

Headquarters
U.S. Army Armor Center and Fort Knox
Fort Knox, Kentucky 40121-5000
6 February 2001

Fort Knox Reg 608-18

Personal Affairs

CASE MANAGEMENT OF OUT-OF-HOME, INSTITUTIONAL
AND CHILD SEXUAL ABUSE (STRATEGY TEAM)

Summary. Suspicion of child physical or sexual abuse by paid day care providers may result in rumors and subsequent panic for parent patrons within the community in a very short period of time. The installation must have a pre-established plan in place to coordinate the criminal investigation and public relations aspects of alleged institutional/out-of-home abuse.

Applicability. This regulation applies to all units reporting directly to this headquarters, staff offices and departments, and Fort Knox Partners in Excellence.

Suggested Improvements. The proponent of this regulation is the Directorate of Community and Family Activities (DCFA). Users are invited to send suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to CDR, USAARMC and Fort Knox, ATTN: ATZK-CFA, Fort Knox, Kentucky 40121-5000.

1. **Purpose.** To establish policy and procedures for the reporting, investigation, notification, and treatment protocols of out-of-home or institutional child abuse and child sexual abuse allegations.

2. **Reference.** AR 608-18, 1 September 1995, The Army Family Advocacy Program, Chapter 8.

3. **Responsibilities.**

a. The Garrison Commander will:

(1) Serve as Chairman of the Strategy Team (ST) in abuse cases involving an Army Operated Activity (AOA) or Army Regulated Activity (ARA).

(2) Initiate Strategy Team meeting as recommended by the Family Advocacy Program Manager (FAPM) .

b. The Chief, Social Work Service (SWS) will:

(1) Coordinate with the FAPM, determine who makes the Level II (per FAP Standards, Element S42006.4; DODI 6025.13; AR 40-68, 20 December 1989, Quality Assurance Administration; and DA Form 5440-28-R (Delineation of Privileges – Social Work (LRA)) assessment, provide crisis intervention, case management, and treatment services to the victim(s), parent(s), perpetrator(s), and AOA or ARA staff eligible for medical benefits.

(2) Establish a temporary 24-hour Child Abuse Help-Line. A case manager will be assigned during duty hours to answer questions and screen calls from or about potential multiple victims. The emergency room will take after duty telephone calls and will coordinate with the Social Work Service on call personnel.

(3) Direct staff to request a Central Registry background check on both the alleged perpetrator(s) and victim(s).

(4) Call an emergency meeting of the Case Review Committee (CRC) and request the presence of the Garrison Commander.

(5) Ensure that SWS Family Advocacy Program level II provider is present during law enforcement interviews to avoid multiple interviews. SWS and CID should coordinate the location of the interviews.

(6) Upon request of the FAPM, have a staff member make immediate contact with the victim(s) and family(ies) to provide support, assistance, and counseling.

(7) Provide short term counseling for the child(ren) in the family and if appropriate schedule long-term follow-up.

(8) Coordinate family support groups at times convenient to the families.

c. The Family Advocacy Program Manager will:

(1) Coordinate the overall installation response plan for abuse in ARAs and AOA's to include community awareness, information and services for parents and affected program staff and installation support staff.

(2) Serve as action officer and liaison between command, medical treatment staff, and the community.

(3) Coordinate and staff command letters to parents and staff.

(4) Forward a copy of each Serious Incident Report (SIR) to the TRADOC FAPM.

(5) Ensure CID, the Chief of Social Work Service, Law Enforcement, and Public Affairs Office are notified.

(6) Ensure FAP staff provides assessment and crisis intervention.

(7) Contact the Chief of Social Work Service to set an emergency meeting of the CRC.

(8) Ensure CID, the soldier's command, and Chief, SWS have been notified within 24 hours.

(9) Ensure FAP staff is present during law enforcement interviews to avoid multiple interviews.

(10) After interviewing personnel in the AOA or ARA, consult with Law Enforcement and SJA to determine if a report is credible.

(11) Upon notification, have a staff member available to the victim(s) and family members to provide assistance and short term counseling/crisis intervention.

(12) Ensure coordination with SWS for treatment referrals.

d. The Staff Judge Advocate (SJA) will:

(1) Advise on legal issues.

(2) Coordinate with federal agencies as required on criminal prosecution of alleged perpetrators.

(3) Coordinate with CID on substantiated cases of abuse.

e. The Provost Marshal's Office (PMO) will:

(1) Provide a copy of the Law Enforcement SIR to the FAPM, CRC Chairperson, and when appropriate, the ARA or AOA activity director.

(2) Conduct a check of Law Enforcement records to determine prior criminal history of alleged perpetrator(s).

f. The Criminal Investigation Command (CID) will:

(1) Conduct the criminal investigation of child physical (for victims under the age of 15) and sexual abuse and provide a copy of the Serious or Sensitive Incident (SSI) report to the FAPM.

(2) Locate potential victims who have moved from the Fort Knox area and forward information to the nearest CID unit when there is probable cause of a crime or when a criminal case has been founded.

g. The Staff Chaplain will:

- (1) Act as an advocate and source of spiritual support for the victim or family.
- (2) Make pastoral counseling available for the child(ren) and/or parent(s).
- (3) Facilitate a support group for families when there are multiple victims.

h. The Chief, Pediatrics, will:

(1) Provide evaluation and screening services for alleged victims in accordance with medical standards of practice.

(2) Conduct a medical examination of alleged victims; collect, document, and control medical/legal evidence until turned over to law enforcement personnel. Request photographs and laboratory work as necessary. A Pediatric Child Abuse and Neglect (PCAN) examination form will be completed by the pediatrician in all referred abuse cases. Collection of evidence and documentation will be in conjunction with the investigative process.

(3) Provide follow-up to include medical care and referrals as appropriate.

i. The Public Affairs Officer (PAO) will:

(1) Release authorized information to the media. Release of information regarding specific cases of child abuse is particularly sensitive and must be carefully coordinated with team members and chain of command.

(2) Advise the Strategy Team on public affairs policies and procedures involving child abuse and the public release of investigative reports.

(3) Be present at all news media interviews of ARA and AOA personnel.

(4) Be present at all times when the news media is authorized access to a facility where abuse has taken place, particularly when the news media is authorized to film.

j. The manager/director of the AOA or ARA where abuse occurred will:

(1) Provide access to administrative files, attendance sheets, work schedules, and client vital statistics information to investigators and other Army personnel who have an official need to know.

(2) Provide access to staff for investigative interviews by CID and MPI.

(3) Per AR 608-18, Chapter 8, paragraph 8-11e(1), place suspected employees on administrative leave, reassignment, or suspension, pending completion of the investigation.

(4) Provide information to parents which has been approved for release by the Strategy Team.

(5) Immediately develop a staffing plan which will ensure the maximum safety of the children.

(6) Be available to talk with the parents of victims when given permission from the Strategy Team.

(7) Keep staff informed on what is releasable information.

(8) Report all suspected institutional abuse to the Reporting Point of Contact (RPOC)

(9) Take appropriate administrative or disciplinary action as coordinated with the Directorate of Community and Family Activities/Civilian Personnel Advisory Center (CPAC).

(10) Provide background information to the PAO.

(11) Provide information to the news media, parents, or staff only after coordinating with the PAO.

k. The Strategy Team will:

(1) Develop a plan for supporting parents, treating victims, communicating with the parents, news media, and the public, assisting support staff not involved with the abuse, and requesting resources to accomplish the plan.

(2) Facilitate communication throughout the chain of command to expedite sharing of information and concerns, identify problems, and seek effective solutions.

(3) Develop plans and procedures to keep parents informed on the following:

(a) The nature and extent of the suspected abuse.

(b) Steps and corrective actions taken to protect children.

(c) Resources available for assistance.

(d) The status of pending investigations.

(4) Develop a plan and procedures to support and inform staff.

(5) Appoint a family liaison officer, parent partner, or other advocate who is not closely involved with the case to keep families informed on how the investigation is proceeding and provide information on installation staff actions.

4. Reporting Procedures.

a. All allegations of child abuse in an AOA or ARA will be reported as soon as identified or suspected to the RPOC, i.e., Military Police.

b. Within 48 hours of a DA reportable child abuse in an AOA or ARA, the FAPM will telephonically provide the SIR required information to the TRADOC FAPM.

c. An abuse allegation does not have to be substantiated by the CRC before it is telephonically submitted to TRADOC in order to meet the 48-hour reporting standard. A confirmed perpetrator is also not required. Reasonable cause to believe abuse or neglect occurred in an ARA or AOA is sufficient to warrant reporting. If the final case investigation reveals evidence contradicting or changing the initial report, a follow-up report will be made immediately to purge identifying data.

d. A written report will be completed within 5 working days following the initial telephonic report and forwarded to TRADOC FAPM.

e. Follow-up telephonic reports will be made as follows:

(1) When significant changes in the status of the case occur such as the arrest of a suspect, dismissal of pending criminal charges, or the termination of employment of the alleged offender.

(2) When significant changes develop resulting in increased community sensitivity, such as a victim being found positive for a sexually transmitted disease.

f. A written closeout report is required after all investigations conducted by command, police, or court of jurisdiction have been completed. The submission of a closeout report does not need to be delayed until the submission of a final Law Enforcement Report or the completion of related trials or appellate review. The closeout will include all information requested by the SIR and will be forwarded to the TRADOC FAPM.

5. Strategy Team.

a. A Strategy Team composed of the following members will be formed and ready to operate when a credible report of alleged child abuse has occurred in an AOA or ARA.

(1) U.S. Army Garrison Commander, Chairperson

- (2) Family Advocacy Program Manager
- (3) Chief, Social Work Service
- (4) Public Affairs Officer
- (5) Staff Judge Advocate Representative
- (6) Provost Marshal
- (7) Chaplain
- (8) Criminal Investigation Command Special Agent
- (9) Child and Youth Services Director, School Superintendent, or other managing or supervisory personnel of an AOA or ARA.
- (10) Chief, Pediatrics

b. The Strategy Team will guide the installation response to the allegation(s) of abuse as outlined in AR 608-18, paragraph 8-12.. The team will determine if screening for multiple victims is required.

c. The team will develop:

(1) Corrective measures for the AOA or ARA facility to take to ensure the safety of children.

(2) An overall installation plan for communication with the news media and public, services to victims and their parents, services for staff, and staff rights.

d. Meetings will be scheduled periodically for training and networking purposes.

6. Procedures.

a. Either MPI or CID will investigate, depending on the nature and severity of the offense. Investigators will coordinate with SJA and the CRC Chairperson or FAPM during the investigation. The CRC Chairperson, FAPM, and investigators will promptly consult with SJA and determine whether a report of abuse is credible. Law Enforcement will substantiate criminal allegations of founded abuse by using the UCMJ or appropriate statute along with criminal intent and all the elements of proof.

b. If as all possible, social workers and law enforcement officials will interview the child simultaneously to limit the number of interviews with the child.

c. Social workers will not conduct a forensic or clinical interview of a known suspected offender prior to coordination with the lead investigator.

d. If the report is determined to be credible, a complete child abuse investigation will proceed. The results of this investigation will determine if abuse is believed to have occurred. Reports and notification will be made as the investigation dictates. Investigators will coordinate with the SJA and CRC Chairperson as deemed appropriate by the case agent.

e. Law Enforcement will coordinate with pediatrics for medical examination/treatment. Any person with a complaint of sexual assault, to include child sexual abuse in an AOA or ARA, is considered a medical emergency and should be evaluated at the MTF.

f. The purpose of a medical examination in sexual abuse cases is to:

- (1) Identify trauma or other conditions that require medical attention.
- (2) Collect evidence.
- (3) Reassure the child and parents.

g. A SIR or SSI will be completed by law enforcement in every incident of child sexual abuse occurring in an AOA or ARA. A copy will be provided to the FAPM, CRC Chairperson or FAPM, and the Activity Director.

h. The Strategy Team will meet as soon as possible but not later than the first work day following a credible report of alleged child abuse in an AOA or ARA when multiple victims are suspected or there is potential for alarm in the community. Meeting(s) will continue until the case(s) is/are resolved.

i. The SWS and the FAPM will jointly coordinate support groups to the staff of the activity where an alleged child sexual abuse occurred. The Family Life Chaplain may be tasked to facilitate the groups.

7. Conclusion. Out-of-home abuse allegations or suspicions often necessitate investigating potentially large victim populations while at the same time dealing with extremely concerned,

upset, and anxious parents. The only effective means of coordinating an investigation of this magnitude is by utilizing the Installation Strategy Team.

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