"/> (5) American Indian/Alaskan Native	f. SUBSTANCE INVOLVEMENT (X one) <input type="checkbox"/> (1) Alcohol <input type="checkbox"/> (2) Drugs <input type="checkbox"/> (3) Alcohol and Drugs <input type="checkbox"/> (4) Unknown <input type="checkbox"/> (5) No involvement
h. NUMBER OF CHILDREN IN HOME _____	g. VICTIM RESIDES (X one) <input type="checkbox"/> (1) On Installation <input type="checkbox"/> (2) Off Installation	i. INCIDENT OCCURRED (X one) <input type="checkbox"/> (1) On Installation <input type="checkbox"/> (2) Off Installation

16. ALLEGED OFFENDER DATA

a NAME (Last, First, Middle Initial)		b SOCIAL SECURITY NUMBER		c DATE OF BIRTH (YYMMDD)	d SEX
e BRANCH OF SERVICE <input type="checkbox"/> (1) Army <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (6) Retired Military <input type="checkbox"/> (2) Navy <input type="checkbox"/> (4) Marine Corps <input type="checkbox"/> (7) Civilian/Other <input type="checkbox"/> (5) Coast Guard				f. NUMBER OF SECONDARY OFFENDERS IN THIS CASE	
				g PAY GRADE	h RATE/MOS/AFSC
i. RELATIONSHIP TO VICTIM (X one) (1) Intrafamilial <input type="checkbox"/> (a) Natural Parent <input type="checkbox"/> (b) Step/Adoptive Parent <input type="checkbox"/> (c) Spouse <input type="checkbox"/> (d) Sibling <input type="checkbox"/> (e) Other (Specify) (2) Extrafamilial <input type="checkbox"/> (a) Neighbor/Friend/Acquaintance <input type="checkbox"/> (b) Teacher <input type="checkbox"/> (c) Military Child Care <input type="checkbox"/> (d) Other Child Care <input type="checkbox"/> (e) Other (Specify)			j. HISTORY OF VIOLENCE AND/OR ABUSE (X as applicable) <input type="checkbox"/> (1) Has been referred to an alcohol rehabilitation program <input type="checkbox"/> (2) Has been referred to a drug rehabilitation program <input type="checkbox"/> (3) Involvement in previous established case of child abuse <input type="checkbox"/> (4) Involvement in previous established case of spouse abuse <input type="checkbox"/> (5) Offender was abused as a child <input type="checkbox"/> (6) Previous abuse history unknown <input type="checkbox"/> (7) No previous record of abuse		
k MARITAL STATUS (X one) <input type="checkbox"/> (1) Single <input type="checkbox"/> (2) Married <input type="checkbox"/> (3) Divorced/Separated		l SUBSTANCE INVOLVEMENT (X one) <input type="checkbox"/> (1) Alcohol <input type="checkbox"/> (4) Unknown <input type="checkbox"/> (2) Drugs <input type="checkbox"/> (5) No Involvement <input type="checkbox"/> (3) Alcohol and Drugs		m. RACE/ETHNIC GROUP (X one) <input type="checkbox"/> (1) White, not of Hispanic Origin <input type="checkbox"/> (3) Hispanic <input type="checkbox"/> (2) Black, not of Hispanic Origin <input type="checkbox"/> (4) Asian/Pacific Islander <input type="checkbox"/> (5) American Indian/Alaskan Native	

17. ACTIONS INVOLVED IN CASE TO DATE (X as applicable)

a MILITARY <input type="checkbox"/> (1) Medical <input type="checkbox"/> (4) Court Involvement <input type="checkbox"/> (2) Family Services <input type="checkbox"/> (5) Administrative Action <input type="checkbox"/> (3) Police Investigation		b CIVILIAN <input type="checkbox"/> (1) Medical <input type="checkbox"/> (3) Police Investigation <input type="checkbox"/> (2) Social Services <input type="checkbox"/> (4) Court Involvement			
c CHAMPUS Referral? (X one) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No		d NO SERVICES PROVIDED		e OTHER SERVICES (Specify)	

18. INCIDENT NOTES (If additional space is needed continue on plain paper.)

19. AUTHENTICATING OFFICIAL

a TYPED NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED
d TITLE		

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Attachments - 2

1. Instructions for completing DD Form 2486, Jul 86, Child/Spouse Incident Report
2. Terms for completing DD Form 2486, Jul 86, Child/Spouse Abuse Incident Report

INSTRUCTIONS FOR COMPLETING DD FORM 2486, JUL 86,
CHILD/SPOUSE INCIDENT REPORT*

DoD personnel completing DD Form 2486 and notifying civilian CPS shall comply with the DoD Privacy Program in DoD Directive 5400.11 reference (c) and DoD Regulation 5400.11-R reference (d).

1. Case Number. Enter the central registry case number.
2. Report Sequence Code. Enter the code that indicates the number of reports on this case.
3. Date Case Opened. Enter the date the case was first reported to the Family Advocacy Program (FAP) officer by year, month, and day.
4. Medical Treatment Facility Code. Enter the code for the medical treatment facility (MTF).
5. Major Command Code. Enter the code for the major command.
6. Case Status Determination Date. Enter the date the case review committee (CRC) determined or revised the status of the case by year, month, and day.
7. Source of Initial Referral to Family Advocacy. Enter an "X" next to the category, and enter a second "X" next to the single source of the referral report to the FAP officer, which is one of the following:
 - 7.a. Military. Includes law enforcement, medical or dental treatment facility, family center, child care, school, recreation center, command, chaplain, or other.
 - 7.b. Civilian. Includes law enforcement, medical or dental treatment facility, social services, child care, school, recreation center, clergy, or other.
 - 7.c. Non-Affiliated. Includes neighbor, friend, relative, victim, offender, or other.
8. Type of Victim. Enter an "X" in box a. if a child is the victim, and in box b. if a spouse is the victim.
9. Notification Forwarded to Child Protective Services (CPS)? Complete only if box 8.a. is marked. Enter an "X" in box a. if CPS was notified of the case, box b. if CPS was not notified of the case, and box c. if the incident occurred overseas. When 8.b. is completed, leave item 9. blank.
10. Type of Report to Registry. Enter an "X" in each box that accurately describes the type of report submitted to the Service central registry. Types of reports are as follows:
 - 10.a. Initial

*Please see terms in enclosure 2, attachment 2, to clarify word usage.

10.b. Updated Report

10.b.(1) Status Change

10.b.(2) Subsequent Incident

10.c. Case Closed

10.c.(1) Resolved

10.c.(2) Unresolved

10.c.(3) Separated From Service

10.d. Transferred. Specify the receiving assigned installation.

10.e. Reopened Case

11. Case Status. Enter an "X" in the box that describes the status of the case as follows:

Note: If case is "substantiated" or "suspected" complete the form. If case is "unsubstantiated" go to block 17.

11.a. Substantiated

11.b. Suspected

11.c. Unsubstantiated

12. Sponsor Data. Enter an "X" in the box if the sponsor is the alleged offender, and go to item 13. When the victim's sponsor is not an offender in the case, complete boxes 12.a. through 12.d.

12.a. Name. Enter the victim's sponsor's name (last, first, and middle initial).

12.b. Social Security Number (SSN). Enter the sponsor's SSN.

12.c. Pay Grade. Enter the sponsor's pay grade using three digits (e.g., E03, W03, 003, or G03 (G is the computer code for GS and GM employees)).

12.d. Branch of Service. Enter an "X" in the box that represents the sponsor's branch of Service or status.

12.d.(1) - 12.d.(7) Includes Army, Navy, Air Force, Marine Corps, Coast Guard, Retired Military, or Civilian/Other.

13. Type of Maltreatment. Enter an "X" in the box(es) that indicate type(s) of maltreatment determined to have occurred to the victim.

13.a. - 13.f. Includes major physical injury, minor physical injury, sexual maltreatment, deprivation of necessities, emotional maltreatment, or fatality.

14. Type of Treatment. Enter an "X" in the box(es) that indicate the type(s) of treatment provided to the victim.

14.a. - 14c. Includes social services, medical outpatient, or medical inpatient.

15. Victim Data

15.a. Name. Enter the victim's name (last, first, and middle initial).

15.b. Social Security Number. Enter victim's SSN, if available. If no SSN is available, enter "N/A."

15.c. Sex. Enter an "M" or an "F" to indicate victim's sex.

15.d. Date of Birth. Enter date of birth by year, month, and day.

15.e. Race/Ethnic Group. Enter an "X" in the box that most accurately reflects the racial and/or ethnic group of the victim. In the case of mixed racial and/or ethnic origin, select the category that most reflects the individual's recognition within the community. The parent may wish to designate the family member's category. These groups include the following:

15.e.(1) White, not of Hispanic Origin

15.e.(2) Black, not of Hispanic Origin

15.e.(3) Hispanic

15.e.(4) Asian/Pacific Islander

15.e.(5) American Indian/Alaskan Native

15.f. Substance Involvement. Enter an "X" in the box that indicates the victim's substance involvement 12 hours before or during the incident.

15.f.(1) - 15.f.(5) Includes one choice of alcohol, drugs, alcohol and drugs, unknown, or no involvement.

15.g. Victim Resides. Enter an "X" in the box that indicates the location of the victim's residence, as follows:

15.g.(1) On installation

15.g.(2) Off installation

15.h. Number of Children in Home. Enter the number of children, including the child victim, who reside in the victim's home.

15.i. Incident Occurred. Enter an "X" in the box that indicates the location where the incident occurred, as follows:

15.i.(1) On installation

15.i.(2) Off installation

16. Alleged Offender Data

16.a. Name. Enter the primary offender's name (last, first, and middle initial).

16.b. Social Security Number. Enter SSN.

16.c. Date of Birth. Enter date of birth by year, month, and day.

16.d. Sex. Enter an "M" or an "F" to indicate individual's sex.

16.e. Branch of Service. Enter the individual's branch of Service or status.

16.e.(1) - 16.e.(7) Includes Army, Navy, Air Force, Marine Corps, Coast Guard, Retired Military, or Civilian/Other.

16.f. Number of Secondary Offenders in this Case. Enter the number of secondary offenders that may be involved in the case. Complete section 16. of another DD Form 2486 for each additional offender and attach to the initial report. Enter "zero," if there are no other offenders.

If alleged offender is active duty military, complete items 16.g. and 16.h., if not, go to 16.i.

16.g. Pay Grade. Enter the pay grade using three digits (e.g., E03, W03, 003, or G03).

16.h. RATE/MOS/AFSC. Enter the code identifying the specific Service rate, military occupational speciality (MOS), or Air Force Speciality Code (AFSC).

16.i. Relationship to Victim. Enter an "X" in the box that indicates the alleged offender's relationship to the victim. Please specify the category of care provider for military child care in block marked "other."

16.i.(1)(a) - 16.i.(1)(e) Intrafamilial. Includes natural parent, step/adoptive parent, spouse, sibling, or other (specify).

16.i.(2)(a) - 16.i.(2)(e) Extrarafamilial. Includes neighbor/friend/acquaintance, teacher, military child care, other child care, or other (specify).

16.j. History of Violence and/or Abuse. Enter an "X" in box(es) indicating a history of child and/or spouse abuse and/or substance abuse as follows:

- 16.j.(1) Referred to an alcohol rehabilitation program
- 16.j.(2) Referred to a drug rehabilitation program
- 16.j.(3) Previous involvement in child abuse
- 16.j.(4) Previous involvement in spouse abuse
- 16.j.(5) Offender was abused as a child
- 16.j.(6) Previous history unknown
- 16.j.(7) No previous record of abuse

16.k. Marital Status. Enter an "X" in the box that describes current marital status.

16.k.(1) - 16.K.(3) Includes single, married, or divorced/separated.

16.l. Substance Involvement. Enter an "X" in the box that indicates the alleged offender's substance involvement within 12 hours before or during the incident.

16.l.(1) - 16.l.(5) Includes one choice of alcohol, drugs, alcohol and drugs, unknown, or no involvement.

16.m. Race/Ethnic Group. Enter an "X" in the box that most accurately reflects the offenders racial and/or ethnic group recognition within his or her community. These groups include the following:

16.m.(1) White, not of Hispanic Origin

16.m.(2) Black, not of Hispanic Origin

16.m.(3) Hispanic

16.m.(4) Asian/Pacific Islander

16.m.(5) American Indian/Alaskan Native

17. Actions Involved in Case to Date

17.a. Military. Enter an "X" in the box(es) that indicate(s) action(s) to date by a Military Service provider.

17.a.(1) - 17.a.(5) Includes medical, family services, police investigation, court involvement, or administrative action.

17.b. Civilian. Enter an "X" in the box(es) that indicate(s) action(s) to date by a civilian service provider.

17.b.(1) - 17.b.(4) Includes medical, social services, police investigation, or court involvement.

17.c. CHAMPUS Referral. Enter an "X" in the box that indicates whether or not a case has been referred to CHAMPUS for evaluation and/or treatment of conditions associated with maltreatment as follows:

17.c.(1) Yes

17.c.(2) No

17.d. No Services Provided. Enter an "X" in the box if no family advocacy services are provided in the case.

17.e. Other Services (Specify). Enter an "X" in the box and specify other services provided.

18. Incident Notes. Enter incident notes from the FAP officer or CRC that clarify details of the case. (This block is available for Service overprinting to collect Service specific data.)

19. Authenticating Official

19.a. Typed or Printed Name. The designated authenticating official at the military installation initiating the report shall be identified by last name, first name, and middle initial.

19.b. Signature. Enter signature.

19.c. Date Signed. Enter date incident report is signed.

19.d. Title. Enter official's title.

TERMS FOR COMPLETING DD FORM 2486, JUL 86,
CHILD/SPOUSE ABUSE INCIDENT REPORT

1. Case Number. The Service number designation that identifies the case for the central registry. A case is comprised of a single victim and the incident or subsequent incidents of maltreatment while case remains open.
2. Report Sequence Code. The Service code used to identify reports represents the number of each report, in sequence, that is submitted on a case. The initial report shall be the first in the sequence. Each additional report shall be one higher.
3. Date Case Opened. The year, month, and day that the case was reported to the FAP officer or other members of the CRC and entered into the administrative system. The CRC is a multidisciplinary team of designated individuals, working at the installation level, tasked with the evaluation and determination of maltreatment cases and the development and coordination of treatment and disposition recommendations.
4. Medical Treatment Facility Code. The Service code that designates the MTF generating the report.
5. Major Command Code. The Service code that designates the major command for the MTF.
6. Case Status Determination Date. The date (year, month, and day) the CRC makes an initial or revised case status determination.
7. Source of Initial Referral. The identification of an individual or group directly notifying the FAP officer of the report of an initial incident of alleged maltreatment. Select the single category most descriptive of the source of referral.
 - 7.a. Military. Uniformed and civilian personnel of the Department of Defense or the Department of Transportation who, not acting in their individual capacity, but as a member of a military organization, refer a case to the FAP officer in the interest of protecting a child or spouse.
 - 7.a.(1) Law Enforcement. Includes military police, trial counsel, and their staff personnel.
 - 7.a.(2) Medical/Dental Treatment Facility. A member of the MTF/DTF staff.
 - 7.a.(3) Family Centers. Includes social workers, counselors, mental health workers, and the staff of an Army Community Service Center, a Navy or Marine Corps Family Service Center, an Air Force Family Support Center, or a social service organization. This term does not include individuals assigned to a MTF.
 - 7.a.(4) Child Care. Includes babysitters, day care home or center staff, nursery school, preschool staff, or other out-of-home child care providers. Also, includes the following:

(a) School. Includes any administrator, teacher, or other staff member employed by or volunteering in the Section 6 or DoD Dependents Schools.

(b) Recreation Center. Includes league directors, officials, coaches, and program staff members.

7.a.(5) Command. Includes any referral from the individual's chain of command.

7.a.(6) Chaplain. A military representative of a religious group or order.

7.a.(7) Other (Specify). Includes other than those listed in subparagraphs 7.a.(1) through 7.a.(6), above, who act in a professional capacity and represent a military organization not included in other categories, such as drug and alcohol program staff or emergency relief.

7.b. Civilian. Includes any civilian not employed by the Department of Defense who, representing a civilian organization, refers a case to the FAP officer or other CRC members in the interest of protecting a child or spouse.

7.b.(1) Law Enforcement. Includes peace officers, officers of the court, personnel assigned to a law enforcement organization, prosecutors, and court personnel.

7.b.(2) Medical/Dental. A member of the staff of a health care facility and/or clinicians in private practice.

7.b.(3) Social Services. A staff member of a private or public social service agency, to include staff members of State CPS.

7.b.(4) Child Care. Includes babysitters, day care home or center staff, nursery school, preschool staff, or other out-of-home child care providers. Also, includes the following:

(a) School. Includes any administrator, teacher, or other staff member employed by or volunteering in the public or private schools.

(b) Recreation Center. Includes league directors, officials, coaches, and program staff members.

7.b.(5) Clergy. A representative of a religious group or order.

7.b.(6) Other (Specify). Consists of persons other than those listed in subparagraphs 7.b.(1) through 7.b.(5), above, who are acting in a professional capacity and represent civilian organizations.

7.c. Non-Affiliated. Includes all reporting individuals who become aware of maltreatment covered by this form and make the report in a private, non-professional capacity. This includes family members, relatives, friends, neighbors, the victim, and the offender.

7.c.(1) Neighbor/Friend/Relative. A parent or guardian, neighbor, friend, acquaintance, or relative of individual involved in reporting the case.

7.c.(2) Self-Referral, Victim. Report initiated by the victim.

7.c.(3) Self-Referral, Offender. Report initiated by the offender.

7.c.(4) Other (Specify). This source consists of persons other than those listed in subparagraphs 7.c.(1) through 7.c.(3), above, such as an anonymous reporter.

8. Type of Victim. This category pertains to all incidents of abuse under investigation, whether "unsubstantiated," "suspected," or "substantiated."

8.a. 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 of a residential facility, or any staff person providing out-of-home care, 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 a responsible person.

8.b. Spouse Abuse. Includes assault, battery, threat to injure or kill, or other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one or both of the partners are military members or employed by the Department of Defense and eligible for treatment. A spouse under 18 years of age shall be treated in this category.

9. Notification Forwarded To Child Protection Services (CPS)? DoD policy prescribes the reporting of known or alleged incidents of child abuse and/or neglect to civilian agencies tasked with receiving such reports. When incidents occur overseas where there is usually no agency to receive reports, "not applicable" is the proper response.

10. Type of Report to Registry. This identifies the report to the Service central registry for proper coding.

10.a. Initial. This is the first report filed in the case.

10.b. Updated Report. New information is available in a current case.

10.b.(1) Status Change. A case status change has occurred since previous semiannual report, such as from "suspected" to "substantiated," from "suspected" to "unsubstantiated," or other such changes.

10.b.(2) Subsequent Incident. Another occurrence of the same type or a different type of maltreatment has occurred in the case.

10.c. Case Closed. The case is administratively closed when no subsequent incident of maltreatment has occurred within 1 year of the last incident, when the CRC determines that the intervention is complete and the risk of further maltreatment is resolved, when family members are separated and the risk of maltreatment is no longer present, or when death occurs.

10.c.(1) Resolved. The case is closed when no incident has occurred and treatment is deemed complete, when family members are separated and the threat of maltreatment is no longer present, or when death occurs.

10.c.2. Unresolved. The case is closed within 1 year of the last reported incident when no subsequent incident has occurred, despite incomplete treatment and/or lack of client cooperation.

10.c.3. Separated from Service. The case is closed when the sponsor is released from active Military Service.

10.d. Transferred (Specify). The sponsor is reassigned to an installation outside the geographical area serviced by the reporting MTF.

10.e. Reopened Case. Another incident of maltreatment has occurred in a closed case and is identified as a reopened (new) case this reporting period.

11. Case Status. The status of the case at the time of the report.

11.a. Substantiated. A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This means that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse did not occur.

11.b. Suspected. A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation should not exceed 12 weeks.

11.c. Unsubstantiated. An alleged case that has been investigated and the available information is insufficient to support the claim that child abuse and/or neglect or spouse abuse did occur. The family needs no family advocacy services.

12. Sponsor Data. The sponsor is an active duty military member or employed by the Department of Defense to whom benefits accrue as a result of his or her employment.

12.a. - 12.d. Name, Social Security Number, Pay Grade, and Branch of Service or status.

13. Type of Maltreatment. The particular form of abuse or neglect experienced by the victim.

13.a. Major Physical Injury. This includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocations, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise, welt, or any combination thereof, which constitutes a substantial risk to the life or well-being of the victim. These injuries specifically include the following:

(1) Brain Damage and/or Skull Fracture. The individual has experienced a severe injury resulting in the fracture of the skull and/or damage to the brain.

(2) Subdural Hemorrhage or Hematoma. Bleeding or a blood clot occurring under the outer covering of the brain.

(3) Bone Fracture. Any breaking or cracking of a bone, not including skull fracture. All bone fractures are considered major physical injuries.

(4) Dislocation or Sprain. Displacement of bone at a joint, injury to tendons, ligaments, or muscles. All dislocations or sprains are considered major physical injuries.

(5) Internal Injury. Injury to the organs within the body, not including brain damage.

(6) Poisoning. The willfull oral or injected administration of a substance that is known to cause harm, or ingestion of a poisonous substance due to negligence by a caretaker.

(7) Burn or Scald. Injury or damage by excessive heat such as flame, steam, liquid, or cigarette.

(8) Severe Cut, Laceration, or Bruise. Damage to the skin including stabbing or slashing of the skin resulting in excessive bleeding or damage to the blood vessels directly underneath the skin as a result of a blow or sharp instrument.

(9) Other Major Physical Injury. Any other physical injury not listed in subparagraphs 13.a.(1) through 13.a.(8), above, which seriously impairs the health or physical well-being of a victim.

13.b. Minor Physical Injury. Includes twisting, shaking, minor cut, bruise, welt, or any combination thereof, which do not constitute a substantial risk to the life or well-being of the victim.

(1) Minor Cut, Bruise, or Welt. Minor damage to the skin or to the blood vessels directly underneath the skin caused by a blow or a cut which does not involve extensive bleeding.

(2) Twisting or Shaking. Twisting of a limb or shaking of the victim, as by the shoulders, which does not result in a sprain or fracture injury.

(3) Other Minor Injury. Any other physical injury not listed in subparagraphs 13.b.(1) through 13.b.(2), above, that does not pose serious risk to the health or physical well-being of the victim.

13.c. Child Sexual Maltreatment. This category includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct) or the rape, molestation, prostitution, or other such form of sexual exploitation of children, or incest with children. All sexual activity between an offender and a child, when the offender is in a position of power over the child, is considered sexual maltreatment. Sexual maltreatment specifically includes the following:

(1) Exploitation. Forcing a child to look at the offender's genitals, forcing a child to observe an offender's masturbatory activities, exposing of a child's genitals, talking to a child in a sexually explicit manner, peeping at a child while undressed, or involving a child in sexual or immoral activity such as pornography or prostitution; the offender does not have direct physical contact with the child.

(2) Rape/Intercourse. Sexual intercourse with a child involving penetration of the child's vagina or rectum, however slight, by means of physical force or emotional manipulation; taking advantage of a child's naivete by encouraging and having sexual intercourse with a child.

(3) Molestation. Fondling or stroking of breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

(4) Incest. Sexually explicit activity identified in subparagraphs 13.c.(1) through 13.c.(3), above, between a child and a parent, a sibling or other relative too closely related to be permitted by law to marry.

(5) Other Sexual Maltreatment. Other sexual activity with a child not mentioned in subparagraphs 13.c.(1) through 13.c.(4), above.

13.d. Deprivation of Necessities. Includes neglecting to provide victim with nourishment, clothing, shelter, health care, education, supervision, or contributing to a failure to thrive, when able and responsible to do so. Necessities deprivation specifically includes the following:

(1) Neglecting to Provide Nourishment. Failure to provide adequate or proper food, which results in a malnourished condition for the victim.

(2) Neglecting to Provide Appropriate Shelter. Failure to provide proper protection against the elements, sanitary living facilities, or a home by excluding the victim from the home.

(3) Neglecting to Provide Clothing. Failure to provide the victim with adequate or proper clothing suitable for the weather, cleanliness, or custom and culture of the area.

(4) Neglecting to Provide Health Care. Failure to provide for proper medical or dental care that affects adversely or might affect adversely the physical, mental, or psychological well-being of the victim.

(5) Failure to Thrive. A condition of a child indicated by not meeting developmental milestones for a typical child in the child's position; i.e., low height and weight or developmental retardation. The conditions are secondary to abuse or neglect.

(6) Lack of Supervision. Inattention on the part of, or absence of, the caretaker that results in injury to the child or that leaves the child unable to care for him or herself, or the omission to have the child's behavior monitored to avoid the possibility of injuring self or others.

(7) Educational Neglect. Allowing for extended or frequent absence from school, neglecting to enroll the child in school, or preventing the child from attending school for other than justified reasons (e.g., illness, inclement weather).

(8) Abandonment. The absence of a caretaker when the caretaker does not intend to return or is away from home for an extended period without arranging for a surrogate caretaker.

13.e. Emotional Maltreatment. Includes behavior on the part of the offender that contributes to low self-esteem, undue fear or anxiety, or other damage to the victim's psychological well-being.

(1) Emotional Abuse. Active, intentional berating, disparaging, or other abusive behavior toward the victim that affects adversely the psychological well-being of the victim.

(2) Emotional Neglect. Passive or passive-aggressive inattention to the victim's emotional needs, nurturing, or psychological well-being.

13.f. Fatality. Death of the victim because of maltreatment.

14. Type of Treatment. The services necessary to protect and treat the victim.

14.a. Social Services. The victim receives social services.

14.b. Medical Outpatient. The victim receives outpatient care.

14.c. Medical Inpatient. The victim is admitted as an inpatient.

15. Victim Data. The "victim" is 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. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, or caretaker is legally responsible. The relationship may be natural child, adopted child, stepchild, foster child, ward, or person of any age incapable of self-support because of a mental or physical incapacity and for whom treatment in a military facility is authorized. A "spouse" is a partner in a lawful marriage where one or both of the partners are military members, or employed by the Department of Defense and eligible for treatment. An incident report is to be completed for each victim.

15.a - 15.e. Name, Social Security Number (if Available), Sex, Date of Birth, and Race/Ethnic Group

15.f. Substance Involvement. The victim's known involvement with alcohol and/or drugs within 12 hours before or during the incident.

15.g. Victim Resides. Identify location of victim's home.

15.g.(1) On Installation. Located on a military installation or in military or military-leased housing.

15.g.(2) Off Installation. Located in the civilian community.

15.h. Number of Children in Home. Child(ren) living in the household environment including the victim and child(ren) who have not been identified as victim(s) and who may be at risk for abuse or neglect. This number shall provide an accurate accounting of all children potentially involved in abuse.

15.i. Incident Occurred. Identify location where the incident took place.

15.i.(1) On Installation. Located on a military installation or in military housing.

15.i.(2) Off Installation. Located in the civilian community.

16. Alleged Offender Data. Any person who allegedly caused the abuse or neglect of a child, or the abuse of a spouse, or whose act, or failure to act, substantially impaired the health or well-being of the abuse victim.

16.a. - 16.d. Name, Social Security Number, Date of Birth, and Sex

16.e.(1) - 16.e.(7) Branch of Service. Include Army, Navy, Air Force, Marine Corps, Coast Guard, and for report purposes additional categories include Retired Military and Civilian/Other, when persons in those categories are beneficiaries of the DoD medical care system.

16.f. Number of Secondary Offenders in This Case. If there is more than the one offender, indicate the number of secondary offenders involved in the abuse of the victim. If offenders equally are involved in the alleged abuse, consider the active duty member as primary offender.

16.g. Pay Grade. The step or degree, in a graduated scale of officer or military rank, which is established and designated as a grade by law or regulation. Select applicable grade code. Enlisted members range from E01 to E09, warrant officers range from W01 to W04, officers range from O01 to O10, and DoD employees range from G01 to G18. Report personnel in the Senior Executive Service and other Senior Personnel under G18.

16.h. Rate/MOS/AFSC. Provide the Navy and Coast Guard member's Rate, the Army and Marine Corps member's MOS, or the Air Force member's AFSC.

16.i. Offender Relationship to Victim

16.i.(1) Intrafamilial. The offender has responsibility for the child's welfare and is a parent, or is related by blood or marriage. In the case of spouse abuse the victim is married to the offender.

16.i.(1)(a) Natural parent of the child.

16.i.(1)(b) Stepparent or adoptive parent of the child or others serving in loco parentis.

16.i.(1)(c) Spouse. Partner in a lawful marriage where one or both of the partners is a military member or employed by the Department of Defense and eligible for treatment.

16.i.(1)(d) Sibling. Victim's sister, brother, step-sister, or stepbrother.

16.i.(1)(e) Other. Grandparent or other relative.

16.i.(2) Extrafamilial. The offender's relationship to the child is outside the family. This may range from having 24-hour out-of-home-care to having temporary responsibility for care and supervision of the child, such as a teacher or a babysitter. This category ranges from individuals who are known to the victim to those who are not, and those individuals living or visiting in the same residence who are unrelated to the victim by blood or marriage.

16.i.(2)(a) Neighbor/Friend/Acquaintance. Any person who is known personally to the victim and is not related.

16.i.(2)(b) Teacher. Any school staff member.

16.i.(2)(c) Military Child Care. "Out-of-home" child care services for children obtained by a DoD Component and provided by DoD personnel or personnel of DoD contractors or a person hired or certified, provisionally or otherwise, by a DoD Component, including a nonappropriated fund instrumentality.

16.i.(2)(d) Other Child Care. Care provided by a civilian or private nursery school or child care staff member, recreation program staff member, or individual such as a babysitter charged with responsibility for the child on a temporary basis.

16.i.(2)(e) Other (Specify). Any relationship not mentioned in subparagraphs 16.i.(2)(a) through 16.i.(2)(d), above, and known or unknown by the individual, spouse, or child's parents. This category includes foster parent(s), individual(s) acting in loco parentis and individual(s) living in the victim's dwelling.

16.j. History of Violence or Substance Abuse

16.j.(1) Has Been Referred to an Alcohol Rehabilitation Program. The offender is currently or has been assigned to an alcohol rehabilitation program.

16.j.(2) Has Been Referred to a Drug Rehabilitation Program. The offender is currently or has been assigned to a drug rehabilitation program.

16.j.(3) Involvement in Previous Established Case of Child Abuse. A prior case of "substantiated" child abuse is documented for the offender.

16.j.(4) Involvement in Previous Established Case of Spouse Abuse. A prior case of "substantiated" spouse abuse is documented for the offender.

16.j.(5) Offender was Abused as Child. Offender admits being abused as a child.

16.j.(6) History Unknown. Insufficient records on offender's history.

16.j.(7) No Record of Abuse. No record of involvement in either substance abuse and/or domestic violence.

16.k. Marital Status. Includes single, married, divorced, or separated.

16.l.(1) - 16.l.(5) Substance Involvement. The offender's known involvement with alcohol and/or drugs is within 12 hours before or during the incident.

16.m.(1) - 16.m.(5) Racial/Ethnic Group. Includes one choice of either White, not of Hispanic origin; Black, not of Hispanic Origin; Hispanic; Asian/Pacific Islander; or American Indian/Alaskan Native; which reflects the offenders racial or ethnic group in his or her community.

17. Actions Involved in Case to Date. All services that are being provided or arranged for the family or individual involved in the case.

17.a. Military Actions

17.a.(1) Medical. All medical or dental services provided after the incident for evaluating or treating injuries or gathering medical evidence. This category includes military social services associated with the military MTF. The caseworker's response to a family violence report involves reporting to State authority, investigation, evaluation by the CRC, protection, and provision of other services as required.

17.a.(2) Family Services. Services provided by the Army Community Services Center, the Navy or Marine Corps Family Service Center, or the Air Force Family Support Center.

17.a.(3) Police Investigation. The military police have at some point been involved in responding to a call for assistance or in investigating the incident of maltreatment.

17.a.(4) Court Involvement. The military court system has at some point dealt with the incident of maltreatment and the offender as the subject of disciplinary proceedings. This includes nonjudicial punishment and court martial proceedings. Excluded are administrative measures such as reprimand, admonition, or counseling. This category does not include legal services to individuals.

17.a.(5) Administrative Action. Includes administrative separation, rehabilitative action, administrative reductions, letters of reprimand, and similar actions or counseling whether pecuniary liability for misconduct or negligence is imposed. This category does not include legal services provided to individuals.

17.b. Civilian

17.b.(1) Medical. Services provided after the incident were from civilian medical and/or dental personnel. The purposes were to evaluate or treat the attendant injuries and gather medical evidence of maltreatment.

17.b.(2) Social Services. The civilian caseworker's response to a family violence report to include investigation, report to State authority in case of child abuse and/or neglect, evaluation, protection, and provision of services, as required. This category includes all types of assistance, including advice, to support the family.

17.b.(3) Police Investigation. The civilian police have at some point been involved in responding to a call for assistance or in investigating the incident of maltreatment.

17.b.(4) Court Involvement. These actions include civil and criminal judicial proceedings before Federal, State, and foreign courts.

17.c. CHAMPUS Referral. Client referred for and provided treatment by a civilian agency for which the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) provides reimbursement.

17.d. No Services Provided. Self-explanatory category.

17.e. Other Services (Specify). Services or actions not identified in the previous categories.

18. Incident Notes. Space provided for notes from the FAP officer or CRC or for Service specific information collection.

19.a. - 19.d. Authenticating Official. Incident reports are prepared and signed by the Service's officially designated representative. This category includes the authenticating official's typed name, signature, date signed, and title.

**DEPARTMENT OF DEFENSE
CHILD AND SPOUSE ABUSE REPORT**

REPORT CONTROL SYMBOL
DD-FM&P(SA)1617

1. NAME OF REPORTING MILITARY SERVICE

2. PERIOD OF REPORT (X one)

a OCTOBER - MARCH FY

b APRIL - SEPTEMBER FY

Enter actual number of new cases reported this reporting period in appropriate category.
If none, enter zero.

A. ALL NEW CASES REFERRED THIS REPORTING PERIOD

B. CASELOAD DATA

SOURCE OF REFERRAL	CASE STATUS						CHILD (1)	SPOUSE (2)
	SUBSTANTIATED		SUSPECTED		UNSUBSTANTIATED			
	Child (1)	Spouse (2)	Child (3)	Spouse (4)	Child (5)	Spouse (6)		
1. MILITARY ORGANIZATION								
a. Law Enforcement								
b. Medical/Dental (MTF)								
c. Family Centers								
d. Other								
2. CIVILIAN ORGANIZATION								
a. Law Enforcement								
b. Medical/Dental								
c. Social Services								
d. Other								
3. NON-AFFILIATED								
a. Self								
b. Neighbor/Friend/Relative								
c. Other								
4. TOTAL NUMBER OF CASES (A 1 + 2 + 3)								
5. OVERSEAS CASES								
							1. NUMBER OF OPEN CASES "CARRIED OVER" FROM PREVIOUS REPORTING PERIOD	
							2. DETERMINATION OF SUSPECTED CASES FROM PREVIOUS REPORTING PERIOD	
							a. Cases changed to Substantiated	
							b. Cases changed to Unsubstantiated	
							c. Cases remaining Suspected	
							3. CASE CLOSURE	
							a. Cases closed for No Recurrence	
							b. Cases closed at release from active duty	
							4. CASES TRANSFERRED	
							5. REOPENED CASES	
							Number of cases closed and reopened	

3-1

JUL 10 87 6400-2 (Encl 3)

C. VICTIM INFORMATION

1. INCIDENT DATA										2. CASE DATA		
TYPE OF CHILD MALTREATMENT	CHILD AGE AND SEX								TOTAL NO OF INCIDENTS (9)	Child (1)	Spouse (2)	
	0-2		3-5		6-11		12-17					
	Male (1)	Female (2)	Male (3)	Female (4)	Male (5)	Female (6)	Male (7)	Female (8)				
a. Physical Injury												
b. Sexual Maltreatment										a. Cases Involving Single Maltreatment		
c. Deprivation of Necessities										b. Cases Involving Multiple Maltreatment		
d. Emotional Maltreatment										c. Cases Involving Recidivism		
e. TOTAL CHILD INCIDENTS (C.1 a. + b. + c. + d.)										d. Cases Resulting in Fatality		
										e. Intrafamilial Cases		
SPOUSE ABUSE	SPOUSE AGE AND SEX								TOTAL NO OF INCIDENTS (10)	f. Extrafamilial Cases		
	17 AND YOUNGER		18-24		25-45		46 AND OLDER					
	Male (10)	Female (11)	Male (12)	Female (13)	Male (14)	Female (15)	Male (16)	Female (17)				
f. TOTAL SPOUSE INCIDENTS										g. Total Cases (a + b = g) (e + f = g)		

3-2

D. OFFENDER INFORMATION

MALTREATMENT	OFFENDER AGE AND SEX									TYPE OF MALTREATMENT	OFFENDER RELATIONSHIP TO CHILD					
	17 AND YOUNGER		18-24		25-45		46 AND OLDER		TOTAL		PARENT (1)	OTHER RELATIVE (2)	TEACHER/CHILD CARE (3)	NEIGHBOR/FRIEND (4)	OTHER (5)	TOTAL (6)
	Male (1)	Female (2)	Male (3)	Female (4)	Male (5)	Female (6)	Male (7)	Female (8)								
1 CHILD										6 PHYSICAL INJURY						
a. Physical Injury																
b. Sexual Maltreatment										7 SEXUAL MALTREATMENT						
c. Deprivation of Necessities										8 DEPRIVATION OF NECESSITIES						
d. Emotional Maltreatment										9 EMOTIONAL MALTREATMENT						
e. Multiple Maltreatment										10 MULTIPLE MALTREATMENT						
f. TOTAL CASES (D 1 a + b + c + d + e)										11 TOTAL CASES (D 6 + 7 + 8 + 9 + 10)						
2 SPOUSE ABUSE																
TOTAL CASES																

CURRENT STATUS	OFFENDER PAY GRADE														PREVIOUS HISTORY AND RELATIONSHIP					
	E1-E3		E4-E6		E7-E9		WO		O1-O3		O4-O10		TOTAL		NO KNOWN HISTORY (1)	CHILD ABUSE (2)	SPOUSE ABUSE (3)	ALCOHOL REHAB (4)	DRUG REHAB (5)	
	C (1)	S (2)	C (3)	S (4)	C (5)	S (6)	C (7)	S (8)	C (9)	S (10)	C (11)	S (12)	C (13)	S (14)						
3 ACTIVE DUTY															12 RELATIONSHIP TO CHILD VICTIM					
a. Army															a Parent / Step Parent					
b. Navy															b Other Relative					
c. Air Force															c Teacher/ Child Care					
d Marine Corps															d Friend/ Neighbor					
e Coast Guard															e Other/ Unknown					
f. Other															f TOTAL CHILD ABUSE (D 12 a + b + c + d + e)					
g TOTAL (D 3 a + b + c + d + e + f)															13 TOTAL SPOUSE ABUSE CASES					
4 OTHER THAN ACTIVE MIL PERSONNEL																				
5 TOTAL (D 3 g + D 4)																				

3-3

Jul 10, 87, 6400.2 (Encl 3)

Attachments - 3

1. Instructions for Completing DD Form 2404, Oct 86, Department of Defense Child and Spouse Abuse Report
2. Definitions for Completing DD Form 2404, Oct 86, Department of Defense Child and Spouse Abuse Report
3. Terms for Completing DD Form 2404, Oct 86, Department of Defense Child and Spouse Abuse Report

INSTRUCTIONS FOR COMPLETING DD FORM 2404, OCT 86,
DEPARTMENT OF DEFENSE CHILD AND SPOUSE ABUSE REPORT

The identifying information for DD Form 2404 includes the following:

1. Name of Reporting Military Service. Enter Army, Navy, Air Force, Marine Corps, or Coast Guard; as applicable. The Military Service providing care shall submit a report for all same-Service victims and submit a separate report for victims of each other Service affiliation.

2. Period of Report. Indicate the inclusive months of the semiannual report (October - March or April - September) and fiscal year.

a. October - March and FY.

b. April - September and FY.

The specific instructions are to enter actual number of incidents or cases reported this reporting period in the applicable category. Place a zero in all cells without an entry.

A. ALL NEW CASES REFERRED THIS REPORTING PERIOD. Case status and referral source for child and spouse victims.

A.1. - A.3. Military Organization, Civilian Organization, and Non-Affiliated. Enter the number of initial reports of new cases by applicable referral source.

A.4. Total Number of Cases. Enter the total number of initial reports received, as follows:

Columns (1) - (2) Enter the number of initial reports of new "substantiated" cases by source.

Columns (3) - (4) Enter the number of initial reports of new "suspected" cases by source.

Columns (5) - (6) Identify initial reports of new "unsubstantiated" cases by total number:

A.4.(1) + B.2.a.(1) = Total child cases on pages 3-2 and 3-3.

A.4.(2) + B.2.a.(2) = Total spouse cases on pages 3-2 and 3-3.

A.5. Overseas Cases. Enter the number of initial reports of new cases occurring overseas.

B. CASELOAD DATA

B.1. Number of Open Cases "Carried Over" from Previous Reporting Period. These cases are for open child (1) and spouse (2) abuse cases that were "substantiated" or "suspected" in a prior report.

B.2. Determination of "Suspected" Cases from Previous Reporting Period. "Carried Over" cases are NOT included with new cases in section A.

B.2.a. Cases Changed to "Substantiated." Enter the number of "suspected" cases from previous reporting periods that have been changed to "substantiated." This entry plus A.4.(1) child or A.4.(2) spouse comprise the total cases examined on pages 3-2 and 3-3.

B.2.b. Cases Changed to "Unsubstantiated." Enter the number of "suspected" cases from previous reporting periods that have been changed to "unsubstantiated."

B.2.c. Cases Remaining "Suspected." Enter the number of "suspected" cases that have remained "suspected."

B.3. Case Closure

B.3.a. Case Closed For No Recurrence. Enter the total number of cases closed without recurrence of abuse.

B.3.b. Cases Closed at Release From Active Duty. Enter the total number of cases closed because of discharge or release from active duty Military Service.

B.4. Cases Transferred. Enter the total number of cases transferred to a new duty station.

B.5. Reopened Cases. Enter the number of "substantiated" cases in which Service records indicate that a previous "substantiated" or "suspected" case had been closed for the offender and/or the victim and was reopened as a new case.

C. VICTIM INFORMATION. Pertains to all "substantiated" cases.

C.1. Incident Data

C.1.a. - C.1.d. Type of Child Maltreatment. Enter the number of occurrences of maltreatment in all cases by type of maltreatment, by age, and by sex of the child. Maltreatment includes physical injury, sexual maltreatment, deprivation of necessities, and/or emotional maltreatment.

C.1.e. Total Child Incidents. Enter the total number of occurrences of maltreatment for the respective columns by age and sex of the child. The incident numbers need not reconcile with case numbers.

C.1.f. Total Spouse Incidents. Enter the total number of occurrences of maltreatment in all spouse abuse cases by age and sex of the victim. Incident numbers need not reconcile with case numbers.

C.2. Case Data. Data is divided into (1) child or (2) spouse.

C.2.a. Cases Involving Single Maltreatment. Enter the number of cases involving single incidents of maltreatment. For the purposes of this report, include emotional maltreatment that occurs with one other type of maltreatment as a single maltreatment. Enter the case by the primary type of maltreatment at D.1.a(9) through D.1.e.(9):

Child case data totals: C.2.a.(1) + C.2.b.(1) = C.2.g.(1)
Spouse case data totals: C.2.a.(2) + C.2.b.(2) = C.2.g.(2)

C.2.b. Cases Involving Multiple Maltreatment. Enter the number of cases involving multiple incidents of maltreatment. Because emotional maltreatment may be included in every case, enter cases that included only "physical injury," "sexual maltreatment," and/or "deprivation of necessities" combined as multiple maltreatment. Cases shall total the same number for D.1.e.(9) and D.10.(6).

C.2.c. Cases Involving Recidivism. Enter the number of cases involving recidivism; i.e., subsequent incident(s) within an "open" case.

C.2.d. Cases Resulting in Fatality. Enter the number of cases that resulted in a fatality this reporting period. These cases are reflected in incident and case data on pages 3-2 and 3-3 or were documented in a previous report.

C.2.e. Intrafamilial Cases. Enter the number of cases identified as "intrafamilial:"

Child case data totals: C.2.e.(1) + C.2.f.(1) = C.2.g.(1).
Spouse case data totals: C.2.e.(2) = C.2.g.(2)

C.2.f. Extrafamilial Cases. Enter the number of cases identified as "extrafamilial." By definition, there are no "extrafamilial" spouse abuse cases.

C.2.g. Total Cases

C.2.g.(1) Enter the total number of child maltreatment cases this reporting period. This is not a column total.

C.2.g.(2) Enter the total number of spouse abuse cases this reporting period. This is not a column total.

D. OFFENDER INFORMATION. Primary offender information for all substantiated cases.

D.1. Child Maltreatment. Includes primary offender age and sex.

D.1.a. - D.1.e. Enter the number of cases of child maltreatment type by the age group and sex of the primary offender. Maltreatment includes physical injury, sexual maltreatment, deprivation of necessities, emotional maltreatment, or multiple maltreatment.

D.1.f. Total Cases. Enter the total cases from items D.1.a. through D.1.e.

D.2. Spouse Abuse. Enter the total cases of spouse abuse by the age group and sex of the offender.

D.3. Current Status Active Duty. Includes offender pay grade.

D.3.a. - D.3.f. Enter all cases involving an active duty primary offender according to pay grade status as child offender (C) or spouse offender (S). Active duty pertains to Army, Navy, Air Force, Marine Corps, Coast Guard, or other.

D.3.g. Total (D.3.a. + b. + c. + d. + e. + f.). Enter the total for each column.

D.4. Current Status Other Than Active Military Personnel. Enter the number of cases of any primary offenders other than active duty military personnel, known or unknown.

D.5. Total (D.3.g. + D.4.). Enter the total number from blocks D.3.g.(13) and D.4.(13). The total shall be the same number as C.2.g.(1) and D.1.f.(9) in child abuse cases. Enter the total number from blocks D.3.g.(14) and D.4.(14). The total shall be the same as C.2.g.(2) and D.2.(9) in spouse abuse cases.

Type of Maltreatment. Includes primary offender relationship to child.

D.6. - D.10. Enter the number of cases of maltreatment and relationship of the primary offender to the victim. Maltreatment includes physical injury, sexual maltreatment, deprivation of necessities, emotional maltreatment, or multiple maltreatment.

D.11. Total Cases (D.6. + 7. + 8. + 9. + 10.). This total number shall reconcile with the totals (A.4.(1) plus B.2.a.(1)), D.1.f.(9), and D.5.a.(13) for child abuse cases.

Previous History and Relationship

D.12. Relationship to Child Victim

D.12.a. - D.12.e. Enter the number of cases according to the primary offender's relationship to the child abuse victim. Included are parent/step parent, other relative, teacher/child care, friend/neighbor, or other/unknown.

D.12.f. Total Child Abuse (D.12.a. + b. + c. + d. + e.). Enter the total number of cases in rows 12.a. through 12.e.

D.13. Total Spouse Abuse Cases. Enter the number of cases pertaining to spouse abuse.

D.13.(1) No Known History. Enter the number of cases when an offender's previous history of violence and/or substance abuse is unknown.

D.13.(2) - D.13.(5) Child Abuse, Spouse Abuse, Alcohol Rehab, and Drug Rehab. Enter the number of cases of previously substantiated histories of abuse and/or confirmed assignment to a substance rehabilitation program.

DEFINITIONS FOR COMPLETING DD FORM 2404,
OCT 86, DEPARTMENT OF DEFENSE CHILD AND SPOUSE ABUSE REPORT

1. Case. A single victim and the incident or subsequent incidents of maltreatment constitute an individual case.

2. Case Status. The status of the case at the time of the report. Includes "substantiated," "suspected," or "unsubstantiated," as follows:

a. Substantiated. A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This means that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse did not occur.

b. Suspected. A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation should not exceed 12 weeks.

c. Unsubstantiated. An alleged case that has been investigated and the available information is insufficient to support the claim that child abuse and/or neglect or spouse abuse did occur. The family needs no family advocacy services.

3. Incident. An occurrence that may include one or more types of maltreatment. An incident report is completed for each victim.

4. Type of Victim. This category pertains to all cases of abuse under investigation, whether "substantiated," "suspected," or "unsubstantiated." This includes any individual who is the subject of abuse or neglect or whose welfare is harmed or threatened by acts of omission or commission by another individual or individuals.

a. Child Abuse/Neglect. Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of a responsible person. A "child" is a person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, 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 treatment in a MTF is authorized.

b. Spouse Abuse. This category includes assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted on a partner in a lawful marriage when one or both of the partners is a military member or employed by the Department of Defense and is eligible for treatment. A spouse under 18 years of age shall be treated in this category.

TERMS FOR COMPLETING DD FORM 2404, OCT 86,
DEPARTMENT OF DEFENSE CHILD AND SPOUSE ABUSE REPORT

1. Military Service. Includes Army, Navy, Air Force, and Marine Corps, and the Coast Guard by agreement with the DoT.

2.a. - 2.b. Reporting Period. Identifies the inclusive months of the semi-annual report, October through March, or April through September, for each fiscal year.

A. ALL NEW CASES REFERRED THIS REPORTING PERIOD. This category includes source of referral. The identification of an individual or group directly notifying the FAP officer of the report of an initial incident of alleged maltreatment. Select the single category most descriptive of the source of referral.

A.1. Military Organization. Uniformed and or civilian personnel of the Department of Defense or the DoT who, not acting in their individual capacity but as members of a military organization, refer a case to the FAP officer or other CRC members in the interest of protecting a child or spouse.

A.1.a. Law Enforcement. Includes military police, trial counsel, and their staff personnel.

A.1.b. Medical/Dental (MTF/DTF). A member of a MTF or DTF staff.

A.1.c. Family Centers. Includes social workers, counselors, mental health workers, and the staff of an Army Community Service Center, a Navy and Marine Corps Family Service Center, an Air Force Family Support Center, or a social service organization. This term does not include individuals assigned to a MTF.

A.1.d. Other. This source consists of persons other than those listed in subsection A.1., above, who act in a professional capacity and represent a military organization, such as chaplains, legal assistance attorneys, installation child care, family life center, drug and alcohol program, recreation center, and Section 6 or DoD Dependents Schools staff.

A.2. Civilian Organization. Includes any civilian not employed by the Department of Defense who, representing a civilian organization, refers a case to the FAP officer or other CRC members in the interest of protecting a child or spouse.

A.2.a. Law Enforcement. Includes peace officers, officers of the court, personnel assigned to a law enforcement organization, prosecutors, and court personnel.

A.2.b. Medical/Dental. A member of the staff of a health care facility or clinicians in private practice.

A.2.c. Social Services. A staff member of a private or public social service agency, to include staff members of State CPS.

A.2.d. Other. This source consists of persons other than those listed in subsection A.2., above, who are acting in a professional capacity and represent civilian organizations such as schools, child care facilities, recreation facilities, churches, or law offices.

A.3. Non-Affiliated. Includes all reporting individuals who become aware of maltreatment covered by this form and make the report in a private and non-professional capacity. This includes family members, relatives, friends, neighbors, the victim, and the offender.

A.3.a. Self Referral. Report of maltreatment by an involved individual, either victim or offender.

A.3.b. Neighbor, Friend, or Relative. A parent or guardian, neighbor, friend, acquaintance, or relative of individual involved in reporting the case.

A.3.c. Other. This source consists of persons other than those listed in paragraphs A.3.a. through A.3.b., above, such as an anonymous reporter.

A.4. Total Number of Cases (A.1. + 2. + 3.)

A.5. Overseas Cases. Identify the number of cases occurring at installations located overseas.

B. CASE LOAD DATA. Pertains to all cases of abuse under investigation, whether "suspected or "substantiated."

B.1. Number of Open Cases "Carried Over" From Previous Reporting Period. Those "substantiated" or "suspected" case submissions that have been reported in the previous reporting period as either a new case or as a new case status and have not reached the 1 year case closed status.

B.2. Determination of Suspected Cases From Previous Reporting Periods. This includes the three categories in B.2.a. through B.2.c.

B.2.a. - B.2.c. The case status has changed from "suspected" to "substantiated," from "suspected" to "unsubstantiated," or has remained "suspected."

B.3. Case Closure

B.3.a. Cases Closed For No Recurrence. The case is normally determined to be administratively closed when no subsequent incident of maltreatment has occurred within 1 year of the previous reported incident.

B.3.b. Cases Closed at Release From Active Duty. The case is closed when the sponsor is released from active Military Service.

B.4. Cases Transferred. The sponsor is reassigned to an installation outside the geographical area served by the reporting MTF.

B.5. Reopened Cases. An incident of maltreatment has recurred in a closed case and is identified as a reopened (new) case this reporting period.

C. VICTIM INFORMATION

C.1. Incident Data. Type of maltreatment includes the physical injury, sexual maltreatment, deprivation of necessities, emotional maltreatment, or total incidents experienced by the victim.

C.1.(a) Physical Injury. Major physical injury includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocation, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise, welt, or any combination thereof, which constitutes a substantial risk to the life or well-being of the victim. Minor physical injury includes twisting, shaking, minor cut, bruise, welt or any combination thereof, which do not constitute a substantial risk to the life or well-being of the victim. The following items, although not listed on DD Form 2404, constitute physical injury:

(1) Brain Damage or Skull Fracture. The individual has experienced a severe injury resulting in the fracture of the skull or damage to the brain.

(2) Subdural Hemorrhage or Hematoma. Bleeding or a blood clot occurring under the outer covering of the brain.

(3) Bone Fracture. Any breaking or cracking of a bone, not including skull fracture. All bone fractures are considered major physical injuries.

(4) Dislocation or Sprain. Displacement of bone at a joint, injury to tendons, ligaments, or muscles. All dislocations and sprains are considered major physical injuries.

(5) Internal Injury. Injury to the organs within the body, not including brain damage.

(6) Poisoning. The willful oral or injected administration of a substance that is known to cause harm, or ingestion of a poisonous substance due to negligence by a caretaker.

(7) Burn or Scald. Injury or damage by excessive heat such as flame, steam, liquid, or cigarette.

(8) Severe Cut, Laceration, or Bruise. Damage to the skin including stabbing or slashing of the skin resulting in excessive bleeding or damage to the blood vessels directly underneath the skin as a result of a blow or sharp instrument.

(9) Other Major Physical Injury. Any other physical injury not listed in subparagraphs C.1.(a)(1) through C.1.(a)(8), above, that seriously impairs the health or physical well-being of a victim.

(10) Minor Cut, Bruise, or Welt. Minor damage to the skin or to the blood vessels directly underneath the skin caused by a blow or a cut which does not involve extensive bleeding.

(11) Twisting or Shaking. Twisting of a limb or shaking of the victim, as by the shoulders, which does not result in a sprain or fracture injury.

(12) Other Minor Injury. Any other physical injury that does not pose serious risk to the health or physical well-being of the victim.

C.1.(b) Sexual Maltreatment. Includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct), or the rape, molestation, prostitution, or other such form of sexual exploitation of children, or incest with children. All sexual activity between an offender and a child, when the offender is in a position of power over the child, is considered sexual maltreatment. The following specifies the categories that constitute sexual maltreatment, but are not listed on DD Form 2404:

(1) Exploitation. Forcing a child to look at the offender's genitals, forcing a child to observe an offender's masturbatory activities, exposing of a child's genitals, talking to a child in a sexually explicit manner, peeping at a child while undressed, or involving a child in sexual or immoral activity such as pornography or prostitution; the offender does not have direct physical contact with the child.

(2) Rape and/or Intercourse. Sexual intercourse with a child involving penetration of the child's vagina or rectum, however slight, by means of physical force or emotional manipulation; taking advantage of a child's naivete by encouraging and having sexual intercourse with him and/or her.

(3) Molestation. Fondling or stroking of breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

(4) Incest. Sexually explicit activity identified in subparagraphs C.1.(b)(1) through C.1.(b)(3), above, between a child and a parent, a sibling, or other relative too closely related to be permitted by law to marry.

(5) Other Sexual Maltreatment. Other sexual activity with a child not mentioned in subparagraphs C.1.(b)(1) through C.1.(b)(4), above.

C.1.(c) Deprivation of Necessities. Includes neglecting to provide victim with nourishment, clothing, shelter, health care, education, supervision, or contributing to a failure to thrive, when able and responsible to do so as follows:

(1) Neglecting to Provide Nourishment. Failure to provide adequate or proper food, which results in a malnourished condition for the victim.

(2) Neglecting to Provide Appropriate Shelter. Failure to provide proper protection against the elements, sanitary living facilities, or a home by excluding the victim.

(3) Neglecting to Provide Clothing. Failure to provide the victim with adequate or proper clothing suitable for the weather, cleanliness, or custom and culture of the area.

(4) Neglecting to Provide Health Care. Failure to provide for proper medical and/or dental care that affects adversely or might affect adversely the physical, mental, or psychological well-being of the victim.

(5) Failure to Thrive. A condition of a child indicated by not meeting developmental milestones for a typical child in the child's position; i.e., low height and weight or developmental retardation. The conditions are in addition to abuse or neglect.

(6) Lack of Supervision. Inattention on the part of, or absence of, the caretaker that results in injury to the child or that leaves the child unable to care for him and/or herself, or the omission to have the child's behavior monitored to avoid the possibility of injuring self or others.

(7) Educational Neglect. Allowing for extended or frequent absence from school, neglecting to enroll the child in school, or preventing the child from attending school for other than justified reasons (e.g., illness, inclement weather).

(8) Abandonment. The absence of a caretaker when the caretaker does not intend to return or is away from home for an extended period without arranging for a surrogate caretaker.

C.1.(d) Emotional Maltreatment. Includes behavior on the part of the offender that contributes to low self-esteem, undue fear or anxiety, or other damage to the victim's psychological well-being.

(1) Emotional Abuse. Active, intentional berating, disparaging, or other abusive behavior toward the victim that affects adversely the psychological well-being of the victim.

(2) Emotional Neglect. Passive or passive-aggressive inattention to the victim's emotional needs, nurturing, or psychological well-being.

C.2. Case Data

C.2.a. Cases Involving Single Maltreatment

C.2.b. Cases Involving Multiple Maltreatment. Includes combination of physical injury, sexual maltreatment, and deprivations of necessities. In cases where emotional maltreatment occurs in combination with only one of the

three types of maltreatment, identify the case as that single type of maltreatment. For example, if emotional maltreatment occurs in combination with physical injury, identify the case in the physical injury category. Conceivably, every case may include emotional maltreatment.

C.2.c. Cases Involving Recidivism. A subsequent incident that occurs to a victim in an open case.

C.2.d. Cases Resulting in Fatality. Case is fatal when the victim died as a result of the maltreatment.

C.2.e. Intrafamilial. The offender has responsibility for the child's welfare and is either a parent or is related by blood or marriage. In the case of spouse abuse, the victim is married to the offender.

C.2.f. Extrafamilial. The offender's relationship to the child is outside the family. This may range from having 24-hour out-of-home-care to having temporary responsibility for care and supervision of the child, such as teacher or babysitter. This category ranges from known individuals living or visiting in the same residence who are unrelated to the victim by blood or marriage to individuals unknown to the victim.

D. OFFENDER INFORMATION. The offender is any person who allegedly caused the abuse or neglect of a child, or the abuse of a spouse, or whose act, or failure to act, substantially impaired the health or well-being of the abuse victim. This information includes offender age and sex. The age categories are 17 and younger, 18 through 24, 25 through 45, and 46 and older. See section C., above, for definitions of maltreatment types.

D.1. Child Maltreatment. Describes the primary offender involved in case of child maltreatment by age and sex.

D.2. Spouse Maltreatment. Describes the primary offender involved in a case of spouse abuse by age and sex.

D.3. Active Duty. Includes offender paygrade at the step or degree, in a graduated scale of officer or military rank, that is established and designated as a grade by law or regulation. Enlisted members range from E01 to E09, warrant officers range from W01 to W04, and officers range from O01 to O10.

D.3.a. - D.3.f. Includes Army, Navy, Air Force, Marine Corps, and Coast Guard. Other includes Public Health Service and National Oceanic and Atmospheric Administration personnel.

D.4. Other Than Active Military Personnel. Reserve or retired military, civilian spouse, relative, or other known or unknown civilian offender.

D.5. Total

D.6. - D.10. Offender Relationship to Child. Includes offender relationship to the child according to type of maltreatment. Types includes physical injury, sexual maltreatment, deprivation of necessities, emotional maltreatment, and multiple maltreatment.

D.11. (1) Parent. Natural parent, stepparent, adoptive parent, foster parent, and others serving in loco parentis.

D.11. (2) Other Relative. Sibling, grandparent, or other relative.

D.11. (3) Teacher/Child Care. Any school staff member, nursery school or daycare staff member, recreation program staff member, or individual such as a babysitter charged with the responsibility for the child on a temporary basis.

D.11. (4) Neighbor/Friend. Any person who is known personally to the victim and is not related.

D.11. (5) Other. Any relationship not mentioned in subparagraphs D.11. (1) through D.11.(4), above, and known or unknown by the individual or child's parents.

D.12. Previous History and Relationship. Includes offender's relationship to child victim and offenders previous known history.

D.12.a. - D.12.e. See relationship terms in subparagraphs D.11.(2) through D.11.(5), above.

D.12.a.(1) No Known History

D.12.a.(2) Child Abuse. A prior case of "substantiated" child abuse is documented for the offender.

D.12.a.(3) Spouse Abuse. A prior case of "substantiated" spouse abuse is documented for the offender.

D.12.a.(4) Alcohol Rehabilitation. The offender is currently or has been assigned to an alcohol rehabilitation program.

D.12.a.(5) Drug Rehabilitation. The offender is currently or has been assigned to a drug rehabilitation program.

APPENDIX B

Memorandum of Understanding Models

MEMORANDUM OF UNDERSTANDING BETWEEN
CASCADE COUNTY, MONTANA AND
MALMSTROM AIR FORCE BASE

A. PURPOSE, SCOPE, AND AUTHORITY

This Memorandum of Understanding (MOU) establishes policy for Cascade County and Malmstrom Air Force Base with regard to the investigation and prosecution of sexual abuse committed within the boundaries of Malmstrom Air Force Base by juvenile offenders. This memorandum is not intended to confer any rights, benefits, privileges, or form of due process procedure upon individuals, associations, corporations, or other persons or entities.

This memorandum applies to all components and personnel of Cascade County and Malmstrom Air Force Base. The statutory bases for Cascade County and Malmstrom Air Force Base investigation and prosecution responsibilities; include, but are not limited to:

1. Title 41 Montana Code Annotated (MCA), Part 3; Title 45 MCA, Part 5; and
2. Title 18 United States Code, Section 13.

B. CRIMINAL JURISDICTION

Malmstrom Air Force Base is a federal military installation over which the United States and the State of Montana exercise concurrent criminal jurisdiction. The United States Air Force has responsibility for the integrity of its programs, operations, and installations, and for the discipline of its military personnel. Malmstrom Air Force Base and Cascade County, for the State of Montana, encourage and support coordinated investigative efforts in cases where it is appropriate for the State of Montana to assume prosecutorial responsibility for a matter relating to sexual abuse committed within the boundaries of Malmstrom Air Force Base by a juvenile offender.

It is neither feasible nor desirable to establish inflexible rules regarding the responsibilities of Cascade County and Malmstrom Air Force Base as to each matter over which they may have concurrent interest. Informal arrangements and agreements within the spirit of this MOU are permissible with respect to specific crimes or investigations.

C. INVESTIGATIVE AND PROSECUTIVE JURISDICTION REGARDING SEXUAL ABUSE
CRIMES COMMITTED WITHIN THE BOUNDARIES OF MALMSTROM AIR FORCE
BASE BY A JUVENILE OFFENDER

Malmstrom Air Force Base health care professionals and law enforcement officials will refer to Cascade County (Department of Social and Rehabilitation Services) (S.R.S) on receipt, all significant allegations of sexual abuse involving juvenile civilian offenders. S.R.S. and the Cascade County Child Protective Team will involve themselves in the case in accordance with established procedure stated in Appendix 1 to this MOU.

S.R.S. will notify the referring professional or official promptly regarding whether initial investigation has substantiated the allegations of the referral. S.R.S. will attempt to make such finding within forty-eight hours of receiving the initial referral. Malmstrom Air Force Base may temporarily adjust the alleged offender's base privileges based on S.R.S.' findings but will not interfere with the county's investigation or prosecution of the case.

To the extent authorized by law, Cascade County investigative agencies and Malmstrom Air Force Base investigative agencies may agree to enter into joint investigative endeavors in appropriate circumstances. However, all such investigations will be subject to Cascade County, State of Montana, and Department of the Air Force guidelines.

To the extent authorized by law, Malmstrom Air Force Base will promptly deliver or make available to Cascade County suspects, accused individuals, and witnesses where authority to investigate the crimes involved is lodged in Cascade County. This MOU neither expands nor limits the authority of either agency to perform apprehensions, searches, seizures, or custodial interrogations.

STEPHEN E. HEPPEL
Colonel, USAF
Commander, 341 Combat Support Group
Malmstrom Air Force Base, Montana

J. FRED BOURDEAU
Cascade County Attorney
Great Falls, Montana

Date:

Date:

SUGGESTED PROCEDURE

In defining the Team's involvement in sexually abused children, it shall be here stipulated that a child means any person under eighteen years of age, male or female, that is sexually abused by a person responsible for the child's welfare being that limited to the child's parent or guardian whether step-parent or foster-parent, mother or father, brother or sister who engages with said child the act of sexual contact. NOTE: Refer to preceding definitions. The Team shall not deal with any other incidence of sexual abuse of a child that involves non-relatives or relations that are not above-mentioned. This does not mean that the Team may not become involved directly with the victim of the sexual abuse. This just stipulates which offenders the Team shall become involved with. All other cases of sexual child abuse shall be referred to the Cascade County Attorney's Office and be directly investigated by a law enforcement agency.

DISCOVERY

- a. In-House Referral shall be those sexual abuse cases that are directly reported to the Department of Social Services, Cascade County Sheriff's Department, the Great Falls City Police Department or the Cascade County Attorney's Office by the victim, her or she, or the victim and a representative or guardian of said victim.
- b. Outside Referral shall be those child sexual abuse cases that are forwarded to the Department of Social Rehabilitative Services, Cascade County Attorney's Office, Great Falls Police Department or Cascade County Sheriff's Office by any other official or professional physician or any other individual within Cascade County.
- c. Out of District Referral shall be referrals from outside Cascade County by any social services agency, law enforcement agency, professional, physician or any individual that requests assistance in reporting or assistance in investigating a child sexual assault whether it occurs in or out of our jurisdiction, i.e., victim living within our jurisdiction needing statements taken, offender lives within our jurisdiction and interview is needed, witnesses for family background investigations, if necessary.
- d. Action upon receiving report. It shall be the receiving agency's responsibility whether it is an in-house referral, outside referral or out of district referral to contact a representing member of law enforcement, County Attorney's Office, or Child Protective Services within forty-eight hours.

SUGGESTED PROCEDURE

1. Timely notification by S.R.S. to Law Enforcement Agencies - Great Falls Police Department, Cascade County Sheriff's Office. Within forty-eight hours of S.R.S. receiving the initial referral and the S.R.S. worker substantiating the allegations of the referral, or when the S.R.S. worker strongly suspects them to be true, a referral shall be made to the law enforcement agency who has proper jurisdiction.
2. Use of S.R.S. Referral Forms to Law Enforcement Agencies. In order to facilitate a more timely notification by S.R.S. to the law enforcement agencies, the attached form has been developed. The Social Service Worker shall provide the law enforcement agency with the completed form within the specified forty-eight hours after receiving the referral.

3. Emergency Cases. In the initial S.R.S. investigation where there is an emergency especially involving a placement of a child, the S.R.S. Worker shall call and ask the assistance of a law enforcement officer. If there is an emergency in regards to the seriousness of the offense committed, an immediate apprehension of the offender shall be considered. The S.R.S. Worker shall call for law enforcement assistance.

However, in those cases where child victims want to give their statements immediately or where there are additional reasons to have a joint interview set up as quickly as possible, or where there are other emergency circumstances the S.R.S. Worker shall immediately call the Great Falls Police Department and report said case also explaining the emergency needs. A referral form should follow as soon as possible after this contact. Timely notification by law enforcement to S.R.S. Upon law enforcement receiving the initial referral, they shall within forty-eight hours notify the Department of Social Services and provide them with what law enforcement reports that have been developed. In emergency cases in which law enforcement needs placement of child, the law enforcement officer shall call and ask for the assistance of a S.R.S. Worker.

4. Notification. It shall be the responsibility of each agency, the Cascade County Attorney's Office, Cascade County Sheriff's Department, Great Falls City Police Department, and Department of Social Services Division of Child Protective Services to supply each agency a call-out list of those individuals who will be responsible for joint interviews or joint investigations to be conducted in child sexual abuse cases. See the notification lists attached.

Interview. Upon receiving referral of a child sexual abuse, it shall be the responsibility of the assigned law enforcement investigator to set up the joint interview, coordination, information and reports with the assigned C.P.S. Worker. It is the intention to have one interview with the child victim that will be a joint interview between Social Services and the law enforcement agency. However, it is understood in order for Social Services or law enforcement agency to substantiate the initial referral that a brief interview may have to be conducted with the child victim. Whenever possible, this interview should be limited to substantiate the fact that a sexual abuse does exist, it should be done with use of other non-offending family members.

Place of Joint Interview. The location of said interview shall whenever possible be conducted at the law enforcement agency. This will enable a statement to be taken, typed, co-signed and placed into evidence thus preserving the admissibility of this information. It shall also assist in obtaining statements from other non-offending family members and to allow law enforcement to film or take photographs of said child victim. A polygraph examination also can be scheduled at this time. It shall be up to the discretion of the law enforcement investigator whether or not a polygraph examination will be required of the victim.

S.R.S. Investigation. The S.R.S. investigation and initial interview shall focus on the child victim and other non-offending family members, not on the alleged offender. Since the legal rights of the alleged offender may be compromised if statements are made prior to the constitutional cautions being given, there shall be no interrogation of the alleged offender by S.R.S. in regards to specific allegations until the investigating law enforcement agency begins their investigation and agrees to any S.R.S. interrogation. It is the responsibility of the assigned investigator (law enforcement) to interview the alleged offender and carry out an investigation which may result in criminal charges being filed.

If in the initial S.R.S. family interview the alleged offender is present, it is appropriate for S.R.S. worker to notify him of the allegations, to explain the S.R.S.'s role in the investigation and to inform him that the law mandates S.R.S. to report the situation to police, and to inform him that there is a possibility of criminal charges. The S.R.S. worker shall not give legal advice to the alleged offender, nor shall they make statements about the police investigation other than the fact that there will be one.

CASES WITH INCONCLUSIVE EVIDENCE

In those cases where S.R.S. has made a referral to a law enforcement agency, but where there is inconclusive charges, the law enforcement agency will prepare an offense report to keep on file in the event of future offenses. This information will only be available to people within the criminal justice system and S.R.S.

STATUTE OF LIMITATIONS

S.R.S. workers shall make referrals of child sexual abuse to a law enforcement agency regardless of whether or not the time of the offense is beyond the statute of limitations. Timely notification to the law enforcement agencies is important.

COORDINATION AND EXCHANGE OF REPORTS

Law enforcement shall be required to give copies of all investigative reports to the case worker assigned to S.R.S., and an additional copy to the Cascade County Attorney's Office for their files. The report shall include evidentiary statements made by the victim and/or the offender; photographs when required and informational reports as they are obtained. The share of the information if essential in child abuse cases and, therefore, reports from law enforcement authorities shall be made as soon as possible. Those reports from S.R.S. which are just as important to law enforcement shall be made and exchanged as soon as possible.

October 23, 1984

MEMORANDUM OF UNDERSTANDING

WHEREAS, the military reservation known as Fort Eustis, Virginia, is an enclave under the exclusive legislative jurisdiction of the United States of America and under the exclusive control of the Secretary of the Army acting through the Commanding General, U.S. Army Transportation Center, Fort Eustis, Virginia.

AND WHEREAS, from time to time, there arise certain occasions on which members of the military community living with the boundaries of said military reservation allegedly conduct themselves toward certain of their minor dependents in a manner that may constitute child abuse or child neglect;

AND WHEREAS, the Department of Social Services of Newport News, Virginia, is fully qualified to render suitable psychological, social, behavioral and welfare services to rectify or alleviate the conditions resulting from the conduct and circumstances above described;

NOW THEREFORE, it is agreed by and between the undersigned Commanding General, Fort Eustis, Virginia, and the Department of Social Services, Newport News, Virginia, as follows:

AUTHORITY:

1. The Commanding General, Fort Eustis, Virginia, grants authority to the Department of Social Services of Newport News, Virginia, to enter upon the military reservation for the purpose of investigating suspected child abuse or neglect and in order to provide services to abuse or neglected children.
2. The Commanding General also grants authority to the Department of Social Services to investigate suspected abuse or neglect and provide services in accordance with the provisions of the Virginia Child Abuse and Neglect Law, Chapter 12.1 of Title 63.1, Code of Virginia (1980), including, but not limited, to sections 63.1-248.9 and 63.1-248.10, and other appropriate laws of the Commonwealth, except where otherwise provided in this Agreement.

PROCEDURES:

3. The Fort Eustis Family Advocacy Management Team (FAMT) shall be initially responsible for investigating reported instances of child abuse or neglect arising on Fort Eustis. The FAMT shall monitor each case of confirmed child abuse to insure the health, safety and welfare of the affected child or children. It is recognized, however, that the FAMT and Fort Eustis officials have no authority to remove an abused or neglected child from a dangerous situation or otherwise provide protective services. On occasions when life threatening incidents of abuse or neglect have occurred or are likely to occur, or the abuser does not respond to the services made available by the FAMT, the Newport News Department of Social Services shall intervene on behalf of the child. The FAMT shall be responsible for determining when an incident of child abuse or neglect is of such a serious nature to warrant intervention by the Newport News Department of Social Services. When the FAMT has identified such an incident, a representative of the FAMT shall notify the Newport News Department of Social Services Child Protective Services Unit per the Code of Virginia, Chapter 12, Section 63.1-248.3 and 63.1-248.4. The FAMT shall inform the Newport News Department of Social Services of all investigative information and services offered to ensure an effective, efficient investigative process and delivery of services.

4. Upon receipt of written or verbal information concerning suspected child abuse or neglect, the Department of Social Services, Newport News, Virginia, shall conduct an investigation upon the Fort Eustis military reservation. Each investigator shall carry suitable credentials. A representative of the Fort Eustis installation shall, when necessary, accompany the Newport News representative. The Department of Social Services will have complete discretion as to further processing of a case in civilian channels once their services are requested. The FAMT, however, shall be consulted for recommendations and will be kept informed of the status of the case. The FAMT shall cooperate fully with the Department of Social Services and will insure that any and all services offered by various Fort Eustis agencies are made available. The FAMT shall provide a representative to the Newport News Child Advocacy Team, Inc.

5. When it is determined by the Newport News representative that the suitability of certain named parents' or caretakers' continued custody of a child or children should be examined by the Juvenile and Domestic Relations District Court of Newport News, Virginia, the representative shall take such action as is necessary under the laws of Virginia and governing State policy to assume custody of the child or children.

6. The above procedure shall apply except in emergency circumstances when consultation with FAMT is impossible, in which case the provisions of Section 63.1-248.9, Code of Virginia (1980), shall govern. In all cases, the Department of Social Services will provide counseling and follow-up services as the individual case requires.

INTERNAL OPERATING PROCEDURES:

7. The FAMT and the Newport News Department of Social Services agree to incorporate this agreement in their respective standard operating procedures and internal policies. Such procedures and policies may also include more detailed instructions as are necessary to facilitate performance under this agreement.

BINDING AGREEMENT:

8. This agreement may be amended as necessary. Any amendments to this agreement must be in writing and signed by the Commanding General, Fort Eustis Transportation Corps and Newport News official with authority to bind the Department of Social Services. This agreement may be revoked by either party after reasonable notice to the other. The revocation shall be in writing and signed as above.

9. Unless revoked, this agreement and all amendments thereto shall be binding on the Commanding General and Fort Eustis Transportation Center and the Department of Social Services and their successors. The signatories of this agreement or any amendment thereto warrant that they have actual authority to enter into this agreement and by their signatures bind respectively the Newport News Department of Social Services and Fort Eustis Transportation Corps.

Commanding General
Fort Eustis Transportation Center

Date: _____

City Manager
City of Newport News

Date: _____

ATTEST:

Deputy City Clerk
City of Newport News

MEMORANDUM OF UNDERSTANDING

BETWEEN:

The Marine Corps Air Ground Combat Center; and
The Morongo Basin Sheriff Station; and
The Child Protective Service, Yucca Valley

REGARDING

CHILD ABUSE REPORTING AND INVESTIGATION

1. PURPOSE. The purpose of this Memorandum is to document the understanding between the parties regarding the procedures to be followed in reporting and investigating suspected child abuse cases arising on the Combat Center.
2. POLICY
 - a. The Sheriff's Department has primary investigative jurisdiction over all child abuse cases arising on the Combat Center and will determine the investigative procedures to be followed once a child abuse case is officially reported in accordance with this Memorandum.
 - b. A major goal of the parties is to minimize further trauma to a child abuse victim and family members by limiting exposure of the child to repeated questioning by investigative agencies.
3. THE COMBAT CENTER FAMILY ADVOCACY REPRESENTATIVE. In order to expedite the proper reporting of bona fide child abuse cases arising aboard the Combat Center, there will be only one Combat Center official with the authority and responsibility to make a Combat Center child abuse report to proper civilian authority (Child Protective Service) and that official shall be the Branch Hospital Family Advocacy Representative (FAR). The FAR must also report the case to the Combat Center Provost Marshal's Office (PMO).
4. TYPES OF CHILD ABUSE CASES. All Combat Center child abuse cases shall be divided into three categories. Type I cases are those involving physical abuse, usually manifested by burns, cuts, bruises, or broken bones. Type II cases are those involving sexual abuse. Type III cases are all other abuse cases (e.g., neglect, mental abuse, etc.)
5. PHASES OF CHILD ABUSE INVESTIGATION/REPORTING. All parties agree that for purposes of this Memorandum, the reporting and investigation of child abuse cases arising aboard the Combat Center consist of three distinct phases: Initial Phase; Reporting Phase; and Investigation Phase.
 - a. Initial Phase. This phase begins when any individual believes that a child may have been abused and ends when a determination is made in accordance with this Memorandum whether the FAR will report the case to the Child Protective Service (CPS). During this Initial Phase no investigative agency, military or civilian, will conduct an in-depth investigation. Except in extraordinary cases, the child will not be isolated from the parents. The child will not be subjected to repeated questioning. Every attempt will be made to place the child in a non-threatening environment so as to minimize further trauma. Only basic information will be sought from the child so that a determination can be made that

there either is or is not a reasonable suspicion of child abuse. If a determination is made that there is no reasonable suspicion of child abuse, no report of the case to CPS or PMO will be made by the FAR. If a reasonable suspicion of child abuse exists, the case enters the Reporting Phase.

b. Reporting Phase. Suspected child abuse cases will be reported to proper civilian authority in accordance with paragraphs 7 through 10 of this Memorandum.

c. Investigation Phase. A full-blown, in-depth investigation will not be conducted unless an official child abuse report has been made to CPS by the FAR. The investigation will be conducted jointly by the Sheriff's Department, Child Protective Service, Combat Center Provost Marshal's Office and the Combat Center Naval Investigative Service. The investigation will not begin until the Sheriff's Department is on the scene and under ordinary circumstances will not begin until a CPS representative is also on the scene. The Sheriff's Department will coordinate the investigation and determine the procedures to be followed during the investigation.

6. THE DUTY TO INITIATE ACTION. California law defines those individuals who have a duty to report suspected child abuse cases to proper authority. For purposes of this Memorandum the following individuals have a duty to initiate action in accordance with paragraphs 7 through 10 of this Memorandum if they have knowledge of or observe a child in their professional capacity or within the scope of their employment and if they know or suspect child abuse:

- a. Any Navy physician, hospital corpsman, nurse, or physician's assistant assigned to the Combat Center Branch Hospital;
- b. Any military member assigned to the Combat Center Family Services Center;
- c. Any civilian employee assigned to the Combat Center Family Services Center;
- d. Any civilian employee assigned to the Combat Center Day Care Center;
- e. Any military policeman (including Criminal Investigation Division);
- f. Any Naval Investigative Service agent;
- g. The Branch Hospital Family Advocacy Representative.

7. REPORTING CHILD ABUSE IN GENERAL. There is no duty to report unless child abuse is at least reasonably suspected. The reasonable suspicion standard is an objective one and is satisfied if a reasonable person in a like position, drawing on his or her training and experience, would suspect child abuse.

8. REPORTING TYPE I CHILD ABUSE CASE (PHYSICAL ABUSE)

a. Whenever an individual having a duty to initiate action (individuals listed in paragraph 6 above) suspects Type I child abuse, the child will be immediately transported to the Combat Center Branch Hospital for a priority medical examination by a Navy physician (preferably a pediatrician). The individual first suspecting child abuse will accompany the child to the Branch Hospital to minimize trauma and to be available to provide information to the examining physician. The Combat Center Provost Marshal's Office will provide transportation to and from the Branch Hospital for the child and individual suspecting abuse. For all TYPE-I cases, the examining physician is the only Combat Center official authorized and required to determine whether there is a reasonable suspicion of child abuse based

upon examination and questioning of the child and, if appropriate, questioning of the individual accompanying the child. Under no circumstances will an in-depth investigation by anyone be conducted at this time. The FAR, medical staff, military police, Criminal Investigation Division, and NIS will not conduct an in-depth investigation of the child or the parents yet.

b. If the examining physician determines there is a reasonable suspicion of physical abuse, the physician will immediately direct the FAR to make an official telephone report to the CPS and PMO. If the physician determines there is no reasonable suspicion of physical abuse but there is reasonable suspicion of sexual or other abuse, the physician will also immediately direct the FAR to make an official telephone report to CPS and PMO. All telephone reports by the FAR to CPS must be followed by a written report within 36 hours.

c. If the examining physician determines there is no reasonable suspicion of any form of child abuse, the individual who first suspected child abuse will be immediately notified of that determination using enclosure (1) and advised that the individual has the right to independently report the case to CPS.

9. REPORTING TYPE II CHILD ABUSE CASES (SEXUAL ABUSE). Sexual abuse cases will be processed differently than physical abuse cases. For sexual abuse cases, the Navy physician is not the only individual authorized and required to determine whether the reasonable suspicion standard has been met. Every individual listed in paragraph 6 above has the responsibility to determine whether a reasonable suspicion of sexual abuse exists whenever they are confronted with a possible sexual abuse case. Whenever any individual listed in paragraph 6 above concludes that there is a reasonable suspicion of sexual abuse, that individual shall immediately notify the FAR about the case and the FAR must immediately make an official telephone report to CPS and PMO. The child shall then be transported immediately to the Branch Hospital for a priority physical examination by a Navy physician (preferably a pediatrician). Again, to avoid distress to the child, PMO will provide transportation to the Branch Hospital for the child and the individual first suspecting sexual abuse. The physician's role is to document any physical evidence of sexual abuse. Telephone reports to CPS will be followed within 36 hours by a written report from the FAR. As with Type-I abuse cases, if the official listed in paragraph 6 above concludes that there is no reasonable suspicion of abuse, enclosure (1) will be completed and given to the individual first suspecting abuse.

10. REPORTING TYPE III CHILD ABUSE CASES. Whenever any individual listed in paragraph 6 above concludes that there is a reasonable suspicion of Type III child abuse, that individual shall immediately notify the FAR who must immediately make an official telephone report to CPS and PMO. No examination by a Navy physician is required. Again, telephone reports to CPS will be followed within 36 hours by a written report from the FAR.

11. CROSS REPORTING. It is possible that an individual not listed in paragraph 6 (e.g., neighbor, parent) may report a suspected child abuse case directly to CPS or the Sheriff's Department. If the case arose on the Combat Center, CPS shall cross report the case to the PMO who shall notify the FAR. If the case arose off the Combat Center, the Sheriff's Department shall cross report the case to PMO who shall notify the FAR.

12. **TERM OF MOU.** This MOU shall be in force for a period of three years from the date last subscribed below but may be modified or terminated at any time by consent of all parties or terminated unilaterally by any subscribing party 30 days following written notice of termination delivered to the other parties. The term party includes not only the signatories but also their successors.

Chief of Staff
Marine Corps Air
Ground Combat Center,
Twentynine Palms,
California

Captain
Morongo Basin
Sheriff Station
Joshua Tree,
California

Head
Child Protective Service,
Yucca Valley, California

Date

Date

Date

APPENDIX C

Child Abuse and Neglect Awareness Program

CHILD ABUSE AND NEGLECT AWARENESS PROGRAM

Discussion

The military installation in many ways resembles a small city. It is supervised by a military commander, who performs many of the functions of a mayor. There are community services such as stores, filling stations, chapels, medical treatment facilities, and police departments. Also, there is a communications network of newspapers and other news channels that operate to keep the military community informed.

In order to establish a successful public awareness of child abuse and neglect, it is useful for civilian and installation agencies to join forces. Many military families live in civilian housing off the installation, and some of the workforce on the installation is drawn from the civilian community. Therefore, by cooperating in education and awareness efforts, civilians and military families will benefit whether they are on or off the military installation.

Civilian service providers are encouraged to work with the Family Advocacy Program manager on the installation in promoting public awareness and understanding. On each installation there is an office of information or public affairs office that is charged with the overall responsibility of keeping the installation community informed on all events that may affect Service members and their families. The manager or a designated member of the Family Advocacy Committee works closely with the public affairs officer in keeping the military community alert to issues related to child and spouse abuse, including procedures related to incident reporting. Installation family advocacy personnel welcome collaboration with their civilian colleagues in activities that enhance public awareness and understanding.

Providing educational information about family advocacy including treatment opportunities is a key aspect of the program. It is accomplished in the same way that the local community agencies generate awareness.

Basic Communications Tools

The implementation of community awareness is carried out through:

- **Communications Plan.** It is valuable to develop and implement a communications plan to include participation in community awareness activities and to ensure that there is an appropriate procedure to follow when incidents are reported. The public affairs officer is among those on the incident notification list.
- **Networking.** Family advocacy personnel maintain formal and informal networks with organizations on and off the installation in order to remain up-to-date on family issues and to take advantage of opportunities to promote information about child and spouse abuse.
- **News Media.** There are numerous opportunities on the installation to publicize family advocacy information. They include local and installation newspapers, daily bulletins issued by various local

units, bulletin boards, marquees for special observances, flyers, and local broadcasts that are watched and listened to by the military community.

- Briefings. The Armed Forces generally uses briefings very effectively. These can include "town meeting" type gatherings that include family members or "commander call" type meetings for members of a unit. They are also appropriate as presentations for local service organizations such as Kiwanis and Rotary Clubs.

Special Awareness Events

The Services participate in special observances along with their civilian colleagues, such as Prevention of Domestic Violence Month in March and Child Abuse and Prevention Month in April. These special observances usually are reflected through displays at such key locations as pediatric clinics and commissary facilities. They are further promoted through feature articles in installation newspapers and broadcasts and special chapel programs.

The Office of the Secretary of Defense through the Family Advocacy Committee cooperates with national civilian organizations throughout the year to promote a better understanding of family advocacy issues and helps in the dissemination of awareness materials for those special observances. The Department of Defense also has been actively involved in producing materials that help educate military personnel and family members living overseas in foreign countries.

APPENDIX D

DoD Dependents Schools (DoDDS) in the United States and Puerto Rico

APPENDIX D

DoD Dependents Schools (DoDDS) in the United States and Puerto Rico

Persons interested in teaching or working in a Section 6 School on a military installation in the United States or Puerto Rico should write to the listed individuals:

Mrs. Kaye Ryan
Superintendent
Fort McClellan Elementary School
Building 3681
Fort McClellan, Alabama 36205
(205) 820-2420

Dr. Linda C. Godsey
Superintendent
Fort Rucker Dependents School
P.O. Box 279
Fort Rucker, Alabama 36362
(205) 598-6396

Mr. Michael L. Carr
Superintendent/Principal
Maxwell Elementary School
Building 538
Maxwell Air Force Base, Alabama 36112
(205) 293-7804
AV 875-5604

Dr. Patricia Santos
Superintendent
Antilles Consolidated School System
Box 3200
Roosevelt Roads Naval Air Station
FPO Miami, Florida 34051
(or Ceiba, Puerto Rico 80635)
(809) 865-2539/2124
AV 831-4127

Dr. Rolla W. Baumgartner
Superintendent
Fort Benning Dependents Schools
P.O. Box 1967
Fort Benning, Georgia 31905
(404) 545-2915/3500
AV 835-3500

Dr. Paul E. Ward
Superintendent
Fort Stewart Dependents Schools
Hero and Austin Roads
Fort Stewart, Georgia 31313
(912)368-2742

Mr. Charles L. Combs
Superintendent
Robins Air Force Base School System
Building 2802
Robins Air Force Base, Georgia 31098
(912)926-3671
AV 870-3382

Dr. Michael R. Martin
Superintendent
Fort Campbell Dependents Schools
Texas Avenue at 29th Street
Fort Campbell, Kentucky 42223-5000
(502)439-1927

Dr. Roland Haun
Superintendent
Fort Knox Community Schools
Building 7474A
Fort Knox, Kentucky 40121
(502) 624-7853

Dr. George A. Lyons
Superintendent/Principal
England Dependents Schools
England AFB, Louisiana 71311-5000
(318) 448-2463/4
AV 683-2463/2464

Dr. Warren G. Lowey
Superintendent of Schools
West Point Elementary School
Building 705A
West Point, New York 10996
(914) 938-3506
AV 688-3506/2724

Dr. E. Conrad Sloan
Superintendent
Camp Lejeune Dependents Schools
Building 855
Camp Lejeune, North Carolina 28542-5000
(919) 451-2461
AV 484-2615/2461

Dr. Frank J. Cleary
Superintendent
Fort Bragg Dependents Schools
P.O. Box 70089
Fort Bragg, North Carolina 28307-5000
(919) 436-5410

Dr. Thomas J. Silvester
Superintendent
Fort Jackson Dependents Schools
5900 Chestnut Road
Fort Jackson, South Carolina 29206
(803) 782-2720
AV 734-6314/272

Dr. Jane H. Pulling
Superintendent
Laurel Bay Schools
Laurel Bay, South Carolina 29902
(803) 846-6105

Mr. Everett K. Gobble
Superintendent/Principal
Woodland Park School
Myrtle Beach AFB, South Carolina 29577
(803) 238-7532
AV 748-7091/7532

Mrs. Lawanna Mangleburg
Superintendent/Principal
Dahlgren Dependents Schools
Dahlgren, Virginia 22448
(703) 663-8822
AV 249-8822

Mr. Donald L. Dorton
Superintendent
Quantico Dependents Schools
Building 3307 MCCDC
Quantico, Virginia 22134-5005
(703) 640-2319
AV 278-2319