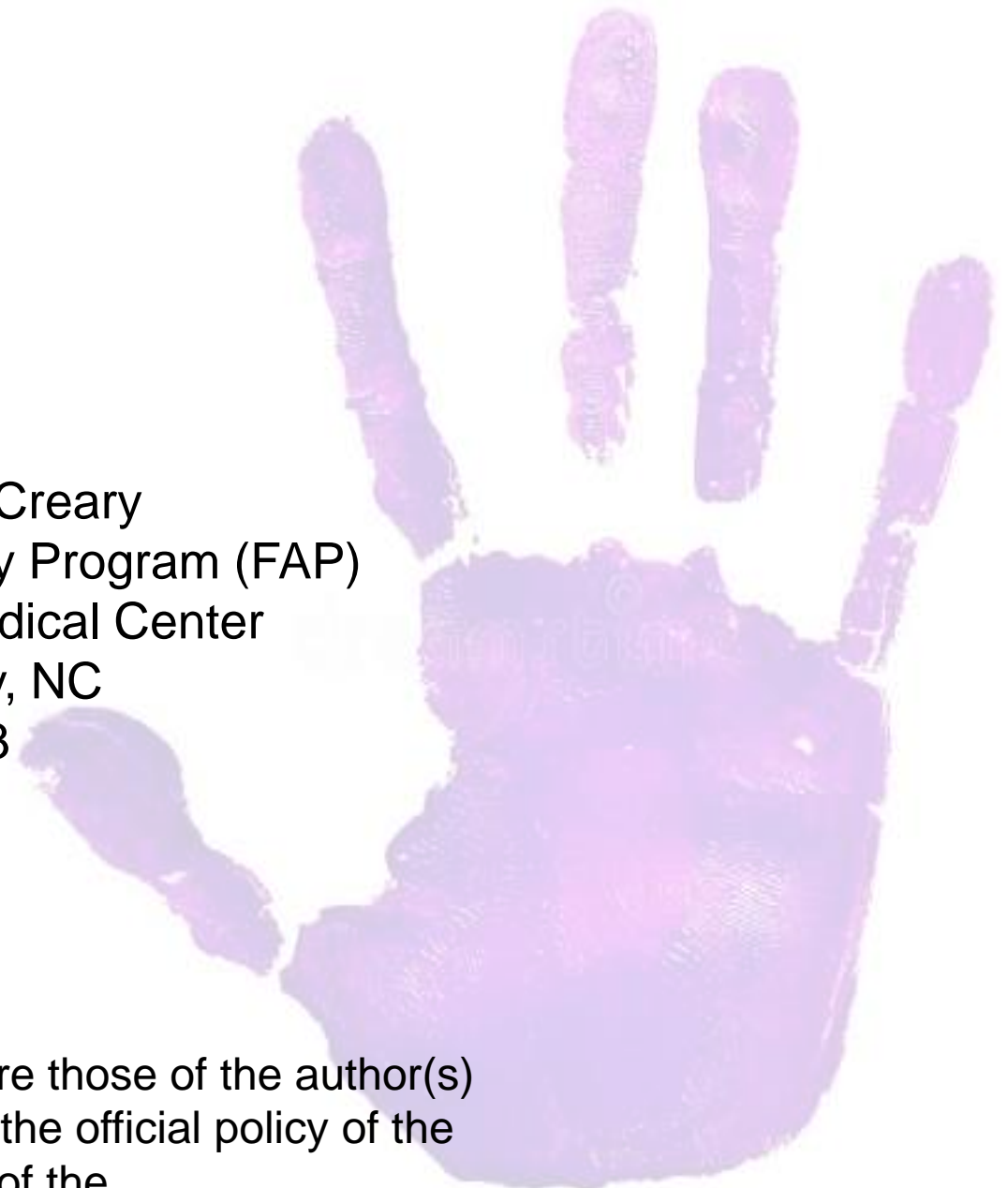


LTC Andrea Creary
Chief, Family Advocacy Program (FAP)
Womack Army Medical Center
Fort Liberty, NC
12 June 2023

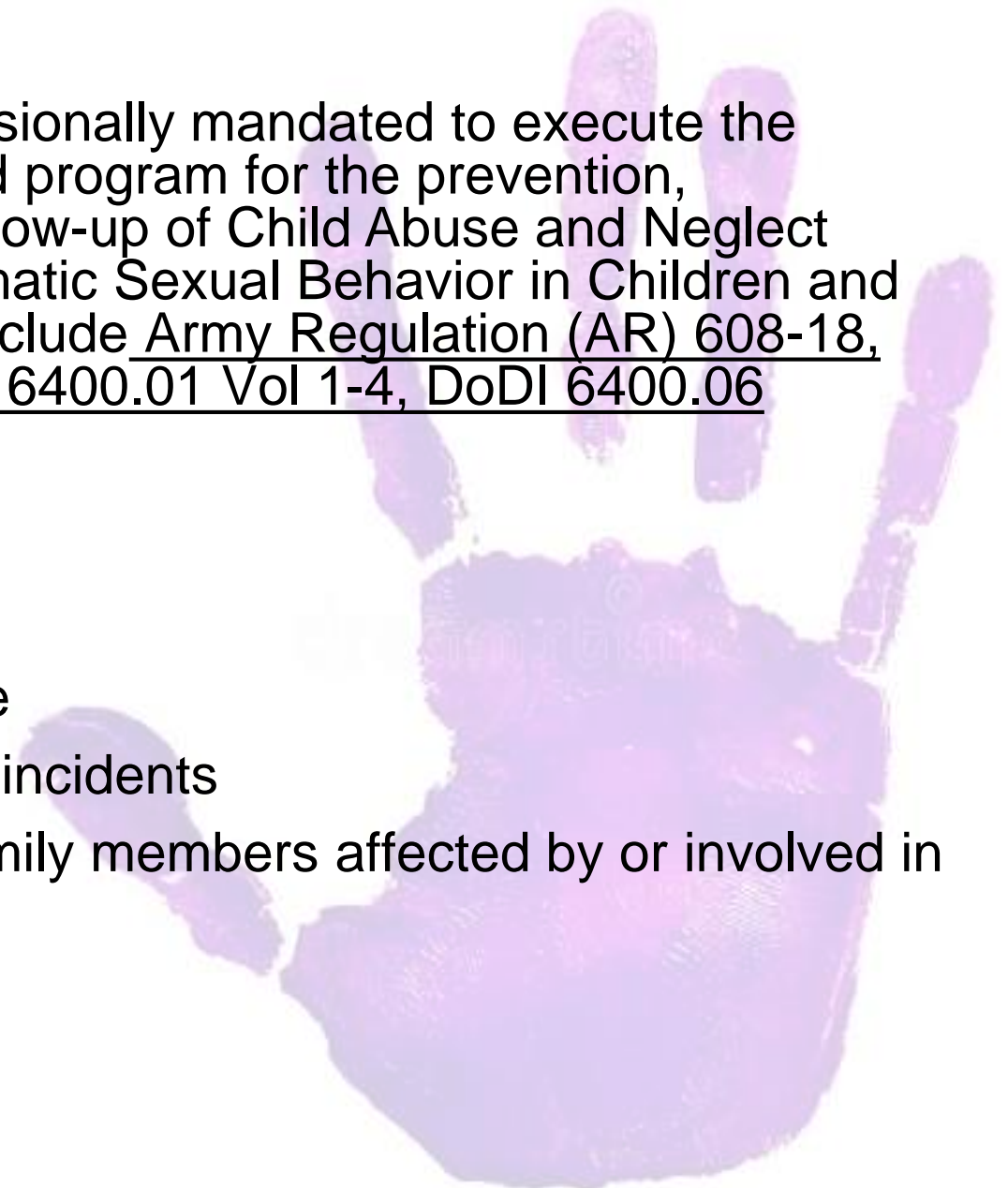
"The views expressed herein are those of the author(s)
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Department of the
Army, Department of Defense, or the US Government"



The Family Advocacy Program is congressionally mandated to execute the responsibilities that provide a broad-based program for the prevention, identification, reporting, treatment, and follow-up of Child Abuse and Neglect (CAN), Domestic Abuse (DA) and Problematic Sexual Behavior in Children and Youth (PSB-CY). Governing documents include Army Regulation (AR) 608-18, Department of Defense Instruction (DoDI) 6400.01 Vol 1-4, DoDI 6400.06

Goals:

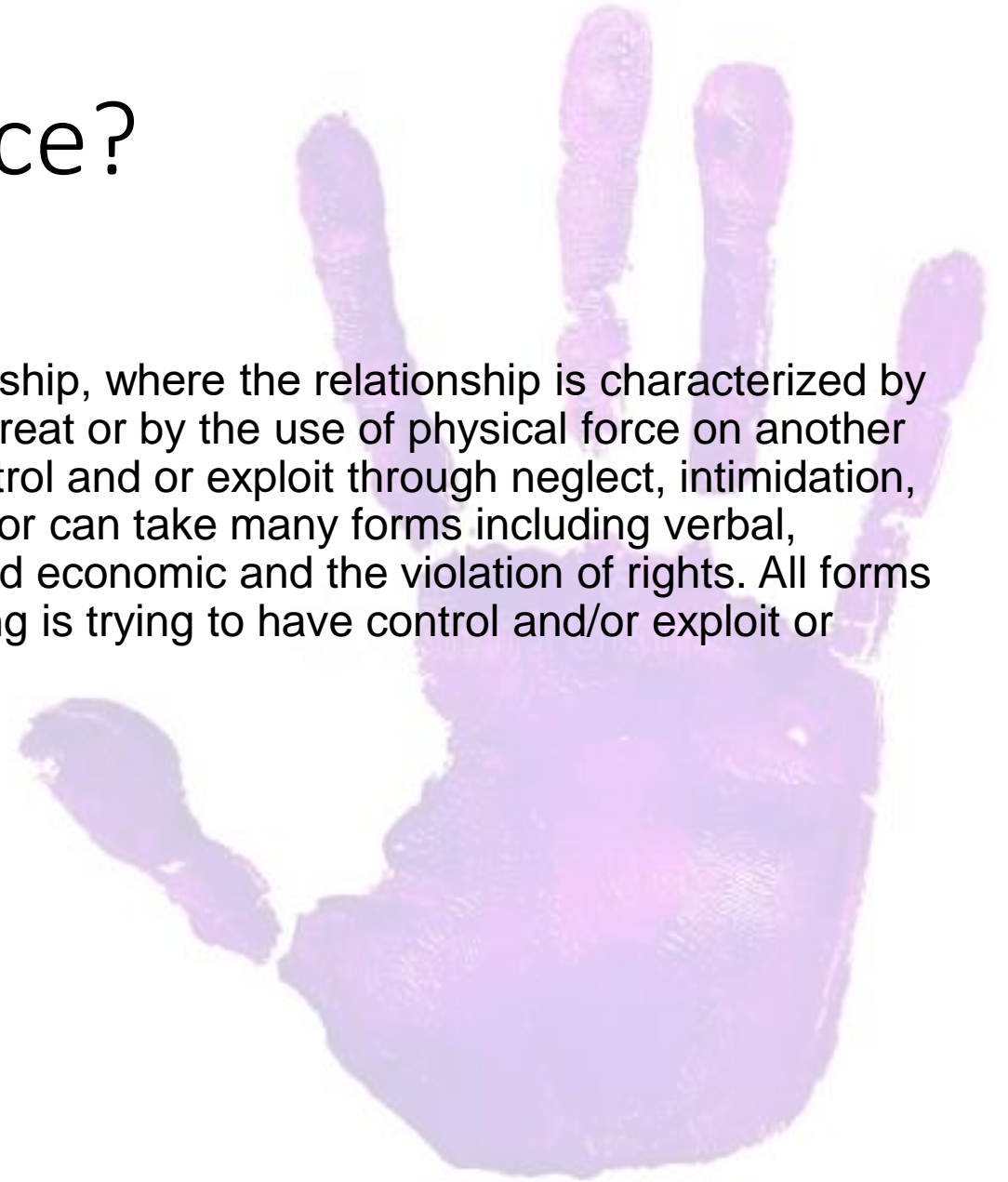
- Prevent spouse and child abuse
- Encourage reporting of suspected abuse
- Ensure prompt assessment of all abuse incidents
- Protect victims of abuse and to treat Family members affected by or involved in abuse



What is Domestic Violence?

“The attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and or exploit through neglect, intimidation, inducement of fear or by inflicting pain. Abusive behavior can take many forms including verbal, physical, sexual, psychological, emotional, spiritual, and economic and the violation of rights. All forms of abusive behavior are ways in which one human being is trying to have control and/or exploit or have power over another.”

(Calgary Domestic Violence Collective)



Types of Abuse:

Adult abuse: (current/former spouse, or intimate partner)

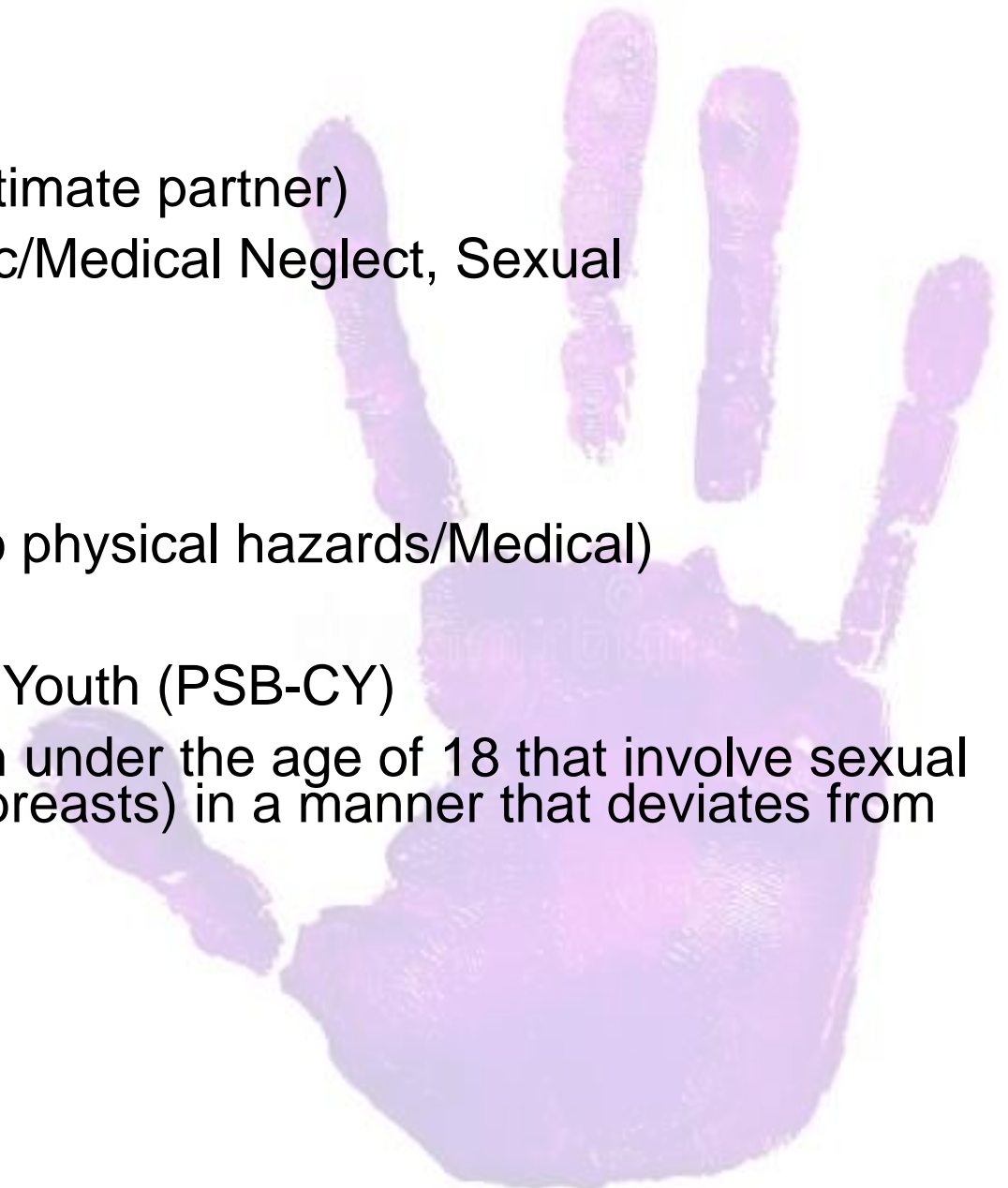
- Physical, Emotional, Financial/Economic/Medical Neglect, Sexual

Child abuse:

- Physical, Emotional, Sexual
- Neglect (lack of supervision/exposure to physical hazards/Medical)

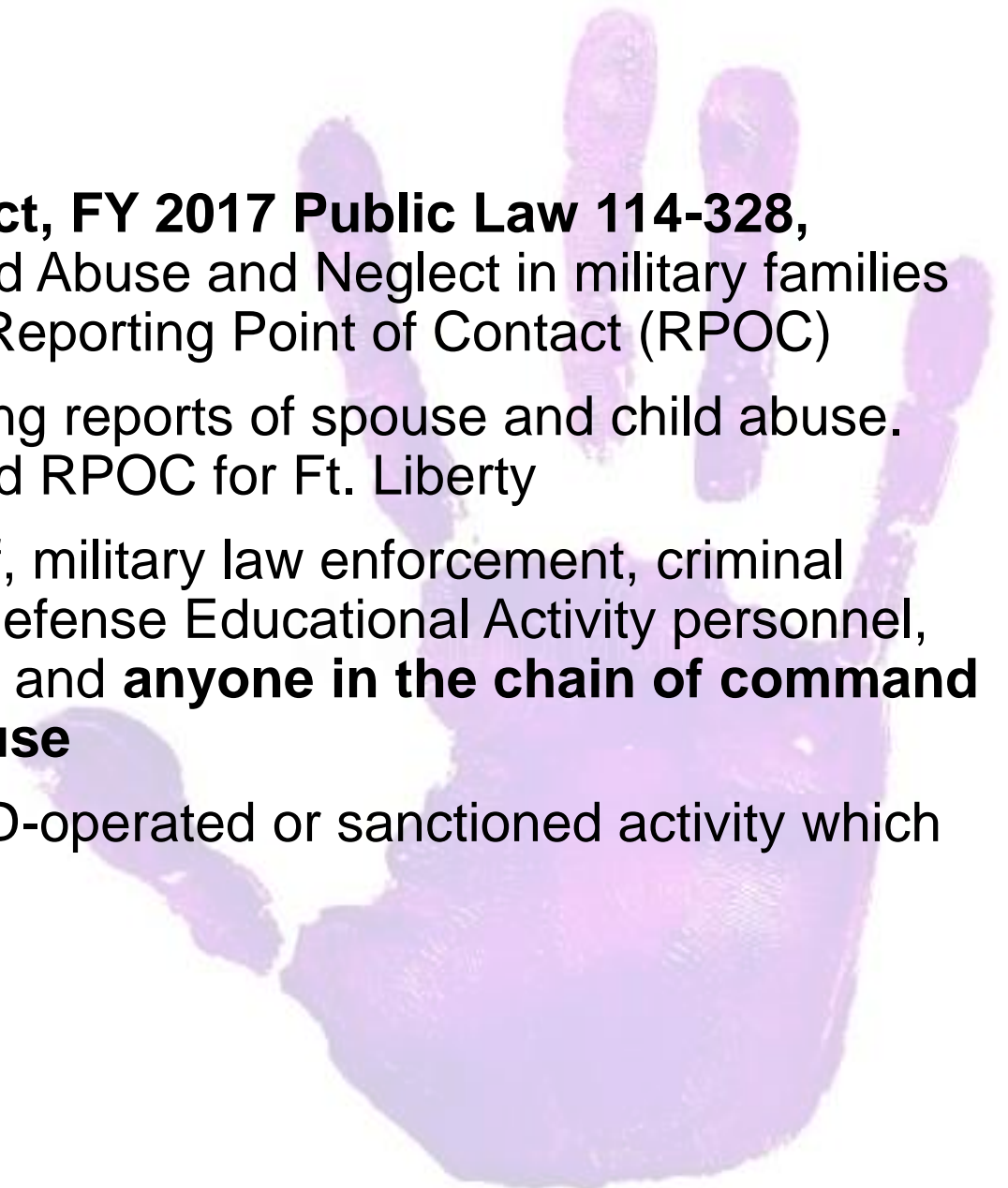
Problematic Sexual Behavior in Child and Youth (PSB-CY)

Behaviors initiated by children and youth under the age of 18 that involve sexual body parts (genitals, anus, buttocks, or breasts) in a manner that deviates from normative or a developmental manner



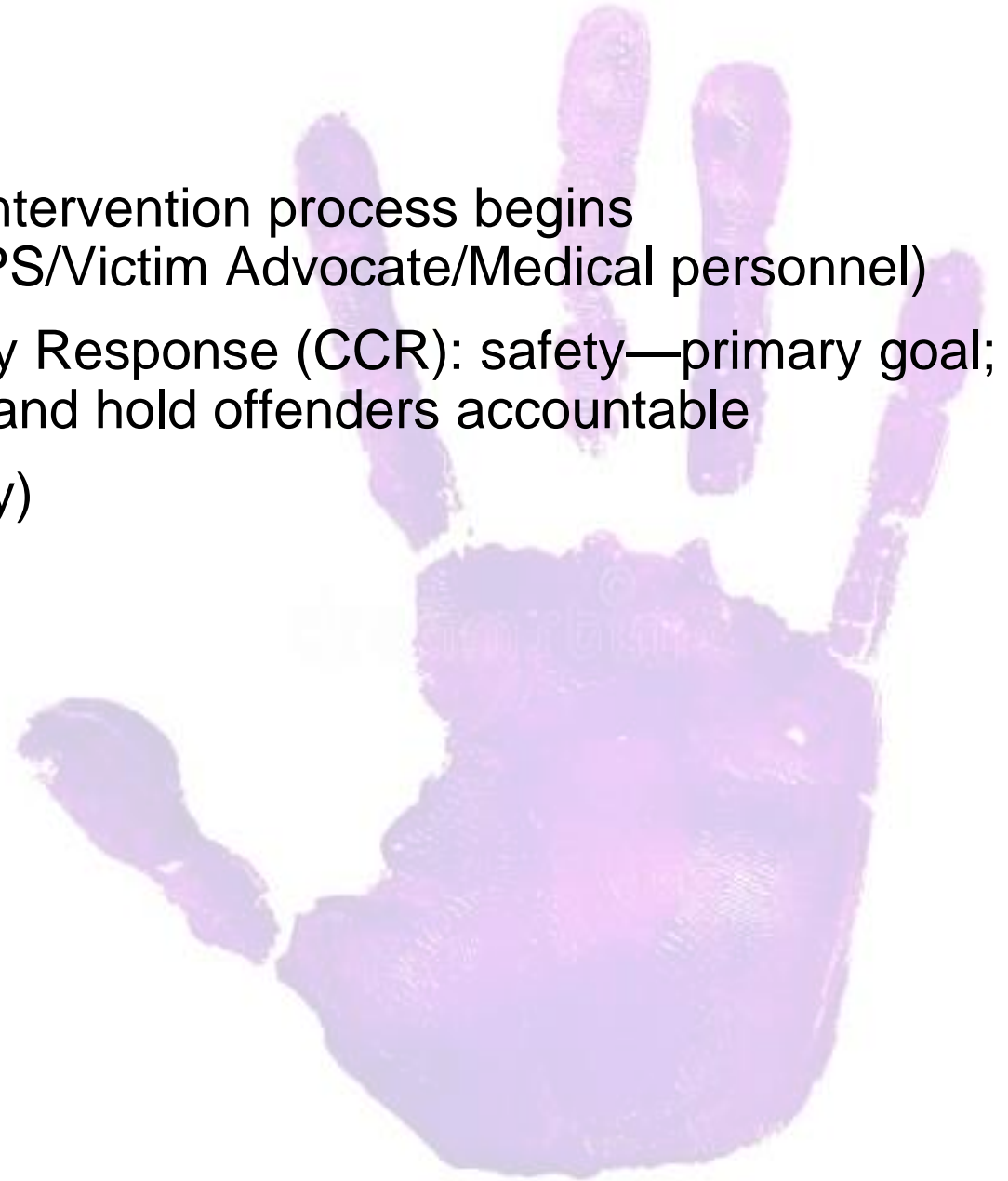
Reporting Requirements:

- **The National Defense Authorization Act, FY 2017 Public Law 114-328,** mandates reporting of allegations of Child Abuse and Neglect in military families to Child Protective Service (CPS) & the Reporting Point of Contact (RPOC)
- Each installation has a RPOC for receiving reports of spouse and child abuse. The Military Police (MP) is the designated RPOC for Ft. Liberty
- Mandated reporters include medical staff, military law enforcement, criminal investigative personnel, Department of Defense Educational Activity personnel, those providing child and youth services, and **anyone in the chain of command having knowledge or suspicion of abuse**
- This includes abuse that occurs in a DOD-operated or sanctioned activity which provides services to children



Partnering Process I: Receive The Report

- Once a FAP report is received, a timed intervention process begins (Patient/Command/ Law enforcement/CPS/Victim Advocate/Medical personnel)
- Significance of a Coordinated Community Response (CCR): safety—primary goal; engage in treatment interventions early, and hold offenders accountable
- Case Assignment (occurs every weekday)
- Initial Assessment Review (IAR)
- Clinical Case Staff Meeting (CCSM)
- Incident Determination Committee (IDC)



Partnering Process II: Incident Determination Committee (IDC)

The Army employs a Multi-Disciplinary Team (MDT) framework to implement a Coordinated Community Response (CCR) approach in the prevention and response to incidents of CAN, DV and PSB-CY. The Garrison Commander is responsible for the establishment and conduct of Multi-Disciplinary Teams (MDT) on the installation. MDT team members are assigned by the Garrison Commander appropriate to the subject matter addressed in order to fulfill policy requirements and collaborate.

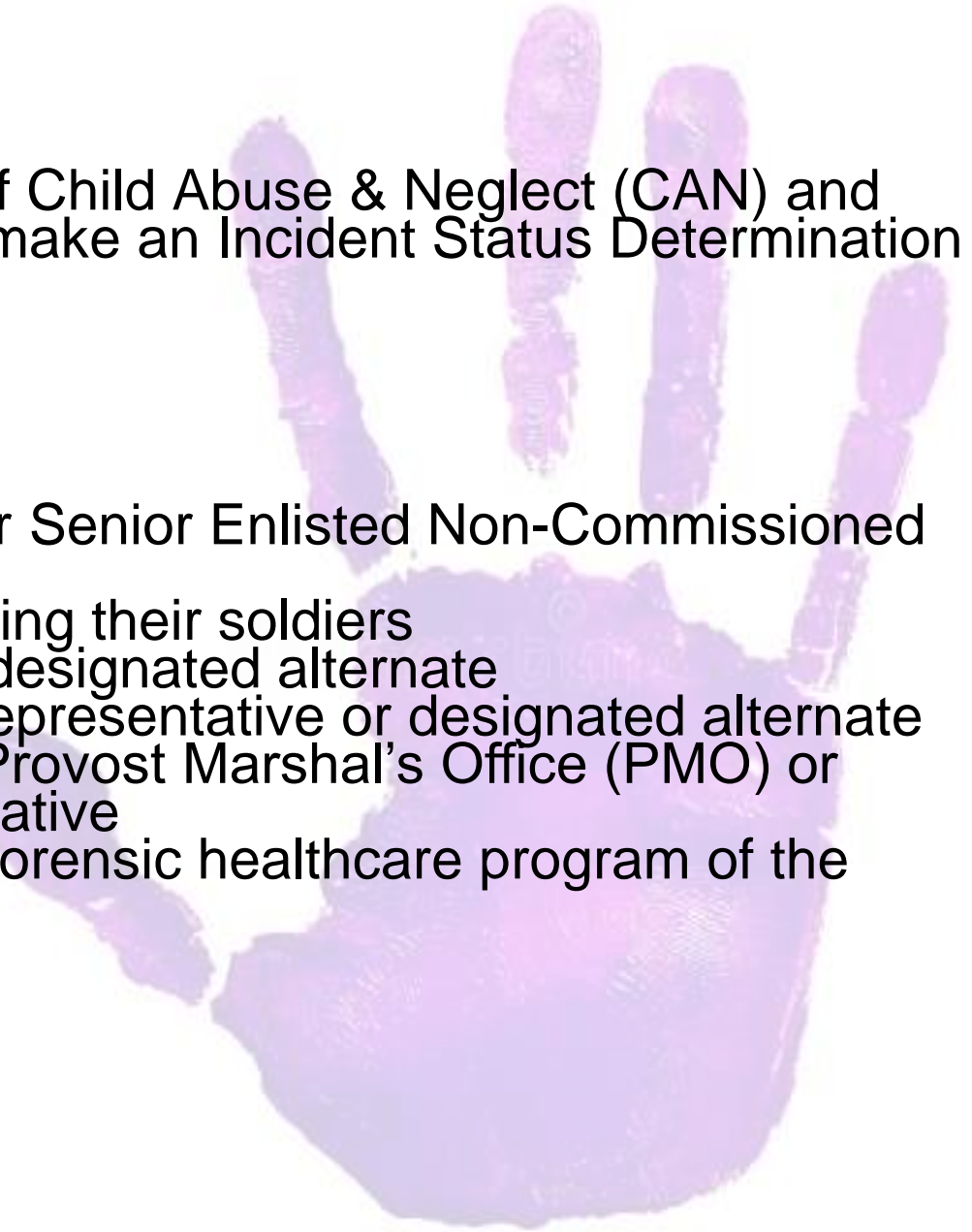
Background of IDC: Researchers at New York University, in collaboration with Air Force Medical Support Agency/Office of the Surgeon General developed the Decision Tree Algorithm (DTA) to assist MDTs to derive at abuse determinations. The Army adopted this system in 2017 with the 10 largest installations as a pilot study, then fully instituted it Army wide in December 2022.

Partnering Process II: IDC Continued

The purpose of the IDC is to review reports of Child Abuse & Neglect (CAN) and unrestricted reports of Domestic Violence to make an Incident Status Determination (ISD)

Composition of voting members:

- Garrison Commander or alternate
- Senior Commander or Garrison Commander Senior Enlisted Non-Commissioned Officer
- Unit Commander(s) present for cases involving their soldiers
- Family Advocacy Program Chief (FAPC) or designated alternate
- Office of the Staff Judge Advocate (OSJA) representative or designated alternate
- Department of Emergency Services (DES)/Provost Marshal's Office (PMO) or designated law enforcement senior representative
- A designated health care provider from the forensic healthcare program of the installation Military Treatment Facility (MTF)



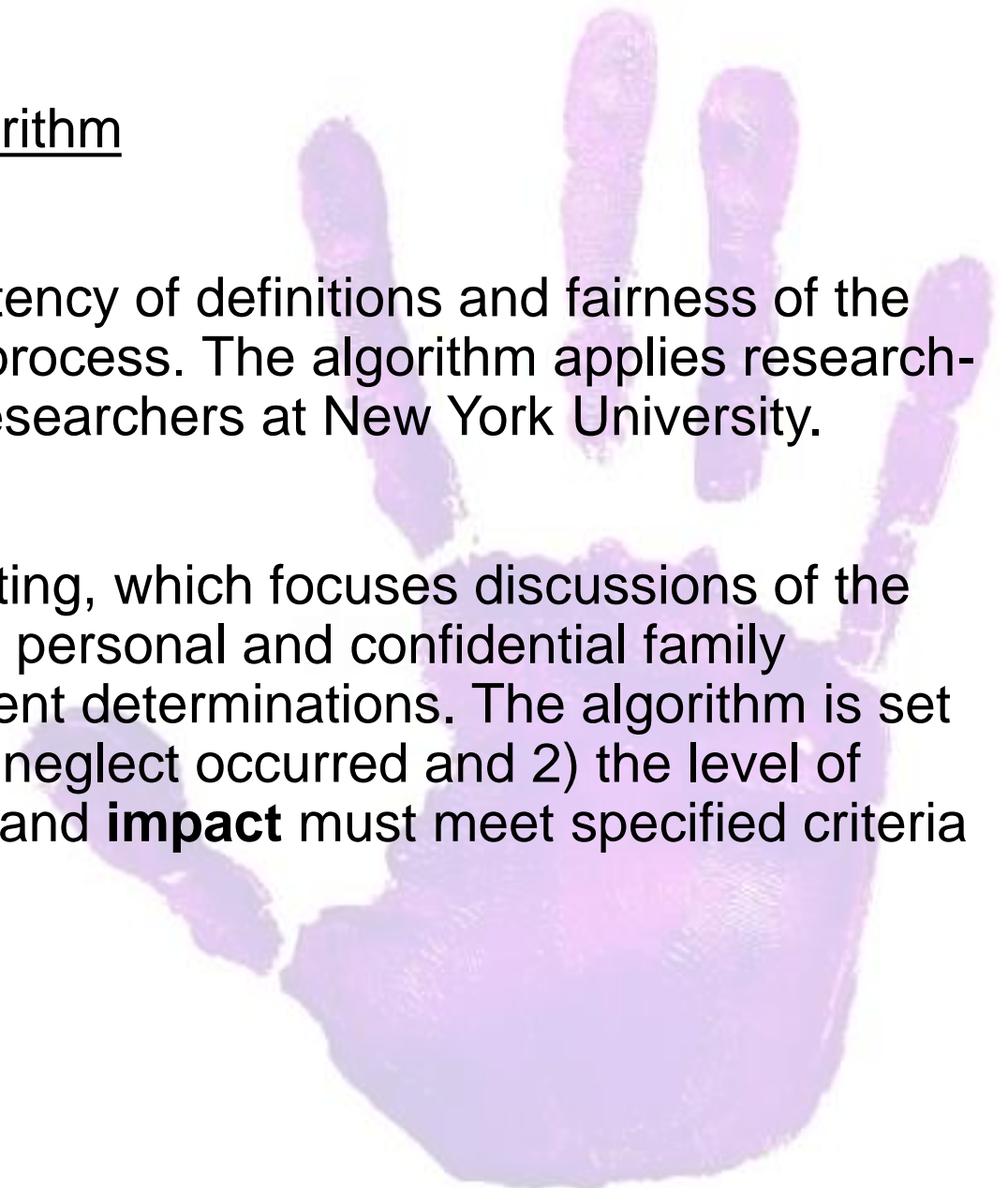
Partnering Process III: Decision Tree Algorithm

Decision Tree Algorithm (DTA)

- The DTA was created to improve consistency of definitions and fairness of the Family Advocacy Program's (FAP) IDC process. The algorithm applies research-based abuse definitions developed by researchers at New York University.

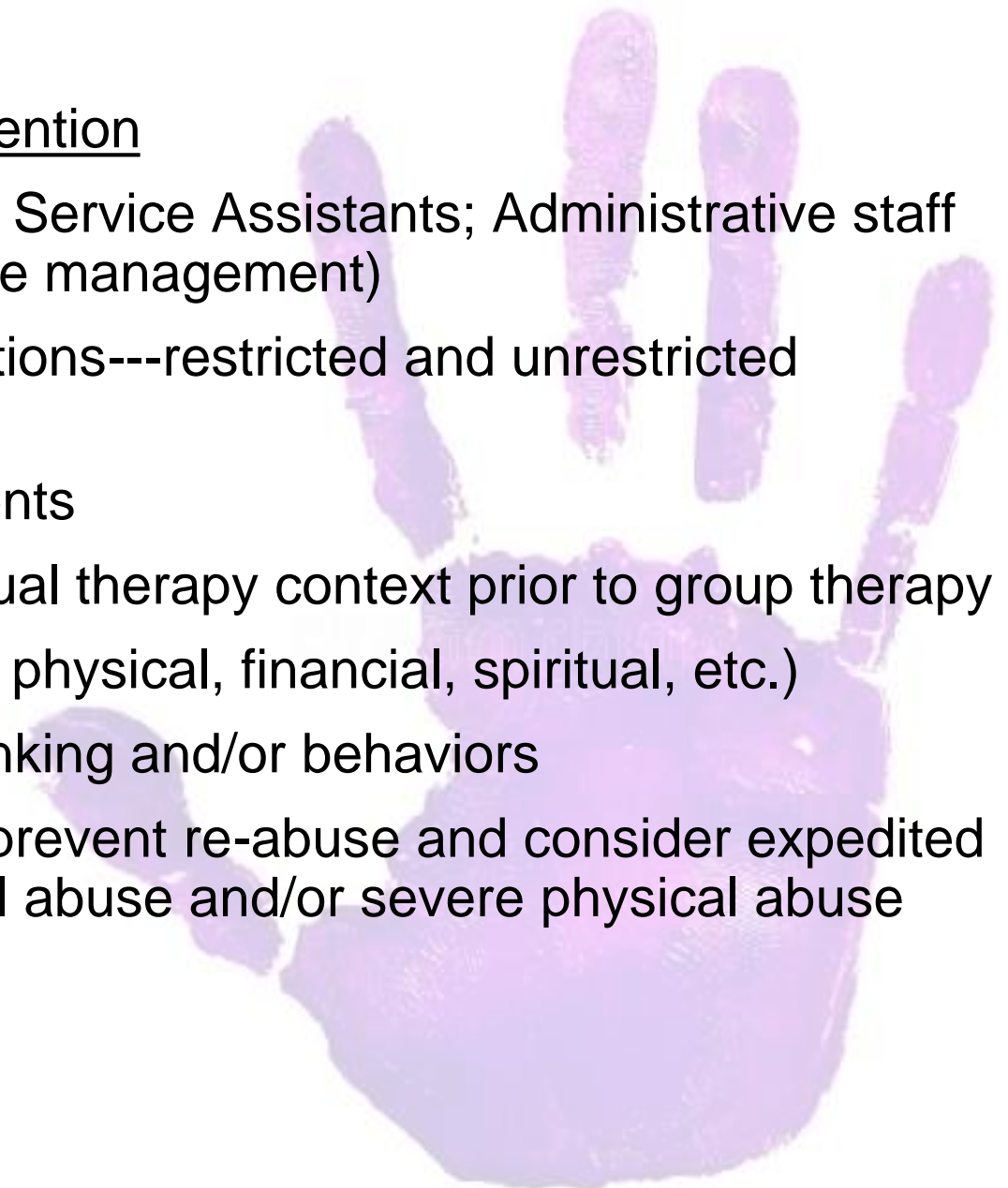
How the DTA works

- The DTA has specific criteria and formatting, which focuses discussions of the IDC and prevents lengthy discussions of personal and confidential family information not necessary to make incident determinations. The algorithm is set up to determine: 1) if an **act** of abuse or neglect occurred and 2) the level of **impact** of the act on the victim. The **act** and **impact** must meet specified criteria for substantiation of an incident.



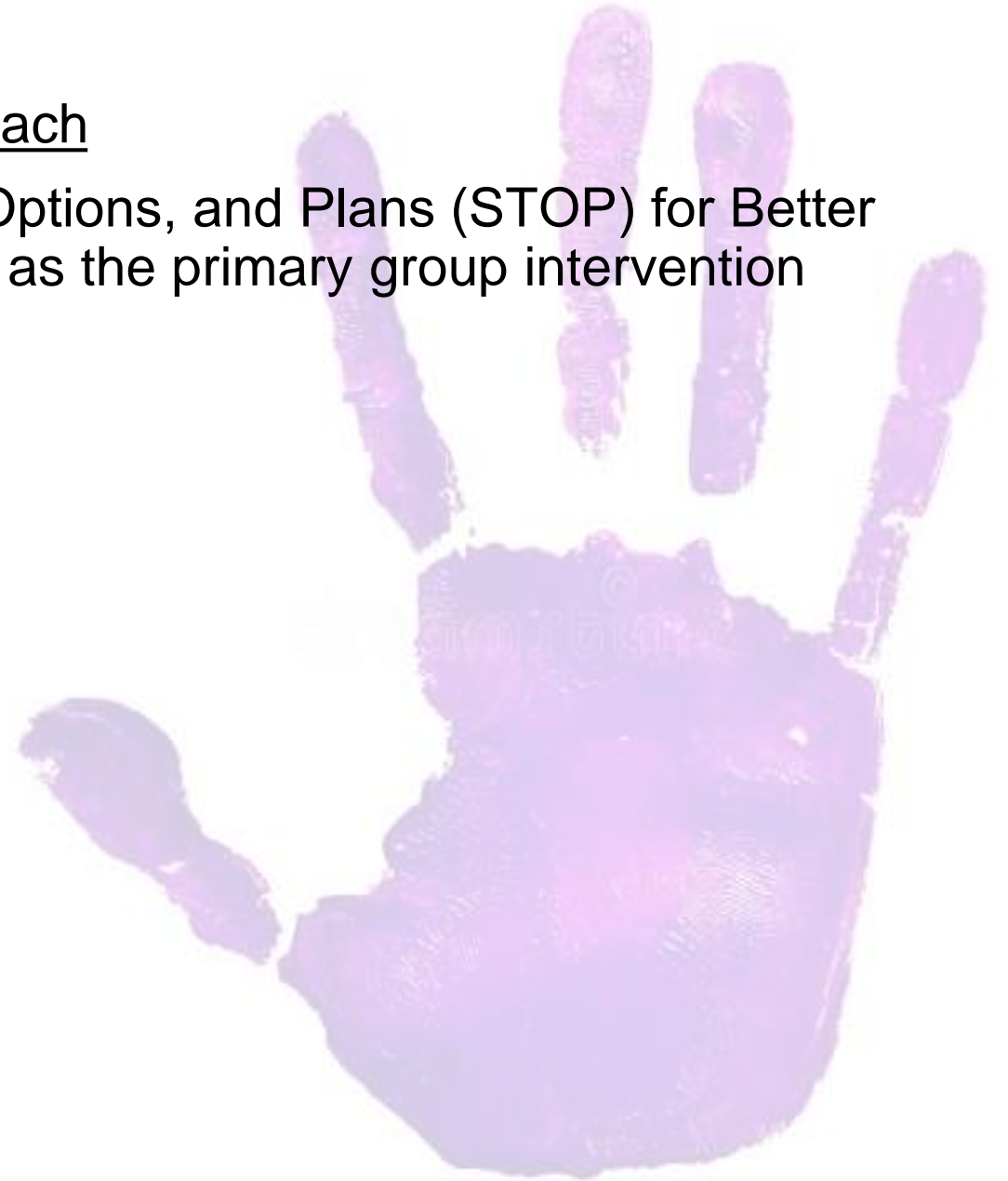
Partnering with Patients: Treatment Intervention

- Licensed Clinical Social Workers; Social Service Assistants; Administrative staff (clinical assessment, treatment, and case management)
- Ensure patients know their rights and options---restricted and unrestricted reporting
- Unconditional positive regard for all patients
- Explore maladaptive beliefs in an individual therapy context prior to group therapy
- Use holistic treatment approach (mental, physical, financial, spiritual, etc.)
- Assess safety risks and maladaptive thinking and/or behaviors
- Develop comprehensive safety plans to prevent re-abuse and consider expedited transfer as an option for victims of sexual abuse and/or severe physical abuse



Partnering with Patients: Treatment Approach

- Wexler's Innovative Skills, Techniques, Options, and Plans (STOP) for Better Relationships is utilized across the Army as the primary group intervention modality for DV offenders
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Solution Focused Therapy
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Mindfulness



Womack Army Medical Center

Family Advocacy Program Intervention Groups

ANGER MANAGEMENT GROUPS

Teaches ways to appropriately manage anger & consciously refrain from using violence.

COUPLE'S CONFLICT RESOLUTION

A one-time 1 ½ hour for couples who could benefit from learning new skills to help them resolve their conflicts.

THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

Psycho-educational group for parents that have been involved in or experienced domestic violence.

WOMEN'S EMPOWERMENT

Provide treatment & support to victims of domestic violence. Specific focus areas include educating women about the cycle of violence, recognizing signs of abuse, encouraging ongoing safety planning & teaching the importance of self-care.

TAKING POINT

A Therapeutic Group for Men Who Have Experienced Intimate Partner Abuse

To provide a comfortable & supportive environment whereby participants can grow in understanding of the cycle of abuse & become aware of life patterns while learning techniques for moving toward resiliency.

STOP TREATMENT PROGRAM

STOP and STOP Light Program Goal Increase skills for managing anger, regulating emotions and stopping abusive behaviors. In addition, SM will be education on the types of abuse, the abuse cycle of and impact of actions on others.

S.T.R.E.S.

To provide a forum for participants to discuss issues related to managing life.

POST PARTUM EMPOWERMENT

Designed to provide treatment, support & education for women experiencing depression & anxiety before, during & after childbirth.

To be eligible to participate must be:

**Active Duty
Family Member
other beneficiary**

***Must coordinate with a FAP
provider in order to attend**

Summary:

Army Family Advocacy Programs have an enormous task to prevent and treat Domestic Violence (DV) and Child Abuse Neglect (CAN) in order to keep individuals and families safe. It requires a collaborative and systematic approach to address this multifaceted issue. With early identification, reporting, and treatment intervention, maladaptive thinking and/or behaviors can change for the better and adapt effectively to Army norms and values.

