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HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC 9 March 1976

PERSONNEL—GENERAL

ARMY CHILD ADVOCACY PROGRAM (ACAP)

Effective 1 February 1976 in accordance with basic regulation

This change transmits corrected DA Form 4461-R. The form number was erroneously shown as DA Form 4416-R in the basic regulation

AR 600-48, 26 November 75, is changed as follows:

1. New or changed material is indicated by a bold star.
2. Remove old pages and insert new pages as indicated below:

Remove page	Insert page
11	11

The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (DAPE-HRL) WASH DC 20310.

3/31/76

By Order of the Secretary of the Army:

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Chief of Staff

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The Adjutant General

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ARMY REGULATION
No. 600–48

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, *26 November 1975*

PERSONNEL—GENERAL

ARMY CHILD ADVOCACY PROGRAM (ACAP)

Effective 1 February 1976

This regulation provides policy and guidance to installation commanders on the coordination of human services directed toward promoting the well-being of children of Army families and, specifically, toward preventing, controlling, and treating child neglect and abuse. Local limited supplementation of this regulation is permitted, but is not required. If supplements are issued, Army Staff agencies and major Army commands will furnish one copy of each to HQDA (DAPE–HRL) WASH DC 20310; other commands will furnish one copy of each to the next higher headquarters.

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Section I. General

1. Purpose. This regulation prescribes policy and procedures for establishing and implementing the Army Child Advocacy Program (ACAP).

2. Objectives. The objectives of the ACAP are to—

a. Develop a community based program to monitor and coordinate all programs and services that impact on children's growth and development.

b. Identify, use, and strengthen existing community resources to enhance the general welfare of children.

c. Prevent and control child maltreatment by educating and training all personnel and particularly those personnel who provide health and welfare services to military families in the command, in the recognition of the causes and consequences of child maltreatment.

d. Identify, report, and manage cases of child maltreatment among Army families by—

(1) Insuring the protection, treatment, and proper management of maltreated children.

(2) Assisting parents to recognize causes of child maltreatment and to become effective parents.

(3) Insuring that command and staff personnel are aware of their responsibilities for preventing maltreatment and for identifying, reporting, protecting, managing, and treating these children.

3. Applicability. This regulation applies to all personnel entitled to care in Army medical treatment facilities (MTF). It does not apply to members of the Army National Guard or US Army Reserve who are not on active duty.

4. Concepts. *a.* The quality of the soldier's family life affects his performance which, in turn, affects the morale, discipline and health of the command; therefore, the growth, social development, health, and safety of children of Army families are matters of concern to commanders at all levels.

b. Family members endure the social and emotional stresses caused by the servicemember's fulfillment of the role of a soldier. Therefore, Army families, who must move frequently and be subject to unanticipated temporary absences of the servicemember, may require the services of community agencies (chap. 2, AR 608-1). The installation commander can assist families and prevent child maltreatment through an effective ACAP.

c. Although military installations and surrounding civilian communities usually offer a wide range of services for children, families and children often are unable to obtain necessary support from these agencies and institutions. The purpose of the ACAP is to function on behalf of children in relation to those services and institutions that have an impact on their lives.

d. Incidents of child abuse and neglect involving Army personnel and their dependents reflect a widespread societal problem. Humanitarian concern requires that all personnel assist in identifying and reporting endangered children and that responsible authorities intercede on behalf of these children.

e. The ACAP is a command program. Most military installations and communities already have many health and welfare resources which enable commanders to carry out this program. The ACAP provides an administrative mechanism for the installation commander to—

(1) Insure that staff personnel are aware of the special needs of children and of the community services required to supplement families' efforts in fulfilling those needs.

(2) Insure interagency, staff, and command cooperation in addressing child advocacy.

(3) Use community resources efficiently for the prevention of child maltreatment.

f. The causes of child abuse and neglect are complex. Some abuse and neglect can be attributed to parents who have psychiatric problems, relate ineffectively to other people, lack knowledge of how to be competent parents, or do not know of alternate ways to control their children. In some cases, severe family financial or other situational stress appears to play a key role. It must be recognized, therefore, that child maltreatment is not necessarily the result of willful criminal intent. Educational programs and maximal use of community resources as preventive measures should receive a high priority. In specific cases of abuse and neglect, medical personnel, those who provide social and legal services, and law enforcement personnel must be prepared, as appropriate, to assist the family, to intercede on behalf of children, and to take measures to prevent imminent or ongoing child maltreatment.

5. Explanation of terms. The terms below are explained as they apply to this regulation.

a. Army Child Advocacy Program (ACAP). An organized effort on the part of the Army to promote the growth, development, and general welfare of children of Army families by coordinating human services provided children and by interceding on their behalf when necessary.

b. Community. Unless otherwise identified, the military community and those civilian institutions necessary for the support of the military community.

c. Child abuse and neglect. The physical or mental injury, sexual abuse, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circum-

stances which indicate that the child's health or welfare is harmed or threatened (Public Law 93–247).

d. Maltreatment. Abuse and/or neglect.

e. Suspected child maltreatment. A situation in which the possibility of child maltreatment is sufficient to warrant investigation by the child protection and case management team (CPCMT) but in which the evidence gained does not conclusively support the belief that maltreatment occurred.

f. Established child maltreatment. A situation in which the CPCMT, after its evaluation, determines that maltreatment did occur.

6. Responsibilities.

a. Deputy Chief of Staff for Personnel (DCSPER) has general staff responsibility for the ACAP.

b. The Adjutant General will support the ACAP with resources and technical assistance in conjunction with his other activities relating to the provision of welfare services to servicemembers and their families.

c. The Surgeon General will support the ACAP with resources and technical assistance in conjunction with his other activities relating to the provision of health services to servicemembers and their families. In addition, he will—

(1) Establish a system for collecting data on cases of child maltreatment.

(2) Supervise the medical and psychosocial aspects of identifying, preventing, and treating child maltreatment.

d. The Chief of Chaplains will support the ACAP with resources and technical assistance in conjunction with his other activities relating to the morale and morals of servicemembers and their families.

e. The Chief of Information will coordinate information support concerning the Army's ACAP.

f. The Judge Advocate General will provide legal advice in matters pertaining to the ACAP as required.

7. Eligibility for services. Eligibility for ACAP services will be determined in accordance with the provisions of AR 40–3.

Section II. THE INSTALLATION ACAP

8. Responsibilities. *a.* The installation commander will—

(1) Establish an ACAP when 2,000 or more dependents of assigned military personnel are residing on or off the installation. Consistent with the child welfare needs of the installation, an ACAP may be established on smaller installations.

(2) Designate an officer to monitor and provide staff supervision of the installation ACAP.

b. The Medical Treatment Facility (MTF) commander will—

(1) Organize and supervise, subject to the direction of the installation commander, a child protection and case management team (CPCMT) to assist in evaluation, diagnosis, treatment, and recommending disposition of children who are abused or neglected.

(2) Designate a staff member, usually a social worker or community health nurse, as a point of contact to receive and act upon all reports of child maltreatment referred to the MTF.

c. The officer assigned responsibility for staff supervision of the installation ACAP (ACAP officer) will—

(1) Direct planning and coordinating services rendered to children of eligible servicemembers.

(2) Maintain liaison with the MTF commander to insure the support of the military community in implementing the ACAP.

(3) In conjunction with the MTF commander and the provost marshal/security officer, insure that all reported incidents of child maltreatment receive immediate action.

d. The staff judge advocate will provide legal advice to the commander and to ACAP personnel. Such advice will include—

(1) Representation on the CPCMT to insure that the team's activities and staff procedures conform to the law.

(2) Guidance on any requirements that medical or other personnel have to report incidents of maltreatment to government/civil authorities.

(3) Guidance on the scope of authority that state officials may exercise over military personnel and dependents who are residing both on and off the federal installation. Specifically, the SJA should advise the commander and ACAP personnel on the legal requirements of any constraints on—

(*a*) Compulsory medical examination and treatment.

(*b*) Removal of child from the home.

(*c*) Placement of child in a foster home or institution.

(*d*) Hospitalization.

e. The installation chaplain will provide professional assistance and will insure that the members of the staff of Family Life programs recognize, assist, and refer for additional help families in serious stress.

9. Functional elements. The installation ACAP will consist of two functional elements. (See fig. 1.)

a. Planning and coordination of existing child and family social services and development of the educational elements of the ACAP will be accomplished by a child advocacy/human resources council composed of staff personnel designated by the installation commander.

b. Management of cases of maltreated children will be accomplished by a multi-disciplinary child protection and case management team (CPCMT) functioning under the supervision of the MTF commander.

10. Child advocacy/human resources council. *a. General.* Rather than forming an additional council, the ACAP functions should be assigned to an existing council that addresses Human Resources programs (sec II, chap 2, AR 608-1 and AR 600-85, to be published).

b. Organization. Chairmanship, frequency of formal meetings, and composition of membership will be determined by the installation commander. In coordination with the ACAP officer, the chairman will formally task council members or their respective agencies to take necessary action to accomplish the functions in *c* below.

c. Functions. To assist the commander to exercise his overall responsibility for the installation child advocacy program, the council provides guidance and assistance to installation staff personnel and agencies. The council will—

(1) Assess the special needs of children of military personnel residing on the installation and in the surrounding community.

(2) Identify deficiencies in services provided for the physical, educational, moral, and social development of children.

(3) Establish and publicize reporting procedures for all incidents of child maltreatment and assist personnel in reporting these incidents.

(4) Establish, as appropriate, parent effectiveness training and/or family life education as important elements of the program for preventing the maltreatment of children. (See DA Pam 165-7-1.)

(5) When feasible, develop and assist in implementing standard health evaluation of children under 5 years of age.

(6) Insure, in conjunction with the MTF, that programs effectively provide appropriate assistance, treatment, and followup service to families identified as maltreating their children.

(7) Establish and monitor, where feasible, a foster home program in conjunction with existing local foster care programs.

(8) Establish and monitor a postwide educational effort to—

(*a*) Inform all personnel of action needed to enhance the general welfare and to prevent maltreatment of children of Army personnel.

(*b*) Stress the need for a widespread willingness among personnel to report incidents of child maltreatment.

(*c*) Emphasize the importance of total community involvement in the installation ACAP.

11. Child protection and case management team (CPCMT). *a*. General.

(1) The installation commander, with the advice of the MTF commander, will appoint a multidisciplinary CPCMT to manage the cases of children and families coming to the attention of the MTF because of maltreatment. The MTF commander will supervise the CPCMT, insuring that emphasis is placed on establishing and preserving an emotionally healthy, nonabusive family rather than on removing the child and punishing the parents.

(2) The ACAP officer will be kept informed of CPCMT activities and will support its efforts by serving as the point of contact for staff coordination.

b. Membership

(1) The CPCMT will consist of the following professional personnel: pediatricians, psychiatrists, psychologists, social workers, nurses, and lawyers.

(2) At the discretion of the MTF commander, law enforcement personnel, civilian child protection workers, chaplains, occupational therapists, and other personnel who may contribute to the evaluation, treatment and progress of the case management process may be included in the membership.

c. Functions. The CPCMT will—

(1) Identify problem families, and will protect and treat the maltreated child and his family by—

(*a*) Obtaining medical, psychological, and social evaluations of children and parents coming to the attention of the MTF because of child maltreatment.

(*b*) Assisting with the diagnosis, family appraisal, and treatment of families referred to the team from all sources. Treatment in a MTF will be provided only to parents who volunteer for treatment.

(*c*) Assisting in establishing the existence of child maltreatment through medical, psychological, and social evaluations.

(*d*) Completing and forwarding the case management summary (para 18*b*).

(2) Make recommendations to the ACAP officer regarding—

(*a*) Requirements for protective custody of maltreated children.

(*b*) Alternative courses of action when parents refuse to volunteer for, cooperate in, or follow a recommended treatment plan.

(*c*) The requirement for intervention by a court or a law enforcement agency in specific incidents.

(*d*) The need to notify a gaining installation or civil authorities when an active case is terminated because a family is relocating.

(3) Identify and recommend corrective action to the Child Advocacy/Human Resources Council concerning conditions that contribute to child abuse and neglect and that impede reporting, treatment, and disposition of maltreated children.

(4) Use and coordinate available resources (military and civilian) to treat children and families referred to the MTF.

Section III. IDENTIFICATION, TREATMENT, AND DISPOSITION

12. General. Community agencies should maintain close liaison with one another in order to help identify and refer children who have been maltreated. Clearly defined procedures must be established to insure prompt notification of law enforcement agencies when serious maltreatment is involved.

13. Identification. *a.* Military and civilian personnel are encouraged to report all incidents of suspected child maltreatment to the designated MTF point of contact or military/security police. When persons who are providing statements pertaining to cases of suspected child maltreatment make an expressed request that their involvement be held in confidence and when they can be granted confidentiality under the provisions of AR 340–21, then their statements will be so identified in case records.

b. Initial identification of child maltreatment usually will be made by medical personnel. Public and private social welfare agencies, school officials, chaplains, child care centers, and law enforcement officials may also identify and refer these cases.

14. Medical examinations. *a.* All cases of alleged child maltreatment will be referred to the MTF for examination, treatment, and evaluation by the CPCMT.

b. All cases will be carefully recorded by the attending physician. This record will include a description of the child's general appearance, the location of bruises, contusions, fractures, and other injuries. A detailed account of how the injuries were reported to have occurred will be obtained from the person who brings the child to the

MTF. The information will be recorded on appropriate medical forms, filed in the appropriate medical records (para 18), and maintained in accordance with AR 40-400. Photographs, in color if possible, should be made of the injuries.

c. The possibility of child *abuse* should be considered by the examining physician when—

(1) There is an inadequate or inappropriate explanation of how the injuries were sustained.

(2) Multiple fractures are present.

(3) Multiple or recurrent injuries (e.g., burns, subdural hematomas, fractures) exist.

(4) A child is dead on arrival at the MTF.

(5) Reports or complaints of sexual abuse are made.

d. The possibility of *neglect* should be considered when—

(1) Young children are left unattended.

(2) Advanced untreated diseases are diagnosed.

(3) Unsanitary living conditions exist.

(4) Emotional, moral, or social deprivation becomes a matter of public knowledge.

(5) Unexplained incidents of "failure to thrive" are diagnosed.

15. Reporting results of medical examination. *a*. The attending physician will insure that prompt and proper notification of results of the medical examination is made to the designated MTF point of contact (para 8*b*(2)).

b. The MTF commander or his designated representative will determine if the reporting of the incident to law enforcement officials is warranted. If so, the office of the provost marshal/security officer will be notified immediately.

c. When the MTF commander requires assistance in making an immediate response or determines that a case requires assistance from other agencies, he will notify the ACAP officer. This officer will task the appropriate agency with taking necessary action.

16. Evaluation of maltreatment. As part of the evaluation of child maltreatment and as an integral part of the ACAP, the case management team will—

a. Substantiate maltreatment.

b. Plan appropriate intervention.

c. Monitor treatment, to include followup work after the treatment regimen is completed.

d. Recommend disposition of all referred cases.

17. Treatment of families. In addition to traditional treatment methods, such as individual and group therapy, social casework, and environmental manipulation, other strategies for intervention may include the use of—

a. Trained volunteers,

b. Parents anonymous,

c. A telephone crisis "hot line",

d. A crisis nursery,

e. A therapeutic day care center, and

f. An educational program, including family life and parent effectiveness training.

18. Medical records. *a*. A medical record will be prepared for each individual treated or evaluated for child maltreatment. A special outpatient treatment record may be prepared and coded as a special category record in accordance with paragraph 5-10*b*, AR 40-400. Access to these records will be given in accordance with the provisions of AR 40-42.

b. A case management summary of established cases of child maltreatment will be prepared using DA Form 4461-R (fig. 2). DA Form 4461-R will be reproduced locally on 8 by 10½ in paper. A copy will be forwarded to: Commander, US Army Health Services Command, ATTN: HSOP-PR, FT Sam Houston, TX 78234.

19. Disposition of cases. When evaluating and recommending disposition of cases involving child maltreatment, the CPCMT, with the SJA representative in attendance, should address the following—

a. Establishment of child maltreatment.

b. Appropriate treatment of the maltreated child and his parents (para 17).

c. Reporting or referral to civilian authorities.

d. The need for formal investigation by a law enforcement agency.

e. Recommending removal of child from its home.

f. Recommending expulsion of family from the military installation in order to place the family within reach of competent civil jurisdiction.

g. Referral of the family to a gaining installation, or civilian community, upon reassignment, transfer, ETS, or retirement of servicemember.

h. Closure of case.

20. Law enforcement investigations. Law enforcement investigations of child maltreatment by CID or military/security police will be conducted in accordance with AR 190–30 and AR 195–2, as appropriate. Military police reports will be completed and processed in accordance with AR 190–45.

SUGGESTED INSTALLATION ORGANIZATION CHART

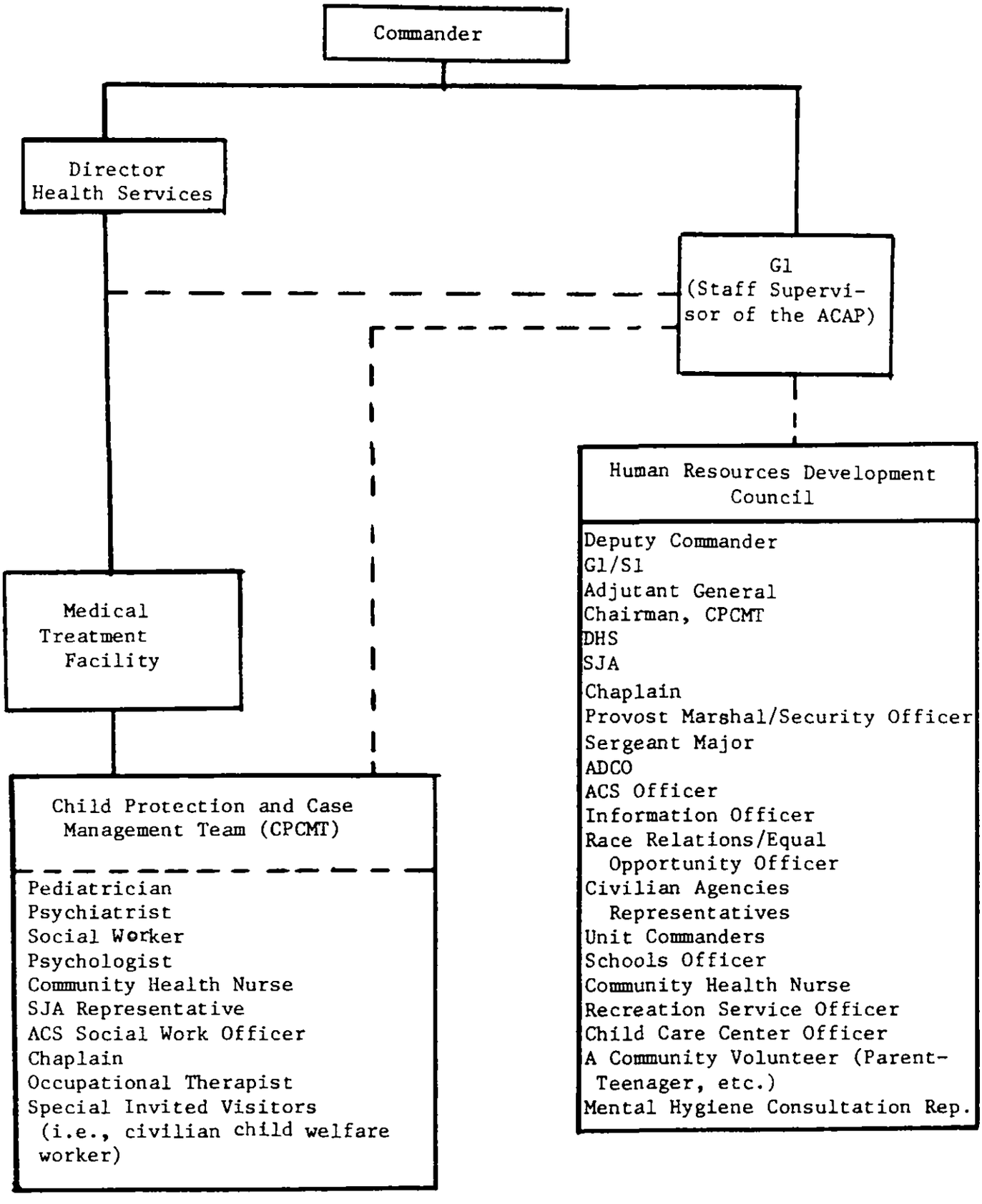

Figure 1

The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (DAPE–HRL) WASH DC 20310.

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ARNG: None.
USAR: D (Qty rqr block no. 385)

AR 600-48

CHILD MALTREATMENT INCIDENT CASE MANAGEMENT SUMMARY For use of this form, see AR 600-48; the proponent agency is ODCSPER.			1. DATE	
2. NAME *(Last, First, Middle Initial)*	3. SEX	4. AGE	5. RACE	6. RELIGION
7. FMP	8. SSN *(Sponsor)*	9. SPONSOR'S NAME *(Last, First, Middle Initial)*		
10. SPONSOR'S ORGANIZATION AND DEPARTMENT		11. HOME ADDRESS *(Include ZIP Code)*		
12. TYPE OF INCIDENT ☐ PHYSICAL ☐ SEXUAL ☐ OTHER *(Specify)*		13. ☐ INCIDENT CONFIRMED ☐ INCIDENT SUSPECTED		
14. SUMMARY OF INCIDENT *(Who, what, when and how)*				
15. RESULTS OF MEDICAL EXAMINATION				
16. SUMMARY OF ACTION TAKEN				
16a. NAME AND ORGANIZATION OF INDIVIDUAL COMPLETING FORM		16b. SIGNATURE		

DA FORM 4461-R, 1 NOV 75 Figure 2

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S/S Ch/ 9 Jun 76

CHILD MALTREATMENT INCIDENT
CASE MANAGEMENT SUMMARY

For use of this form, see AR 600-48; the proponent agency is ODCSPER.

1. DATE				
2. NAME *(Last, First, Middle Initial)*	3. SEX	4. AGE	5. RACE	6. RELIGION
7. FMO	8. SSN *(Sponsor)*	9. SPONSOR'S NAME *(Last, First, Middle Initial)*		
10. SPONSOR'S ORGANIZATION AND DEPARTMENT		11. HOME ADDRESS *(Include ZIP Code)*		
12. TYPE OF INCIDENT ☐ PHYSICAL ☐ SEXUAL ☐ OTHER *(Specify)*		13. ☐ INCIDENT CONFIRMED ☐ INCIDENT SUSPECTED		

14. SUMMARY OF INCIDENT *(Who, what, when and how)*

15. RESULTS OF MEDICAL EXAMINATION

16. SUMMARY OF ACTION TAKEN

16a. NAME AND ORGANIZATION OF INDIVIDUAL COMPLETING FORM	16b. SIGNATURE

DA FORM 4416-R, 1 NOV 75

Figure 2