



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON
4551 LLEWELLYN AVENUE, SUITE 5000
FORT GEORGE G. MEADE, MD 20755-5000

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28 SEP 2011

MEMORANDUM FOR Family Advocacy Program Staff

SUBJECT: Command Policy Memorandum # 54, Restricted Reporting Policy for Incidents of Domestic Abuse

1. PURPOSE: To provide procedural guidance for the protection, respect, support, advocacy and care of victims making Restricted Spouse/Intimate Partner reports.
2. SCOPE: Applies to all Family Advocacy Program (FAP)/Social Work Services (SWS) staff charged with the responsibilities of providing advocacy, case management, and treatment services to victims making Restricted Spouse/Intimate Partner Abuse Reports.
3. REFERENCES:
 - a. AR 608-18, The Family Advocacy Program, 30 October 2007
 - b. Memorandum, Office of the Deputy Secretary of Defense, 22 January 2006, Restricted Reporting Policy for Incidents of Domestic Abuse
 - c. Memorandum, DAIM-ZA, 02 February 2011, subject: Restricted Reporting Policy for Incidents of Domestic Abuse
4. DEFINITIONS:
 - a. Adult. For the purpose of the policy, an adult is a service member or person who is not a service member who has either attained the age of eighteen years or is married.
 - b. Covered Communication. An oral, written or electronic communication of personally identifiable information related to a domestic abuse incident made by a victim to the Victim Advocate (VA), the supervisor of a Victim Advocate, or to a healthcare provider for the purposes of receiving medical care or information, referral to service providers, advice or safety planning. It includes a record relating to such communication (including statements, notations or reports) but does not include statistical data that does not identify an individual.

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c. Domestic Abuse. Domestic abuse is:

(1) Domestic violence

(2) A pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty when such violence or abuse is directed toward a person of the opposite sex who is:

(a) A current or former spouse

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

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

d. Domestic Violence. An offense under the United States Code, the Uniform Code of Military Justice, or State Law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex who is:

(1) A current or former spouse

(2) A person with whom the abuser shares a child in common, or

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

e. Healthcare Provider (HCP). For the purpose of this policy, this term applies to those individuals employed or assigned as healthcare professionals, or are credentialed to provide healthcare services (including social workers), at a military medical or military dental treatment facility, or a military family support center, or who provide care at a deployed location or in an official capacity.

f. Recent. For the purpose of this policy, this term refers to an event that has occurred within the past 72 hours.

g. Restricted Reporting. Allows a victim of domestic abuse, who is eligible to received military medical treatment, including civilian contractors who are eligible to receive military healthcare outside the Continental United States on a reimbursable basis, the option of reporting an incident of domestic abuse to specified individuals

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without initiating the investigative process or notification to the victim's or alleged offender's commander. The option provides domestic abuse victims access to medical care and to victim advocacy services.

h. Unrestricted Reporting. Victims of domestic abuse who want to pursue an official investigation of an incident should use current reporting channels, e.g., chain of command, FAP, or law enforcement.

i. Victim Advocate Supervisor. For the purpose of this policy, the term applies to the government staff employed or assigned for supervisory purposes as the installation Family Advocacy Program Manager (FAPM).

j. Victim Advocacy Services. Services that are offered to victims of domestic abuse with the goal of increasing victim safety and autonomy. Services shall include, but not necessarily be limited to, responding to victims' emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children in both the civilian and military communities, and providing victims with ongoing support and referrals.

4. APPLICABILITY.

a. Restricted reporting is limited to adult victims of domestic violence who have attained the age of 18 or are married. The policy pertains to:

(1) Unmarried intimates of Active Duty (current or former). May include non military medical beneficiaries.

(2) Family member spouses.

(3) Active Duty victims.

b. Sexual assault within the intimate relationship in managed under this policy and not the Sexual Assault Prevention and Response Program (SAPRP).

5. RESPONSIBILITIES.

a. The Family Advocacy Program Manager (FAPM) is responsible for the implementation and updating of this SOP. The FAPM and the Chief, Social Work Services (C, SWS) are responsible for the day-to-day supervision and guidance

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concerning individual case handling and compliance with this SOP.

b. Cases where the victim is receiving services from both a HCP and a VA, installation SOP's will direct that both the FAPM and C, SWS be informed about every restricted report. The C, SWS will ensure that the incident is captured on the electronic DA Form 7517, DA Child/Spouse Abuse Incident Report.

c. Family Advocacy Program Social Worker (FAP SW) is the receiver of child abuse and neglect and domestic abuse in the course of routine responsibilities. FAP SW offers/receives restricted reporting in the course of routine responsibilities. FAP SW will execute the informed consent and Victim Reporting Preference Statement. FAP SW will obtain a Restricted Reporting Case Number and ensures that the healthcare provider who conducts the forensic exam receives the number and attaches to forensic evidence collected by the healthcare provider.

d. The Provost Marshal will secure the evidence and store for one year, unless the victim changes his/her report to unrestricted.

6. ACCESSING RESTRICTED REPORTING: HOW TO MAKE A RESTRICTED REPORT.

a. The C, SWS, FAPM, or Victim Advocate are the reporting points of contact (RPOC) for victims electing to make a restricted report of domestic abuse. The C, SWS may be contacted at 301-677-8460, FAPM 301-677-4357. If the C, SWS, FAPM, or Victim Advocate are unavailable the victim may be directed to the local domestic violence program in their area. Victims are permitted to disclose details of his or her abuse to the following specified individuals: victim advocate, healthcare provider (including FAP clinical social worker), or the FAPM. The specified individuals will provide follow through.

b. Victims who make a restricted reporting inquiry to Military OneSource, Soldier and Family Life Consultants or their affiliate providers will provide a warm hand off to C, SWS or FAP SW, who will assist the victim with restricted reporting requirements.

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

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d. If the victim discloses the domestic abuse incident in the presence of anyone other than the specified individuals listed above, or a military chaplain, this negates the restricted reporting option.

e. If disclosure is made to a VA the VA must determine whether an official complaint regarding domestic abuse has already been initiated and/or whether an exception to restricted reporting may apply.

7. PROCEDURES.

a. All physicians, nurses, social workers, psychologists, and other medical personnel will initiate the appropriate care and treatment, and will report the domestic abuse only to the C, SWS or FAPM. If the report is made to the FAPM, the FAPM will report the information to the C, SWS as soon as possible. NOTE: Consistent with current policy regarding privileged communications, victims may also report the abuse to a chaplain. Although a report to a chaplain is not a restricted report under this policy, it is a communication that may be protected under the Military Rules of Evidence or applicable statutes and regulations.

b. Upon receiving notification of alleged spouse/intimate partner abuse the C, SWS or assigned FAP SW will arrange to meet with the victim and provide the victim with accurate information about the process of restricted reporting. The C, SWS or FAP SW will discuss with the victim the following minimum requirements before the victim can receive restricted reporting:

- (1) Benefits and limitations of restricted and unrestricted reporting.
- (2) Department of Defense (DoD)'s preference and reasons for unrestricted reporting.
- (3) Understanding of exceptions.
- (4) The victim will acknowledge in writing (signature and date), via the Victim Reporting Preference Statement, his or her reporting preference, an understanding that restricted reporting may limit the government's ability to prosecute the alleged offender in a domestic violence incident, an understanding of the reasons DoD policy favors unrestricted reporting, and the exceptions to confidentiality.
- (5) A victim's refusal to sign a written acknowledgement will result in unrestricted

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reporting.

c. In connection with an incident of domestic violence, at the victim's discretion/request, a healthcare provider, if appropriately trained and/or supervised, shall conduct any forensic medical examination deemed appropriate. In the absence of a Department of Defense healthcare provider, trained to conduct an examination of this nature, the victim will be appropriately referred for the forensic examination. If the victim elects to receive medical care at a civilian facility, regulations governing the release of medical information at that facility apply. Forensic evidence will be kept in accordance with current policies for the Sexual Assault Prevention and Response Program (SAPRP).

d. FAP and any other agencies authorized by law to receive reports of child abuse or neglect must contact the FAPM, C, SWS and the local county Child Protective Services (CPS) within 24 hours when, as a result of the victim's disclosure, the victim advocate or healthcare provider has a reasonable belief that child abuse/neglect has also occurred. However, disclosure will be limited only to information related to the child. If a determination is made that a child in the household is at risk of serious and imminent threat to their health or safety, this negates restricted reporting.

e. The C, SWS or FAP SW will refer to the installation VA and provide victim with information on their local community domestic violence program and information to allow the victim to make a choice as to where he or she would like to obtain services. The FAP/SWS office provides counseling, case management and referral only. Any referral of a victim to those with covered communications requires written consent of the victim.

f. IAW MEDCOM regulations a Case Management Record will be established regardless of where the victim chooses to continue services. Document all information regarding the facts surrounding the case in the appropriate sections of the Case Management Record. The Clinician providing any assessment and treatment services is responsible for documenting these services in the Armed Forces Health Longitudinal Technology Application (AHLTA) medical record and case record file. The FAP Assistant is responsible for establishing and maintaining the case management record.

g. Determine whether there has been a previous episode of spouse/intimate partner abuse in the marriage. Check the Family Advocacy System of Records (FASOR) Army Central Registry (ACR) to determine whether or not there have been any past cases. Annotate the record. The C, SWS, will ensure that the incident is captured on the electronic DA Form 7517, DA Child/Spouse Abuse Incident Report, with only the

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following data elements completed:

(1) TAB 1 of the electronic DA 7517 will be completed for each restricted report received.

(2) Restricted reports for which an electronic DA 7517 are prepared will not be individually presented to the Case Review Committee (CRC). Only the aggregate number of new restricted reports will be briefed to the CRC and included in the minutes on a monthly basis. This aggregate information provides the Garrison and MTF Commanders an insight into the communities' response to the policy.

h. Assessment. An assessment interview will be performed by a credentialed and trained Clinician. The Clinician will interview the victim to illicit information and facts. In doing so the following will be adhered to:

(1) Present victim with the Informed Consent to Treatment/Limits of Confidentiality, Privacy Act Statement, Family Advocacy Information Paper and request his or her signature. The Information Paper informs the victim of his or her rights concerning the investigative/assessment process should he or she decided to reconsider their position and make the report unrestricted. If they choose not to sign and date it, don't attempt to force them. Annotate the attempt with your signature on the form. Give them the actual letter for their own use. Retain the signature page for enclosure in the case record.

(2) The victim will be asked to complete a Behavioral Health Assessment MEDCOM Form 811, 31 JUL 09-Pilot Form, which provides social history, history of substance abuse, history of mental health treatment, history of criminal activity, identification of weapons in the home, current family stressors, history of medical illness, history of presenting problems, and history of spouse/intimate partner and child abuse (witnessed and experienced).

(3) The victim will be asked to complete a Domestic Violence Assessment, which provides information regarding current and past abusive behavior within the relationship and with children.

(4) Assess family psychosocial stresses, work stresses, family stress levels, general ability to cope, homicidal/suicide potential of the victim. Document all findings in the case record.

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(5) Gather as much information/evidence of any past abusive situations for the intimate partners as well as any history of abuse in their respective Families of origin.

(6) Assess the level of and propensity for violence in the relationship and if a child(ren) is/are living in the home and suspected of being abused/neglected.

(a) If a child is suspected of being abused the incident(s) must be reported. In the State of Maryland a child that witness's domestic abuse must also be reported.

(b) If child abuse has occurred in the context of domestic abuse, consider, if possible transferring the child abuse case to another provider.

(c) The domestic abuse victim must be informed that the child's statements are not protected. However, the covered communication regarding the domestic abuse still applies and will remain protected until an exception applies.

(d) When child abuse/neglect is suspected and an official report has been made and FAP notified, routine FAP protocols including notification apply.

(e) If a determination is made that a child in the household is at risk of serious and imminent threat to their health or safety, this negates restricted reporting.

(7) Advise the victim that they may contact FAP/SWS 24 hours a day by either calling the office during duty hours or the Victim Advocate via cell phone 240-688-6918.

(8) Complete a Spouse Abuse Risk Assessment (MEDCOM FORM 665-R) and develop a safety plan with the alleged victim, if appropriate. Recurrent assessment regarding restricted reporting option, safety, presence/absence of exceptions, etc.

(9) Clinical Assessment, Crisis Counseling and Short Term Counseling for FAP-related issues, clinical assessment and crisis counseling are provided primarily at FAP/Social Work Services. Other types of clinical assessment and crisis counseling are provided at Kimbrough Ambulatory Care Clinic/Behavioral Health Services. Information may be shared among specified providers in order to assist the victim; however a written release should be obtained from the victim to avoid confusion and misunderstanding.

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g. Exceptions to Confidentiality. In cases where a victim elects restricted reporting, the disclosure of covered communications is authorized to the following persons or organizations for the following reasons:

- (1) To named individuals when disclosure is authorized by the victim.
- (2) To Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person, including dependent children.
- (3) To the FAP and any other agencies authorized by law when there exists a reasonable belief that child abuse/neglect has occurred (with disclosure limited to the information related to the child abuse).
- (4) To Disability Retirement Boards and officials when disclosure by a healthcare provider (HCP) is required for fitness for duty determinations.
- (5) To Supervisors of the Victim Advocate (VA) or healthcare provider when required for the supervision of direct victim treatment or services.
- (6) When ordered by a military or civilian court of competent jurisdiction, or when required by federal statute, state statute, Status of Forces Agreement (SOFA) or other international agreement.
- (7) Process for determining that disclosure is warranted requires consultation with VA's or HCP's supervisor and servicing legal office prior to any disclosure.

h. At the end of the one year period, the case will be terminated and all forensic evidence will be destroyed unless the victim changes his/her report to unrestricted. One month prior to the destruction date, the Provost Marshal will notify the FAPM. The FAPM will in turn notify the victim that the evidence will be destroyed in one month, unless the victim elects to switch his/her report to unrestricted.


EDWARD C. ROTHSTEIN
Colonel, Military Intelligence
Commanding