The Commander's Role: FAP Intervention/Treatment

Commanders have specific responsibilities that play a major role in supporting the team process which assists soldiers and families in crisis.

The Family Advocacy Program's multi-disciplinary team approach supports a commander's efforts to assist soldiers and families who are at risk or involved in fmaily violence. Although Commanders and First Sergeants prefer to prevent family crisis through prevention/intervention activities, there are times when it is difficult to ease the kinds of stress that trigger abusive patterns. Commanders support the multi-disciplinary team's intervention and treatment efforts by meeting their responsibilities in the following areas:

- Reporting Requirement and Protocol
- A Map to Support Soldiers and Families in Crisis
- The Multi-disciplinary Team Approach
- Support the Recommendations of the CRC
- Initiate Safety Measures
- Disciplinary and Administrative Actions

Reporting Requirement
This directive openly reinforces that family violence is not acceptable behavior and needs to be reported. But it should also be clear that the Army is willing to provide consistent support to soldiers and families who cooperate by stopping the violent behavior and following a recommended plan for intervention and treatment.

✪ **Commander's Responsibility**
(According to: AR 608-18, paras 1-7b(4) and 3-7 a and c)
- ❍ Should report allegations of child and spouse abuse involving your soldiers. Report allegations to the RPOC and provide all relevant information.

✪ **Commander's Responsibility, cont.**
- ❍ Inform soldiers about the reporting requirement. The reporting requirement states that every soldier, employee, and member of the military community should be encouraged to report information about known and suspected cases of spouse and child abuse to the RPOC or appropriate law enforcement agency as soon as the information is received.
- ❍ Understand the investigation process outlined in this section.

Protocol for Managing Reports of Abuse

There are standard steps to coordinate the gathering of facts once a report of abuse surfaces. The effectiveness of the process is strongly linked with the team members' and commander's understanding and facilitation of responsibilities. Given that crises require swift intervention, close coordination is critical to ensure that responsibilities are clearly delineated. CRC members have the skills and professional training required to assess family violence situations. Commanders must support the established system for assisting families.

- Receiving the Initial Report and Reporting
  - ❍ Contact the RPOC with all reports of child and spouse abuse.
  - ❍ Military Police (MP) and law enforcement are available 24 hours a day to respond to complaints or alleged reports of child and spouse abuse.

- Interviewing Soldiers, Family Members and Others
  - ❍ Military Police (MP) and Social Work Services (SWS) will coordinate the primary investigation.
  - ❍ Joint screening will be coordinated to reduce the potential trauma of repeated interviewing.

Receiving Notification of a Report

✪ Unit Commander
- ❍ Will be notified within 24 hours after the report surfaces by the Reporting Point of Contact (RPOC) or case manager assigned to the case.
- ❍ Will be called upon to share pertinent information prior to starting the interview process, depending on time constraints.

- Case Review Committee (CRC)
  Provides preliminary assessment, short term and long term recommendations to the unit commander.

- Case Manager/Social Worker
  - ❍ Contacts collateral organizations involved in the case.
  - ❍ Coordinates CRC contacts.
  - ❍ Notifies and maintains communication with Unit Commander.

- Military Police (MP)
  Coordinates with civilian law enforcement for off post reports and with Criminal Investigation Division (CID) for criminal investigations.

- Local Child Protective Services (CPS)
  Will be contacted during the assessment phase.

- Army Central Registry (ACR)
  Will be notified by MTF designee to screen the registry for previous child or spouse abuse incidents.

Figure 9, Reporting and Intervention Protocol, presents an overview of the management of reports of child and spouse abuse from the initial report to preliminary assessment and final recommendations.

What to Expect After a Report Has Been Made

Crisis situations often do not leave much time for commanders to plan strategies. There may be the need to respond by reacting to the information immediately, rather than having the opportunity to think through all the family dynamics and protocols involved. Close coordination with the CRC's chair will facilitate a smooth process. The following examples give you some idea of what to expect when child or spouse abuse incidents surface.

- Emergency calls from the family being investigated for abuse
- Emergency calls from witnesses
- Emergency room calls confirming that abuse is evident
- Emergency calls from MP and/or blotter report entry
- Congressional inquiries
- Criminal Investigation Division (CID) investigations

See: *The Directory of Programs and Services for a list of the designated CRC members, e.g. Case Manager, C-SWS (page 23). These professionals support commanders by providing accurate information and assisting with responses.*

Figure 9, Reporting and Intervention Protocol, represents a dual intervention process. While SWS/CRC does a clinical/treatment assessment, law enforcement (CID, MPI, PM) conducts and investigates for any suspected criminal activity.

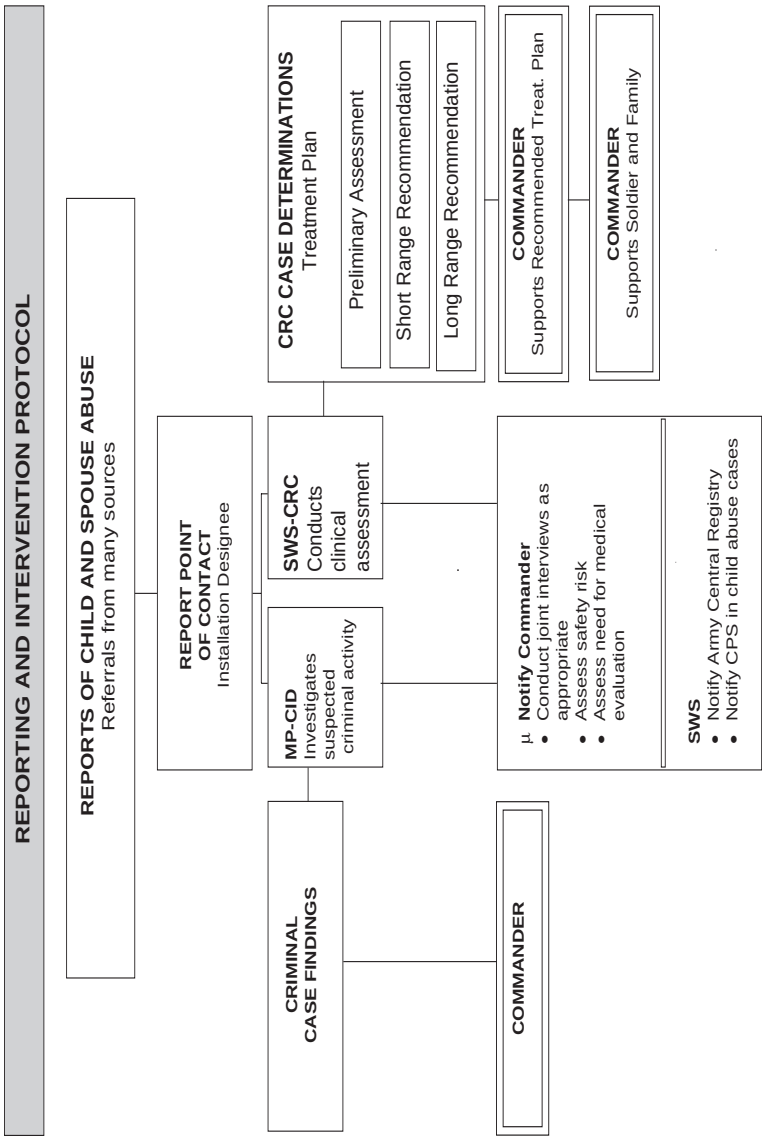

Figure 9. REPORTING AND INTERVENTION PROTOCOL

Defining Child and Spouse Abuse

The definitions in Figure 10, Definitions of Child and Spouse Abuse, will guide you on understanding the nature of child or spouse abuse for an existing allegation and the treatment recommendations, and for behaviors you are encouraged to report. Child abuse and spouse abuse include minor, moderate, and severe forms of abuse. **Note that the list in Figure 10 is not all inclusive.** It is also important to note that state laws have varying definitions.

See: Appendix B: The glossary defines the terms in AR 608-18 (beginning on page 93).

DEFINITIONS OF CHILD AND SPOUSE ABUSE

TYPE	MILD	MODERATE	SEVERE
Child Neglect * Failure to provide basic physical child care needs: • nourishment • clothing • shelter • medical/dental care • education • supervision	Medical care, dental, and/or immunizations are not provided or delayed when treatment would facilitate appropriate care; Lack of supervision or unsanitary living conditions places child at risk for minor injury or illness; Isolated incident or no repetitive pattern.	Failure to provide for nourishment, clothing, medical treatment for injury or illness whereby child suffers physical or emotional harm (short term treatment may be indicated); Lack of supervision or unsanitary living conditions places child at risk for serious injury or illness; Repeated incidents of neglectful behavior.	Includes all minor and moderate forms of abuse that result in serious harm or injury; Driving a motor vehicle with child while intoxicated; Pattern of neglectful behavior resulting in hospitalization.

***Supervision of Children:** Children 9 years old or under are not to be left unattended or in the care of younger siblings 12 years and under; elements considered in determining a case of neglect are the length of time the child is unattended, the reason the parents are unavailable, child's use of emergency contacts and overall independence and maturity of the child. (According to AR 608-18, para 3-7e)

Figure 10. DEFINITIONS OF CHILD AND SPOUSE ABUSE

DEFINITIONS OF CHILD AND SPOUSE ABUSE

TYPE	MILD	MODERATE	SEVERE
Child Physical Abuse: Intentional physical injury.	Bruises and/or minor injury requiring medical treatment, superficial scratches, abrasions.	Bruises, burns and/or minor to major physical injury where medical treatment (one visit) may be indicated.	Extensive and multiple bruises in various healing stages; head, internal and facial injuries; shaking of infants/young children.
Child Sexual Abuse: Involvement or enticement of a child to engage in any sexual act or situation that may include molestation, rape, sodomy, or other form of exploitation.	No physical contact; no apparent physical or emotional harm, no medical or mental health treatment.	Physical contact absent penetration; One time medical or mental health treatment may be indicated.	Penetration or physical injury; Long-term medical or mental health treatment; child has been force by adult to engage in sexual activity with another child.
Emotional Abuse: Verbal abuse or excessive demands on the child's performance which results in impaired emotional and/or educational development.			

DEFINITIONS OF CHILD AND SPOUSE ABUSE

TYPE	MILD	MODERATE	SEVERE
Spouse Abuse: Use of intentional physical force, pattern of intentional acts that affect psychological well-being, and/or forced sexual activity.	Mild injury or no medical treatment; verbal threats or destroying personal property, hitting a door or wall and with no ongoing risk/intimidation.	Minor or major injury where one visit may be indicated; Kicked, bit, hit with fist (once or twice); Pushed, slapped and/or grabbed or shoved; Threw bjects at spouse; Pattern of behavior involving threats, insults, and/or other controlling behavior.	Major injury and long-term medical care or in-patient care is indicated; Choked, severely kicked, hit numerous times; Use or threats of use of weapons/ objects; Sexually abused; Pattern of extreme and excessive controlling behaviors (i.e., insults, intimidation, name calling, extreme jealousy, withholding affection, threats, destruction of personal property, and/or imposing limits to phone, transportation, money, friends, etc.).

Figure 10. DEFINITIONS OF CHILD AND SPOUSE ABUSE

A Map to Support Soldiers and Families in Crisis

Military soldiers and families, like other individuals and families, sometimes manage stress in a harmful and destructive way. It is inevitable that everyone experiences some hardships in their lives. When coping skills and resources are inadequate, it is not surprising that responses to stress are out of control. It is a challenge to meet the different needs of soldiers and families because each family situation is unique. The following chart offers a variety of approaches for balancing the responses of soldiers and families to crisis.

✪ **Commander's Responsibility**
(According to 608-18, para 1-7b (10))
- ❍ Work with soldiers and families in coordination with the CRC.
- ❍ Encourage the participation of civilian family members in treatment plans.

Figure 11, A Map to Help Balance Soldiers' and Families' Response to Crisis, presents a number of typical reactions and offers a variety of responses that may help commanders to communicate with soldiers and families in crisis (page 78).

Notes

BALANCING RESPONSES TO SOLDIER AND FAMILY TO CRISIS

SOLDIER OR FAMILY	SOLDIER OR FAMILY STATEMENTS	COMMAND APPROACH
Confused (lacks focus)	What is happening to us? Why is this happening? I just can't see it, other peoples' kids stay home by themselves.	Redefine the situation and establish why it is a problem. Review one step at a time one action plan. Reinforce working things out through cooperation and communication.
Overwhelmed (burdened and emotional, often dramatic)	We can't take anything else. We will take you down if you keep trying to help.	Elicit curiosity about something that has worked out. Increase self sufficiency by having them explore support they can use. Present firm choices.
Defeating (will challenge you)	You can tell me what to do, but I will not listen. We tried everything and nothing ever changes.	Remind them that they always have choices. Restate the possible consequences. Recall positive attributes of person or family that can be used. Remind them that others experience similar situations.

Alienated (disinterested)	Why should I care? Nobody cares about me. It is each person for himself in this family.	Redefine the situation and establish why it is a problem. State clear consequences. Show interest in military career goals.
Minimizing (unrealistic)	It was only a push and I only held my hand over his/her mouth. Yes sir, it happened but it is no big deal. This was blown out of proportion.	Be alert to the words "only," and "just,"; this would be rare if it has reached visibility. Present facts (e.g. read the blotter or medical evaluations, describe severity of abuse). Consider whether there is a pattern or history.
Projecting (blames others)	If she would have done what I told him/her. Those people don't need to be in my business. Yes sir, it happened, but it isn't my fault. We have done our share.	Remember they may shift the focus from themselves to you (e.g. Sir, you have kids/wife/husband-you know how it is). Convey that abusive behavior of any form is not acceptable. Restate consequences.
Denying	He/She is out to get me in trouble. Those people are out on a witch hunt.	Very common response. Caution believing the denial. Ask soldier/family member what they think. Ask them what they would do.

Figure 11. A MAP TO HELP BALANCE SOLDIERS' AND FAMILIES' RESPONSE TO CRISIS

The Multi-Disciplinary Team Approach

The Family Advocacy Program's multi-disciplinary teams emphasize building the strengths, skills, and abilities that help soldiers and families to attain self-reliance (intervention/treatment responsibilities shared with commander).

- Emphasizes safety for all members of the community.
- Offers a flexible and diverse mix of services to encourage participation.
- Creates a climate for self assessment, awareness and self referral for assistance.
- Develops and support partnerships among all members of the community.
- Facilitates necessary crisis intervention and treatment.

✪ **Commander's Responsibility**

(According to AR 608-18, para 1-7b(3) and (5))

- ❍ Become familiar with the multi-disciplinary team approach. This approach to intervention/treatment is one that promotes individual, couple and family enrichment.
- ❍ Understand the general functions of the Case Review Committee (CRC).
- ❍ Attend CRC meetings when your soldiers' cases are initially presented and when you are invited for review on progress or concerns, or per Commander's request.

Functions of the Case Review Committee

It is essential that reciprocal communication exists to provide consistent and integrated support to soldiers and families. The Army expects leadership and support from commanders who are working with soldiers and families at risk. The Army does not expect you to be a psychologist, doctor, lawyer and social worker as well. The CRC team, composed of professional staff who have experience working in the areas of child and spouse abuse, was created to assist commanders with managing soldiers and families who require intervention.

Functions of the Case Review Committee, cont.

- Assesses each report.
- Assigns a POC from SWS who will coordinate information from the initial report to case closure.
- Ensures that the unit commander is notified within 24 hours after the report surfaces; contact will be made as soon as possible to review the incident, to coordinate the protection plan, and to advise on the continuing status.
- Initiates and maintains communication with commander (e.g. nature of abuse, subsequent reports, ways to support the interventions, failure to participate in treatment, treatment progress, provides commander with documentation to support recommendations).
- Evaluates each report to identify potential family problems and coordinate intervention as necessary.
- Determines and reports to the commander case substantiation or unsubstantiation.
- Recommends to the commander preliminary, short term and long term educationally-based programs and/or intervention services.
- Recommends to the commander possible corrective measures in cases where civilian family members refuse to cooperate.
- Coordinates cases with the Child Protective Services (CPS).
- Meets at a minimum monthly and with sufficient frequency to coincide with initial and 90 day progress reviews. Separate teams may be formed to manage spouse and child abuse.

Support the Recommendations of the CRC

It is vital to the success of any intervention/treatment and safety efforts that the CRC work jointly with commanders. This process depends on consistent and open communication.

✪ **Commander's Responsibility**
(According to AR 608-18, paras 1-7b(6)(7) (8c and d), 3-9, 3-29)(2))

- ❍ Consider the CRC recommendations:
  - ❍❍ Before requiring soldiers to receive counseling and referral assistance.
  - ❍❍ Before recommending deferment or deletion from reassignment of soldiers whose family members are receiving counseling.
- ❍ Share all relevant information and administrative actions:
  - ❍❍ Repeated acts of family violence must be reported promptly.
  - ❍❍ Initiation of disciplinary or administrative actions and deferment or deletion from reassignment when this is the only means to provide treatment or protect individuals from harm.
  - ❍❍ When any unit activity may conflict with soldier's treatment schedule.
- ❍ Encourage soldiers to cooperate with the CRC protocol from the initial report of abuse to case closure; after being advised of their Article 31(b), UCMJ rights against self-incrimination.
- ❍ Support the recommendations and initiate immediate and long term measures that reinforce a plan to protect soldiers and or family members.
  - ❍❍ Must provide a written nonconcurrenc with the CRC recommendations through the chain of command.

Initiate Safety Measures

The protection of soldiers and families is a primary goal of intervention/ treatment. It is vital to a successful intervention and treatment effort that the CRC work jointly with Command to ensure a safe environment.

Criteria Used to Assess Safety Factors (this list is not all inclusive)

- Severity and frequency of violence and unresolved stressors (e.g., separations, infidelity, etc.)
- Potential for imminent danger or out of control behavior
- Previous history of abuse, violent acts, or other misconduct
- Use of lethal weapons/objects or threats of weapons use
- Significant alcohol use and/or substance use that affects judgment
- Occurrence during pregnancy

> ✪ **Commander's Responsibility**
> (According to AR 608-18, para 3-25b)
> Assist the CRC to facilitate recommended safety measures.

Typical CRC Recommendations

- Preliminary Assessment
  Commander's actions may include:
  - ❍ Separate the soldier from the family for a "calming period," or for safety reasons.
  - ❍ Restrict the soldier to the barracks, or to the unit for a reasonable time if the soldier and family are uncooperative with voluntary separation.
  - ❍ Assign a responsible soldier to escort the soldier when visiting or retrieving personal belongings at the quarters, in situations where separation occurs.
  - ❍ Bar uncooperative and dangerous family member from the installation.
  - ❍ Admonish by oral and/or written counseling statement for inappropriate behavior, or consequences for lack of compliance.

- Short-Term Recommendations
  May include any combination of educationally-based and clinically-based programs and disciplinary or administrative actions.

  Commander's Actions
  - ❍ Permit schedule for soldier to attend recommended services.
  - ❍ Encourage family members to cooperate and attend recommended services.
  - ❍ Notify CRC of changes in soldier's unit activity (e.g. TDY, PCS, leave, duty assignment, reassignment, etc.).
  - ❍ Consider soldier's service record and retention.
  - ❍ Reinforce to the soldier and family members that abusive behavior is unacceptable.
  - ❍ Enhance the overall support required for this family to successfully complete intervention/treatment.

- Long-Term Recommendations
  May include disciplinary or administrative actions.

  Commander's Actions
  - ❍ Consider CRC report on favorable treatment prognosis or whether further treatment is practical; especially when repeated incidents occur and command is working harder than the soldier and family.
  - ❍ Consider soldier's service record and retention.
  - ❍ Consider when the soldier fails to comply with command directed treatment or administrative restrictions.

Disciplinary and Administrative Actions

Coordination with the CRC will alleviate the effects on the soldier and the family so as not to create further hardships (e.g. increased financial strain, family members being displaced from housing, etc.). The following is a quick reference of the many available options to deal with misconduct or deficiencies in performance. This is not meant to be an exhaustive listing. **You are urged to coordinate with appropriate support staff (e.g. SJA).**

✪ **Commander's Responsibility**
(According to AR 608-18, paras 4-4, 3-25, 1-7b(7)(8))
The commander may initiate and coordinate measures that serve to protect individuals from harm, and to prevent further discord, intimidation, or obstruction of justice, and to give consequences for failure to show progress in treatment. But consider CRC recommendations:
- ❍ Before recommending disciplinary and administrative actions.
- ❍ Before recommending reassignment when required treatment is unavailable and reassignment is the only available means of providing treatment or protecting family members. Soldiers cannot be reassigned while pending disciplinary and administrative action (e.g. court martial, nonjudicial punishment).
- ❍ Before initiating personnel separations.

A range of actions is available:

- Admonition/Reprimand
- Pre-trial Restraint
  (According to AR 608-18, para 3-25b)
  - ❍ An effective tool that provides a "calming period" following a domestic disturbance and/or to protect individuals from harm.
  - ❍ Provides time to evaluate the situation and take appropriate corrective measures.

- ❍ Consider as only a temporary measure, since beyond 90 days this could require the family to vacate quarters.
- ❍ Order the soldier to remain within the limits over a specific time period, based on level of concerns.
- ❍ Restrict to barracks or BOQ, assign to quarters of a superior or peer, or revoke privilege to live off post.
- ❍ Restrict to the limits of the unit, place of duty, and/or personal contact with victims.

- Removal From Promotion List
- Bar to Re-enlistment
- Termination of Government Quarters
- Bar From the Installation
  (According to AR 608-18, para 3-25b(4))
  Recommended when threats to the safety of any adult or child living on the installation arises; the installation commander has the inherent authority to bar the civilian from entering the installation.
- Early Return of Family Members for Convenience of the Government from OCONUS
  (According to AR 608-18 para 3-25b(6) for procedures to be followed)
  Measure taken when a family members' presence is embarrassing to the US, prejudicial to order, morale, and discipline.
- Curtailment of Oversees Tour from OCONUS
  (According to AR 608-18 para 3-25b (6)(d) on the use of this procedure)
  Generally means that the family member involved in or victimized by the abuse will return with the soldier to the US where the courts will be more readily available to address the abuse problem and protect the victim.