

A close-up photograph of a person's face, focusing on their right eye. The eye is light-colored and looking directly at the camera. A single tear is falling from the lower eyelid. The skin is fair and the lighting is soft.

# **HOT** **TOPICS**

**CURRENT ISSUES FOR ARMY LEADERS**

**2003**

**Volume 4, No. 1**

## **Family Violence**

**Behind Closed Doors**

**Prevention:  
A Leader's  
Responsibility**

**Reporting Family Violence  
Consequences**

STATISTICS show that rates of domestic violence among Army families are not only lower than national standards, but they are also steadily decreasing. Despite good news, the Army lost four wives and one husband in an eight-week string of deadly violence last summer.

Violence is not compatible with our core values. It is contrary to everything we believe in as an organization: respect, honor, integrity, personal courage. We believe that everyone – man, woman and child - has the right to feel free from harm.

We must empower soldiers to recognize risk factors in their own lives and encourage them to seek help before violence occurs. The Army Family Advocacy Program offers intervention and treatment services that can turn dysfunctional relationships into healthy bonds.

Every leader is responsible for acting upon known or suspected cases of family violence. As leaders, we must learn to detect such cases. We must create an environment of support and caring that encourages victims to come to us for assistance. As leaders, we must be familiar with the Family Advocacy Program and other resources locally available. If our families are in trouble, so too is soldier and unit readiness.

We hope this issue of **Hot Topics** equips you with the tools to recognize risk factors and encourage our soldiers and families to ask for help when they need it.

 BG, USA

BG ROBERT L. DECKER  
Commander,  
U.S. Army Community and Family Support Center



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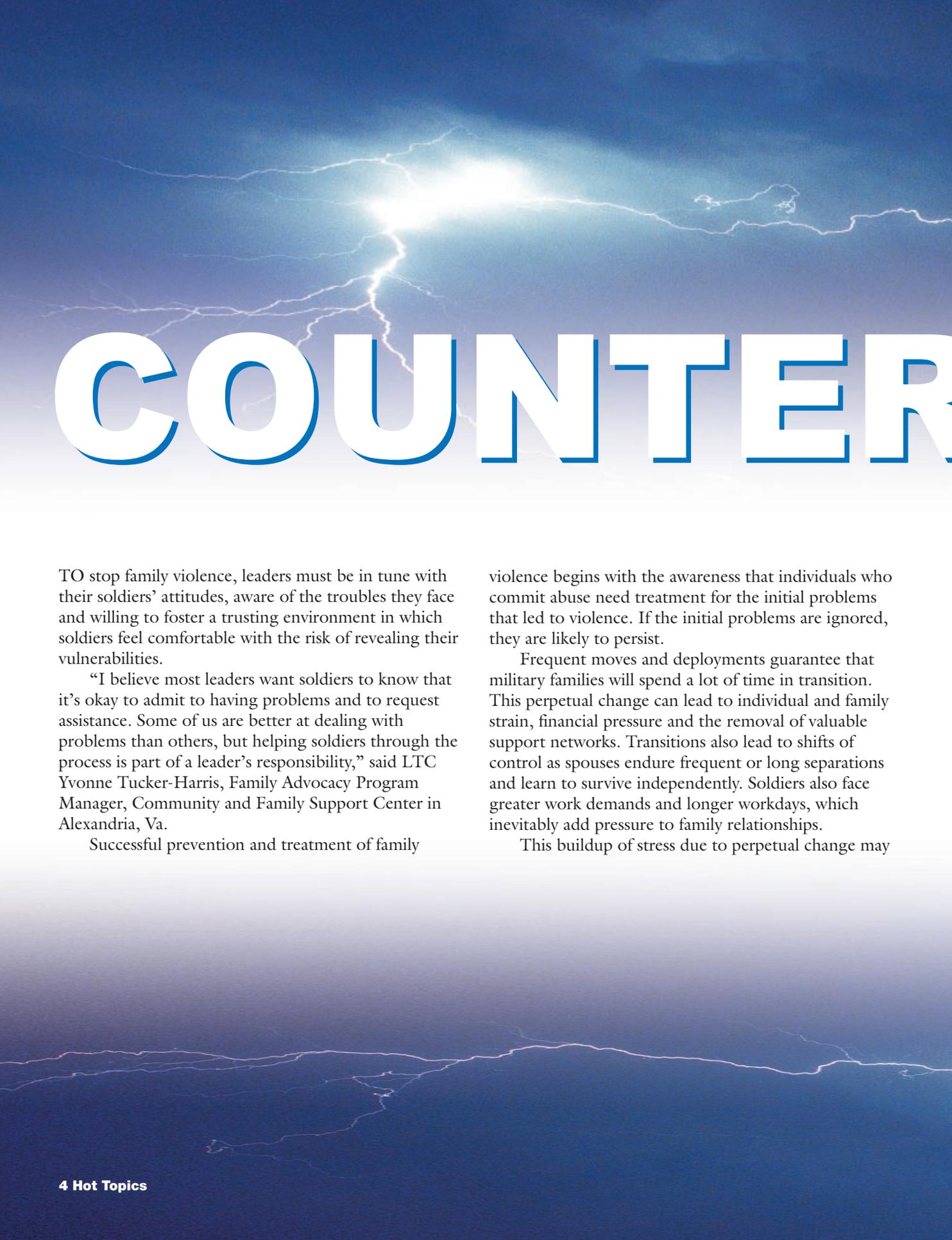


# *Nourishing a* **Stronger Army Family**

Life involves challenges and change. Add a military career to that, and you get such hardships as constant moves and deployments — situations that may increase stress for some soldiers and family members.

Leaders must be alert to soldiers' behavior and ensure that they have the tools to develop and maintain a healthy balance of coping and communication skills within their families. Evidence shows that such factors as increased stress and financial pressures, social isolation and marital problems can all lead to family violence. But they don't have to.

This issue of *Hot Topics* outlines every leader's responsibility to prevent, report and intervene in violence within Army families. By investing care and concern into your soldiers' and families' lives, you foster the growth and morale of the entire unit.



# COUNTER

TO stop family violence, leaders must be in tune with their soldiers' attitudes, aware of the troubles they face and willing to foster a trusting environment in which soldiers feel comfortable with the risk of revealing their vulnerabilities.

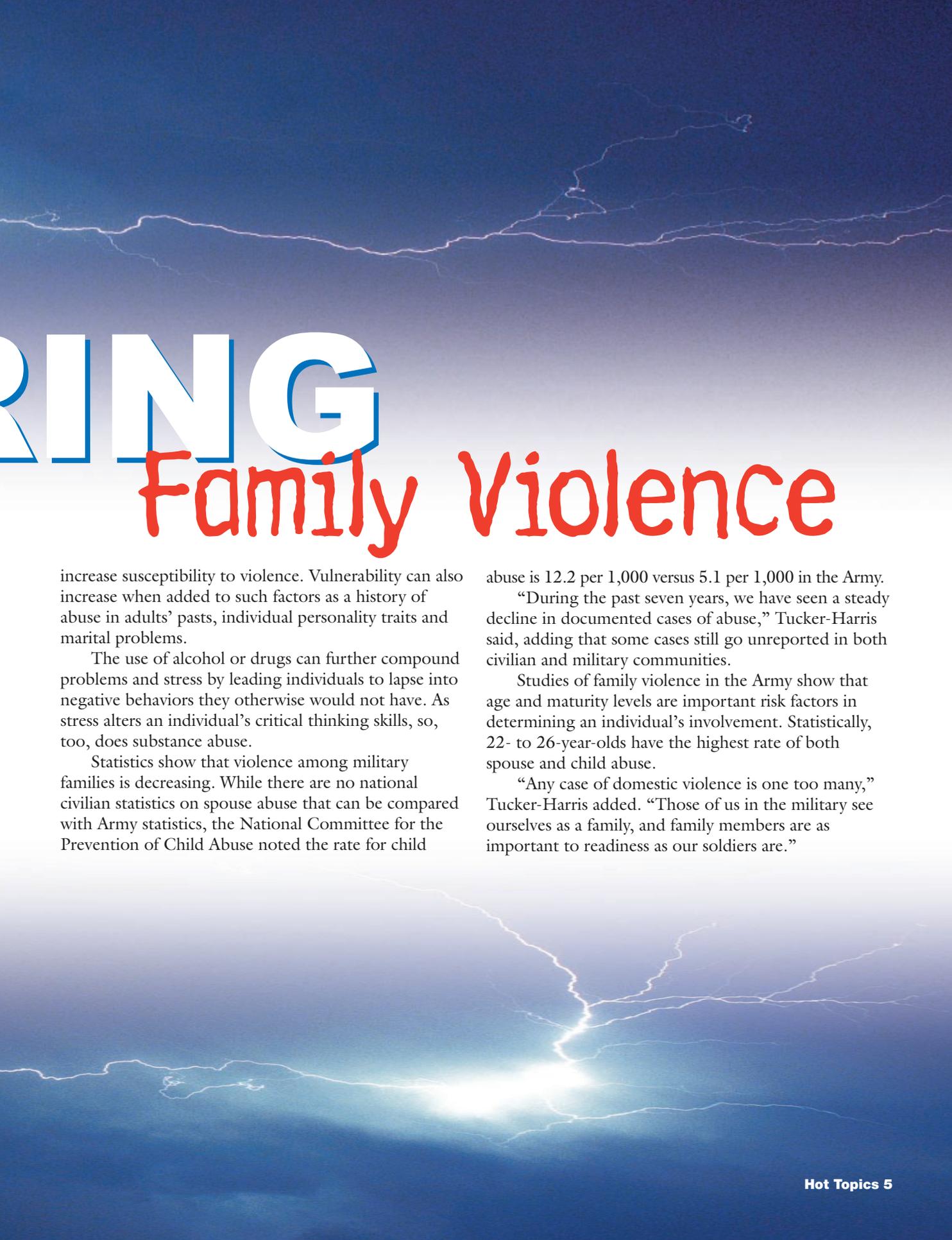
"I believe most leaders want soldiers to know that it's okay to admit to having problems and to request assistance. Some of us are better at dealing with problems than others, but helping soldiers through the process is part of a leader's responsibility," said LTC Yvonne Tucker-Harris, Family Advocacy Program Manager, Community and Family Support Center in Alexandria, Va.

Successful prevention and treatment of family

violence begins with the awareness that individuals who commit abuse need treatment for the initial problems that led to violence. If the initial problems are ignored, they are likely to persist.

Frequent moves and deployments guarantee that military families will spend a lot of time in transition. This perpetual change can lead to individual and family strain, financial pressure and the removal of valuable support networks. Transitions also lead to shifts of control as spouses endure frequent or long separations and learn to survive independently. Soldiers also face greater work demands and longer workdays, which inevitably add pressure to family relationships.

This buildup of stress due to perpetual change may



# BRING Family Violence

increase susceptibility to violence. Vulnerability can also increase when added to such factors as a history of abuse in adults' pasts, individual personality traits and marital problems.

The use of alcohol or drugs can further compound problems and stress by leading individuals to lapse into negative behaviors they otherwise would not have. As stress alters an individual's critical thinking skills, so, too, does substance abuse.

Statistics show that violence among military families is decreasing. While there are no national civilian statistics on spouse abuse that can be compared with Army statistics, the National Committee for the Prevention of Child Abuse noted the rate for child

abuse is 12.2 per 1,000 versus 5.1 per 1,000 in the Army.

"During the past seven years, we have seen a steady decline in documented cases of abuse," Tucker-Harris said, adding that some cases still go unreported in both civilian and military communities.

Studies of family violence in the Army show that age and maturity levels are important risk factors in determining an individual's involvement. Statistically, 22- to 26-year-olds have the highest rate of both spouse and child abuse.

"Any case of domestic violence is one too many," Tucker-Harris added. "Those of us in the military see ourselves as a family, and family members are as important to readiness as our soldiers are."

# What is Family Violence?

FAMILY violence is a person's way of declaring power and control over another person through abuse. Injury can be physical, sexual, emotional or neglectful, and is aimed at spouses, children and/or elders. Spouse and child abuse are often interrelated, though they may occur at different times within the same family.

Evidence has linked family violence to several factors:

- a history of abuse within the family or one parent's past;
- marital problems, divorce and single parenthood;
- psychological dependence of a spouse on the service member;
- an increase in individual or family stress;
- change in marital roles upon deployment and reunions;
- social isolation or a limited support network;
- financial problems;
- multiple demands at early life stages (young adults simultaneously adjusting to marriage and the uniqueness of military life);
- inappropriate expectations of children or spouses;
- physical or mental disabilities;
- alcohol and drug abuse;
- job stress (long hours, possibility of danger);
- poor coping skills;
- sexual stereotypes; and
- cultural ambivalence toward violence.

**Physical abuse** may include grabbing, pushing, slapping, strangling, punching and kicking. Life-threatening abuse might involve assaults with knives, firearms or other weapons. The visible signs of physical abuse are the same in spouses and children, and range from minor cuts and bruises to fractures and burns.

**Neglect** is a person's failure to provide necessary care or assistance for someone who is incapable of self-care physically, emotionally or culturally.

**Emotional abuse** may not cause visible injury, but affects can include low self-esteem; chronic fear or anxiety; conduct disorders; withdrawal and health problems. Psychological or emotional violence is behavioral treatment that entails verbal threats, extreme control, intense jealousy and mental degradation. Property violence also constitutes emotional abuse if it is intended to intimidate, and might include throwing food, breaking dishes and destroying a person's property or injuring one's pet.

**Sexual abuse** is forcing one to engage in any sexual activity through the use of physical violence, intimidation or threat. Sexual abuse includes exploitation, rape, sodomy, molestation, indecent acts and incest.



# Violence Statistics

COLLECTING data about family violence is difficult for two reasons. One, most abuse occurs in the privacy of the home. Two, some experts disagree on a standard definition of violence. At what point, for example, does spanking a child become abusive?

Many experts believe that the percentage of unreported abuse is high. Reasons range from the fear of retaliation and lack of financial support to a cultural belief that what happens at home should stay at home.

The presence of danger in any family does not need to be validated by a series of violent incidents. A single episode alone can substantiate the presence of family violence.

In 2001 there were 6,404 substantiated allegations of family violence within Army ranks. Women and children suffered the most injuries, and researchers emphasize that these numbers include only cases that were reported and cannot be inclusive of violence that occurred unnoticed or was ignored.

The total number of spouse-abuse reports was 7,693, with 3,948 of those reports being substantiated. Studies reveal that spouse abuse is most frequent among young couples who have not yet developed joint coping and communication skills.

Child-abuse reports were somewhat lower than those of spouse abuse at 6,579 reports, with 2,456 of those cases being substantiated. Studies reveal that child abuse is committed most often by young adults.

## The age of spouse-abuse offenders in substantiated cases was:

18- to 21-year-olds	680
22- to 26-year-olds	1,263
27- to 31-year-olds	750
32- to 36-year-olds	379
37- to 41-year-olds	164
42-year-olds and above	75

## The age of child-abuse offenders in substantiated incidents was:

18- to 21-year-olds	198
22- to 26-year-olds	609
27- to 31-year-olds	622
32- to 36-year-olds	386
37- to 41-year-olds	205
42-year-olds and above	73

*These statistics are for 2001. Information for 2002 is still being gathered.*



# Indicators of Abuse

BOTH spouse and child abuse occur at various levels of severity. Mild abuse involves limited physical injury with no medical treatment needed. Moderate abuse involves minor or major physical injury with short-term medical treatment. Severe abuse involves major physical injury or long-term medical treatment, inpatient care or moving the victims to an alternate environment for safety. These are some indicators of abuse:

## Mild

- Verbal threats;
- Bruises, welts, scratches or abrasions not requiring medical treatment that are confined to one area; and
- Hair pulling that does not remove hair.

## Moderate

- Minor burns or blisters confined to a small area;
- Bruises, welts, scratches or abrasions that are widespread;
- Small cut requiring stitches;
- Bite marks on any area;
- Sprains;
- Mild concussions;
- Broken teeth; and
- Hair pulling that results in hair removal.

## Severe

- Any injury during pregnancy;
- Extensive cuts requiring stitches;
- Head injuries;
- Internal injuries;
- Third-degree burns to any area of the body;
- Minor burns to an extensive area of the body;
- Minor burns on face or abdomen;
- Injuries resulting in impairment to sight, hearing or mental abilities;
- Extensive and multiple bruises in various states of healing, indicating a pattern of abuse;
- Cuts, bruises or abrasions on face, neck or shoulders;
- Any use of torture, such as electric shock or burning with objects;
- Choking or strangling;
- Threats with a knife, gun or motor vehicle;
- Burns or bruises to the genital area;
- Sexual abuse;
- Administering any harmful substance; and
- Death.

# Family Advocacy Program

PREVENTION is the Army Family Advocacy Program's first goal. Since every relationship endures occasional periods of stress and change, FAP zeroes in on specific problem areas to teach soldiers and families how to overcome difficulties by constructively resolving issues.

The FAP begins the prevention process with leaders, offering them a variety of tools for educating, preventing, identifying, assessing and treating family violence. FAP also makes leaders aware of community resources that assist offenders and victims of family violence.

A leader's first introduction to the FAP should occur within the first 45 days of assuming command, as outlined in Army Regulation 608-18, "The Army Family Advocacy Program." Each commander and NCO should also receive a personal copy of the FAP's Desk Guide, which charts the steps of preventing and handling cases of family violence within the unit. The guide also provides space for emergency-contact information.

Each installation has a FAP to which leaders may refer their soldiers and family members for the following services:

- support groups for new, single-parent and dual military families;
- family and marriage-enhancement workshops;
- parenting workshops;
- individual, couple and family counseling;
- classes in stress management, anger control and financial planning;
- communication workshops; and
- respite and foster care.

The FAP's greatest challenge is encouraging individuals and families to take proactive steps and use available programs and resources to resolve issues before they escalate into major conflicts or violence.

## The Violent Cycle

BEHAVIORS of victims and offenders show that violence is usually a continuing, entrapping cycle. First, tension begins to build. Demands are increased, stress escalates and put-downs are frequent. Tension leads to an explosion, such as hitting, humiliating and controlling. After the blow-up, both the victim and offender lapse into a honeymoon phase during which the problems are denied, love is declared or promises are made. The victim finds new hope and believes the relationship will change. However, the issues that initially caused the violence were not addressed and still exist.



# Prevention: A Leader's Responsibility

THE leader's responsibility in preventing family violence is an ongoing process of education and support. Leaders are in an opportune position for assuring successful prevention because they specialize in assisting soldiers and families on a daily basis.

Commanders and leaders must monitor soldiers' behavior for signs of anxiety or tension that may lead to the physical, emotional or sexual abuse of family members. They should also be open to signs that soldiers themselves are being abused.

Not everyone is comfortable talking with leaders about issues troubling their families, much less an incident of abuse. Trust can be built by fostering an open dialogue and openly acknowledging that everyone occasionally experiences problems.

The leader who looks out for the well-being of individual soldiers:

- anticipates stressful events;
- ensures soldiers attend an annual Family Advocacy Program briefing;
- ensures soldiers know that violence can be a crime;
- discusses Army standards and rules about domestic violence and outlines the consequences;
- talks about prevention strategies;
- stresses the value of problem-solving and conflict-resolution skills, respect, self-accountability, walking away when emotions are at a peak and being in control of a situation;
- encourages soldiers to be open about their concerns and problems at the first signs of stress;
- is supportive and non-judgmental;
- listens to what and how something is being said;
- balances a leadership approach with a supportive response to a soldier's or family's explanation of their difficulties;
- teaches soldiers that it is their personal obligation to take responsibility for their actions and to seek help before a problem becomes a crisis;
- is aware of the unit grapevine and alert to concerns and rumors; and
- refers soldiers to the installation Family Advocacy Program as appropriate so families have a productive, safe environment in which to work through their problems before violence erupts.

# Reporting Family Violence

THE reporting requirement for child and spouse abuse according to Army Regulation 600-18, “The Army Family Advocacy Program,” paragraphs 3 through 7, encourages every soldier, employee and member of the military community to report information about known and suspected cases of child and spouse abuse. Paragraphs 3 through 4 note that law enforcement personnel, commanders, physicians, nurses, social workers, youth services personnel, psychologists and other medical personnel are obligated to report known and suspected abuse. Leaders must:

- ❶ report suspicions of child and spouse abuse promptly to the 24 hour report point of contact, which is normally the emergency room at the local medical treatment facility or the military police;
- ❷ prepare to provide all relevant information to investigating authorities by gathering situational details and asking such specific questions as Who? When? Where?;
- ❸ advise the chain of command of what’s happening;
- ❹ inform victims about support programs designed to meet their emotional, physical and financial needs;
- ❺ work jointly with the command when called upon to carry out safety measures; and
- ❻ play an active role in the treatment process by communicating with the FAP multidisciplinary team and ensuring soldiers are granted the time to attend counseling and classes outlined in the treatment plan.





# Intervention and Treatment Planning

INTERVENTION and treatment are critical to helping victims recover from violence and getting abusers to resolve the issues that lead them to commit violence in the first place.

Family violence cases are presented to the case review committee (CRC) — a multidisciplinary team generally chaired by the chief of social work and composed of members from medical, law enforcement, legal, social work, chaplaincy and child protective services. Others may act as professional consultants on a case-by-case basis. The unit commander is asked to attend the CRC when a soldier's case is scheduled for presentation or review.

The CRC determines whether a reported case is substantiated or unsubstantiated. The CRC then

coordinates the medical, legal, law-enforcement and social-service clinical assessment of the abuse; recommends treatment for both the offender and the victim; and ensures the victim's protection plan is effective.

Treatment plans vary depending on the level of abuse and who is involved, and are typically a blend of psycho-educational courses and counseling sessions that sharpen critical thinking and problem-solving skills.

Mental-health intervention is designed to encourage changes in behavior and attitudes. Depending on the extent of abuse and the family members involved, counseling may have an individual, couple or family focus. Children who are witnesses to the abuse should also be involved in the treatment process since they, too, may suffer short- or long-term effects.

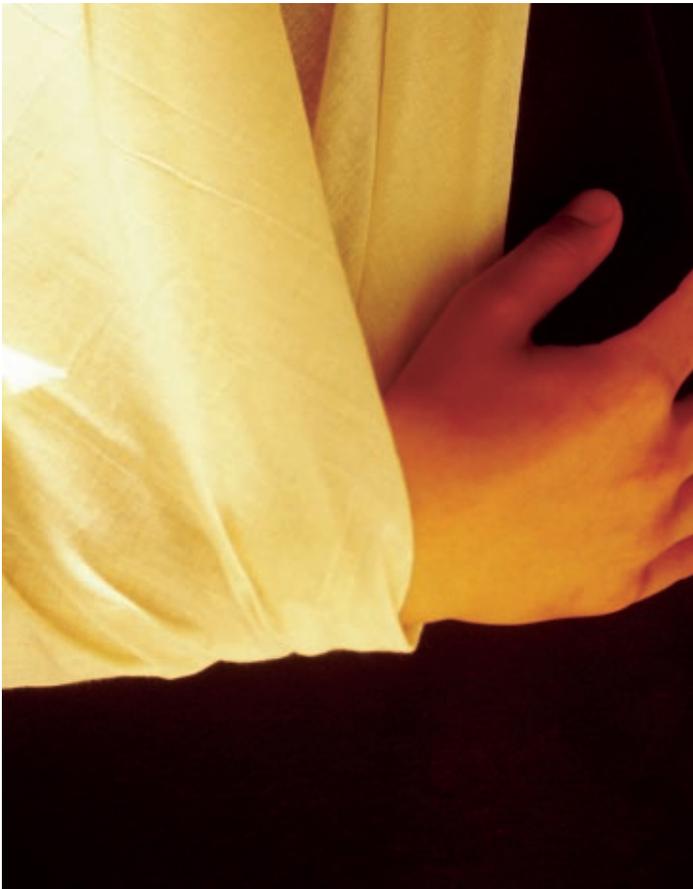


## Safety Planning

THE state of victims' safety is immediately assessed upon any report of family violence. If danger is still prevalent, intervention options may include respite care, social support groups, shelters or group homes. If safety planning is prescribed by the multidisciplinary team to ensure victims can escape an abusive environment, adherence will require constant, proactive reinforcement by the offender's commander. Depending on the severity of violence and potential for imminent danger, leaders may:

- separate the soldier from the family for a calming period;
- restrict the soldier to the barracks;
- assign a responsible escort to the offender when visiting or retrieving personal belongings at the quarters; or
- issue a military no-contact order.

# Help For Victims



## Victim Advocates

VICTIM advocates are Department of the Army civilians or volunteers employed by the Family Advocacy Program. They are paired with victims to provide support services in accordance with the intervention plan developed by the case manager.

Victim advocates can help commanders manage cases of violence and act as liaisons between victims and the community. Victim advocates gain the confidence of the victims and lend a compassionate ear, as well as help them prepare for meetings, interviews or other interactions with authorities. Family members who are not victims but feel threatened may also call upon the victim advocate.

A leading cause for victims remaining in abusive relationships is the lack of a support network. Advocates help victims open up about their fears and work through the following issues:

- feelings that they have no choice but to remain in the relationship;
- lack of financial support;
- feelings of responsibility and guilt;
- belief that the abuser will change;
- fears of losing children; and
- fears of retaliation.



# Consequences:

## Disciplinary and Administrative Action

FAMILY Advocacy Program intervention is meant to treat soldiers who recognize they have problems and are willing to work toward strengthening family bonds. If the soldier is charged with a misdemeanor or felony offense, leaders may have to take administrative or punitive action. All leaders are urged to:

- coordinate with legal experts and the military police before drawing the line between treatment and punishment;
- consider the multidisciplinary team's report on whether further treatment is practical, especially if incidents have occurred repeatedly and if the command is working harder than the soldier and family;
- consider the soldier's service record and retention potential;
- consider whether the soldier fails to comply with command-directed treatment or administrative restrictions; and
- ensure that families receive information on financial and other benefits available if the soldier is separated from active duty through a court-martial or administrative action on the basis (at least in part) of a dependent-abuse offense.

# RESOURCES

**Army Regulation 608-18, “The Army Family Advocacy Program”** — Establishes DA policy on the reporting, investigation, prevention and treatment of child and spouse abuse. A revised version of the current regulation is expected to be published early 2003.

**Family Advocacy Program** — Army Community Service is responsible for the overall management of the FAP and coordination of services through the medical treatment facility, lawyers, law-enforcement personnel, chaplains, other installation staff, and such civilian agencies as child-protective services.

Prevention and treatment services include support groups; workshops; counseling; classes in stress management, anger control, parenting and financial planning; and respite and foster care.

The Victim Advocacy Program pairs victims with advocates who can help enhance individual safety, preserve integrity and autonomy, and provide support and information throughout the investigative and case-review process.

The FAP is at installations throughout the world.

**Commander’s and NCO’s Desk Guide** — Provides an overview of the Family Advocacy Program and outlines leaders’ responsibilities in preventing family violence and how they can enhance the treatment process. Also gives tips on building trust and supporting family well-being.

**New Parent Support Group Program** — A child abuse and neglect prevention and education program targeted toward new parents. The program is offered on two levels. The standard level provides education programs, home visits and referrals to other programs. The second level is geared toward families at higher risk for child abuse. Periodic assessments, intensive parent monitoring and long-term home visitation are some of the services provided by social workers and nurses. Home visitors work around parents’ schedules and cover topics ranging from children’s toilet training and discipline to feeding schedules and time management.

**Transitional Compensation Program** — Grants monthly transitional compensation benefits, medical and dental coverage, and access to the commissary and post exchange to victims of family violence whose service members have had all pay and allowances forfeited or are separated from the Army for reasons of dependent abuse via court-martial or administrative action. Spouses or former spouses who were married to the service member at the time of the domestic-abuse offense, as well as dependent children, are potential recipients.

Eligibility begins on the date a court martial is approved or administrative separation is initiated. Payments are approved for a minimum of 12 months, but cannot exceed 36 months. The current monthly rate is \$935 for spouses

and \$234 for each eligible child. This safety net was established in 1994 in hopes of removing the victim’s fear of reprisal and of being left without resources after reporting abuse that may lead to the soldier’s loss of pay if separated from active duty.

## **Virtual Army Community Service Center**

[www.armycommunityservice.org/home.asp](http://www.armycommunityservice.org/home.asp)

Provides an overview of the Family Advocacy Program and links to online help.

## **Family Violence Awareness Program**

[www.famvi.com](http://www.famvi.com)

Lists local, regional and national hotlines, facts and statistics, and links to other services and sites.





## Leaders Make a Difference

AS a leader, you have the opportunity to change every generation that follows by supporting and initiating changes in a soldier's or family's history now. By establishing trust, offering support, encouraging nonviolence and presenting the available problem-solving options, you can prevent a stressful situation from escalating into a crisis.

Remember these prevention guidelines:

- Talk openly about prevention strategies.
- Encourage soldiers to develop healthy family bonds.
- Listen to what soldiers are saying and build trust.
- Teach soldiers to take responsibility for their actions.
- Refer soldiers to treatment programs at the first signs of stress.
- Report suspicions of child and spouse abuse immediately.
- Enforce safety plans.
- Support soldiers and families throughout the treatment process.

**BOTTOM LINE**

*Everyone has the right to feel safe from harm.*