



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON-HUMPHREYS
UNIT #15228
APO AP 96271-5228

IMHM-MWA

1 August 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: United States Army Garrison Humphreys Policy Letter #29, Family Violence

1. The proponent for this policy is the Directorate of Family and Morale, Welfare, and Recreation.
2. This policy is effective immediately. It remains in effect until rescinded or superseded.
3. References.
 - a. AR 608-18, The Army Family Advocacy Program, 30 Oct 07.
 - b. Uniform Code of Military Justice, Art 3(b), 2008 Edition.
4. Applicability. This policy applies to all United States Forces Korea (USFK) personnel and Family members residing in USAG Humphreys to include DA contractors and their Families if they are entitled to such care.
5. Purpose. This policy reiterates our shared specific responsibilities in dealing with Family violence. Leaders at all levels must be personally engaged in the effort to end Family violence and use all programs and resources at their disposal.
6. Mission. The mission of the Family Advocacy Program (FAP) is to reduce Family disruption and violence and promote effective Family functioning by establishing information and education programs and services which support strong, self-reliant Soldiers and Families and ensure prompt reporting, assessment, and investigation of instances of abuse, while providing treatment to all affected Family members. For Soldiers involved in Family violence, it is essential that treatment be immediate and uninterrupted. Until a Soldier's mandated treatment is completed, his/her place of duty should be at their scheduled appointments.

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7. General.

a. Family violence is contrary to Army values and threatens the safety and welfare of our military Families and communities. Incidents of Family violence undermine unit cohesion, morale, and readiness. Preventing Family violence is a command priority and a leadership responsibility.

b. This command is committed to achievement of a safe and secure environment for our Soldiers and Families. Family violence in the form of spouse and child abuse and neglect detracts from that goal and from readiness in general.

8. Policy.

a. Reporting of Abuse/Neglect Incidents:

(1) All leaders will cooperate in dealing with Family violence cases. Promptly report all known or suspected abuse and refer Soldiers for assessment. All cases of suspected abuse and neglect shall be immediately reported to the installation report point of contact (RPOC) by dialing the FAP Hotline telephone number 101 from an on post DSN telephone or by dialing 031-690-7101 (from a commercial or cell phone).

(2) Installation law enforcement personnel, physicians, nurses, social workers, school personnel, Child, Youth, and School Services (CYSS) personnel, psychologists, and other medical personnel will immediately report information about known and suspected cases of child and spouse abuse to the RPOC as soon as the information is received. The Victim Advocate, the Family Advocacy Program Manager (FAPM), or military Health Care Provider may not disclose an incident of domestic abuse if requested by a victim choosing restricted reporting of the event unless an exception cleared by the FAPM, in consultation with the Staff Judge Advocate, exists.

b. Restricted and Unrestricted Reporting Options:

(1) Restricted Reporting: Under the restricted option, victims may disclose their alleged abuse to the FAPM, the FAP Social Worker, the Victim Advocate, or a Health Care Provider. Under the restricted reporting option, the victim will be provided all advocacy, medical, and support services without law enforcement or command notification. Restricted reporting will not be honored when contact with the command is necessary to prevent imminent harm or serious bodily injury to the spouse or another person in accordance with DoDI 6400.6, Domestic Abuse involving Department of Defense (DoD) Military and certain affiliated personnel. In addition, restricted reporting may also be broken to comply with a court-order or state, federal, or Korean law.

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(2) Unrestricted Reporting: Under the unrestricted reporting option, the Provost Marshal's Office (PMO) and FAPM are notified and all appropriate support services will be provided to the victim and his/her Family.

c. Investigations:

(1) Notifications. Upon receiving a report, the RPOC will ensure expeditious notification to the following agencies/personnel: Soldier's Commander, Social Work Services (SWS)/on-call FAP social worker, Commander, Medical Treatment Facility (MTF) (in child cases), and Garrison Commander. Additionally, when there is a report of child abuse occurring in DoD operated or sanctioned activities, the Military Police Investigation (MPI)/US Criminal Investigation Command Detachment (CID) special agent investigating the incident will contact the Child, Youth, and School Services (CYSS) Coordinator and the FAPM immediately. The MP desk will coordinate with the Korean National Police in completing investigations of off-post reports of spouse or child abuse or neglect.

(2) MPs, Victim Advocate (VA), FAP, SWS, medical providers and Commanders must notify CID as the sole investigative agency responsible for investigating felonies. In a spouse abuse situation, CID will investigate any case involving death of the spouse or unborn child or an attempt thereof. CID will also take the lead in all child pornography and sexual assault cases regardless of the age of the victim.

(3) Notification of Unit Commanders. The RPOC will ensure the appropriate unit commander is notified as soon as possible on any unrestricted report of spouse or child abuse or neglect. The unit commander will participate in the decision concerning the safety plan for his or her Soldier and Family members. Options include restricting the active duty member to the barracks with the approval of the unit commander or encouraging one of the adults to temporarily stay with a relative or Family friend.

(4) Mandatory Notification of MPs and the CID. The MP desk will notify CID of every report of child abuse or assault on a pregnant woman involving a possible criminal offense as soon as the report is received. CID is the primary investigating agency for any allegation of on post child abuse.

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d. Protection of Abuse Victims:

(1) It is Army policy to prevent spouse and child abuse and neglect, encourage reporting, protect victims and their rights, provide support services for each person affected by abuse, and ensure professionals are appropriately trained to intervene in abuse cases. Ensure that Soldiers involved in allegations of spouse or child abuse, after properly being advised of their Article 31(b), UCMJ rights against self-incrimination, are encouraged to cooperate with FAP personnel to the maximum extent possible. Victims have a right to be treated with dignity and respect for their privacy, and commanders will ensure the victim is reasonably protected from the alleged offender.

(2) When notified of a domestic violence incident involving a Soldier, regardless of rank, the commander may issue a "no contact" order for a minimum of 72 hours, whether the incident occurred on or off post, and follow the procedures outlined in AR 608-18.

(3) All agencies/personnel investigating incidents of suspected child or spouse abuse will immediately assess the imminent danger for the alleged victim and other Family members and take action to ensure their safety.

(4) Law enforcement personnel, commanders, or the victim advocate will advise victims of their right to a military protective order or temporary shelter when the perpetrator is a civilian or contractor. A DA Form 2701, Initial Information for Victims and Witnesses of Crime, will also be given to the victim by whomever the crime is first reported to (commander, victim advocate, or law enforcement). The victim will be given telephone numbers of agencies that will continue investigating the incident and may contact them for further assistance. Interviews between law enforcement and the alleged victim and between law enforcement and the alleged offender will be done separately.

(5) Commanders and leaders should coordinate with Social Work Service for assistance in assessing and arranging for the safety and well being of children involved in abusive, neglectful, or potentially abusive or neglectful situations.

(6) The FAPM serves as the primary point of contact (POC) for Emergency Placement Care (EPC), a voluntary command service providing 24 hour care and support. The EPC program is intended to provide short-term care for Families in a crisis until the situation causing placement is resolved or until long-term care or placement can be arranged. In this overseas environment, the installation commander is authorized to issue a Child Removal Order (CRO) or authorize EPC when necessary to avoid risk of imminent death, serious bodily harm, or serious mental or physical abuse.

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The Child Removal Order is limited to ten days when parental consent and court determination are not available. The installation commander can also order Emergency Placement Care for up to 90 days when judicial authorization from a state or foreign court is pending. Also, a treating physician may take an abused child into Medical Protective Custody (MPC) without parental consent if the child is in imminent danger in the parent's care. All of these actions require legal review before implementation. Any non-imminent danger situation or crisis will require parental consent or court-order to place a child into Emergency Placement Care. In addition to being the POC for Emergency Placement Care, the FAPM is the POC for Child Removal Orders and Social Work Services is the primary POC for Medical Protective Custody.

(7) The Family Advocacy VA will provide information to victims on the Restricted and Unrestricted reporting option, as well as appropriate safety planning, crisis intervention, access to temporary shelter, and provide referrals to community resources. The Victim Advocate can be reached by calling DSN 153 (on post) or by dialing 0505-764-5997 (from off post or when calling from a cell telephone).

(8) Transitional Compensation. Commanders must also be aware of, and where appropriate, use the Transitional Compensation Program. This program authorizes temporary payments for Families when a Soldier has been involuntarily administratively discharged from service, or has been sentenced to discharge from service and/or forfeited all pay and allowances by court-martial for dependent abuse. In the event that transitional compensation for abused dependents may be authorized for a spouse and/or children because of the actions of a Soldier, the FAPM will refer the spouse to the Victim Witness Liaison, SJA, for evaluation. Further information about this program can be obtained by either contacting the office of the Staff Judge Advocate (SJA) at DSN 753-6245 or the Family Advocacy Program at DSN 753-3742.

e. Additional FAP Components:

(1) FAP Case Review Committee (CRC).

(a) The CRC is a multidisciplinary team appointed on orders by the installation commander and supervised by the MTF commander. The CRC's purpose is to coordinate medical, legal, law enforcement, and social work assessment, identification, command interventions, and investigation and treatment functions from the initial report of spouse or child abuse to case closure.

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(b) The team is composed of personnel from Social Work Services, Provost Marshal's Office, Staff Judge Advocate, Alcohol and Substance Abuse Program (ASAP), CID, Staff Chaplain's Office, Army Community Service (ACS), FAP, and the US Army Medical Department Activity (physician).

(c) All reported case of suspected child and spouse abuse will be presented to the CRC for determination and treatment recommendations per Department of Army (DA) /Medical Command (MEDCOM) written policies and procedures. Commanders will ensure Soldier's compliance with established treatment plans to include command representation at the CRC meeting. A treatment plan outlined by the CRC will be provided to the unit command and executed with his or her approval through various clinical, educational, and support services. The CRC will monitor progress on a regular basis.

(2) Family Advocacy Committee (FAC). The FAC is appointed, chaired, and operated under the supervision of the Garrison Commander. The FAC meets on a quarterly basis and provides recommendations for FAP policy, programs, and procedures and facilitates an integrated community approach as outlined in AR 608-18.

(3) Fatality Review Committee (FRC). The FRC is appointed, chaired, and operated under supervision of the Garrison Commander. The Deputy to the Garrison Commander is designated to chair the FRC in the Garrison Commander's absence. The FRC meets as needed, or at least quarterly, to review all known and suspected domestic violence or child abuse-related homicides and suicides. The team provides a comprehensive assessment and review in order to complete an annual report, signed by the Garrison Commander, and submitted to the Installation Region Management Command.

(4) Confidentiality and Release of Information. All information attained during investigation, assessment, and treatment of Family advocacy cases will be maintained in confidence according to pertinent military regulations and Federal law. The release of confidential information can only be released to other DoD personnel or agencies on a "need to know" basis in the performance of their official duties. Any non-federal entity who wants this information must request it under the Freedom of Information Act or court-order. The Patient Administration Division of Brian Algood Army Community Hospital controls the release of patient and SWS records but not CID records.

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(5) Army Central Registry (ACR) Guidance. The Chairperson, CRC, is responsible for submitting the names of FAP personnel who are given access to the ACR. The FAPM will be given access to complete background checks on all Families reported for child and spouse abuse and to complete DD Form 2486, Child/Spouse Abuse Reports, on all suspected and substantiated cases of abuse.

(6) Background Checks. The FAP personnel are required to have an installation records check (IRC) and CID checks. The IRC, as at minimum, should include checks conducted by the PMO, ASAP, local civilian police, and MEDDAC SWS, including the ACR and mental health records. Employees should receive re-verification every five (5) years.

f. AR 608-18 outlines programs designated for prevention and treatment. Regarding prevention, the Family Advocacy Program offers provides a variety of classes that are designed to enhance overall well being and include topics such as anger management, stress management, parenting, marriage enrichment, and safety education for children. In addition, the New Parent Support Program offers a home visitation component that provides a variety of role modeling, mentoring, and support services geared towards expectant and first-time new parents and Families with children three (3) years of age and younger. Critical to the home visitation intervention process is the involvement of both parents, to include the father or step-father.

g. AR 608-18 also requires mandatory briefings for unit/company commanders and senior enlisted advisors (E7 - E9) concerning the FAP within 45 days after assumption of command, as well as annual briefings. In addition to these requirements, all unit/company commanders are responsible for scheduling an annual FAP Troop Awareness Briefing for their Soldiers. To schedule these mandatory trainings, contact the FAPM, DSN 753-3742/6252.

9. Point of contact is the Family Advocacy Program Manager at 753-3742.



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