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UNITED STATES GENERAL ACCOUNTING OFFICE
INTERNATIONAL DIVISION
EUROPEAN BRANCH

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APO NEW YORK 09757

OFFICE OF THE DIRECTOR

JUN 26 1978

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General George S Blanchard
Commander in Chief
United States Army, Europe,
and Seventh Army
APO U S Forces 09403

Dear General Blanchard

We recently completed a survey of the Army Child Advocacy Program in Europe as a part of the General Accounting Office's (GAO) assessment of the effectiveness of such programs in the Department of Defense Our survey work was performed at Headquarters, U S Army, Europe, the U S Medical Command, Europe, the Frankfurt, Landstuhl, and Nuernberg Medical Department Activities, Headquarters, V Corps, and the Frankfurt, Bamberg, and Pirmasens Military Communities In addition to our field visits we obtained information concerning 12 more military communities from participants at a Medical Command-sponsored child advocacy seminar

THE ARMY CHILD ADVOCACY PROGRAM

In February 1976 the Department of the Army, through Army Regulation 600-48, established its child advocacy program It is an installation or community command program designed to promote the well-being of Army dependent children by preventing, controlling, and treating child abuse or neglect By regulation, the program is an administrative mechanism to enable commanders to use existing community resources efficiently for child maltreatment prevention

The program consists of two functional elements The installation or community commander is required to establish a human resources council to plan and coordinate child and family social services and to develop the program's educational element Rather than create a separate council, the regulation suggests that the commander assign program functions to an existing council that addresses human resource programs A Child Protection Case Management Team (hereafter referred to as team) under a medical supervisor is the second element It is to be formed in each

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community to act as the crisis intervention unit and to manage child maltreatment cases. This management would include case evaluation, treatment, follow-up, disposition, and reporting.

U S Army, Europe's program

The overall responsibility for the U S Army, Europe, child advocacy program rests with the Deputy Chief of Staff, Personnel Assistance in dealing with medical matters is provided by the Medical Command The Deputy Chief of Staff, Personnel, has general staff responsibility for the program, and Army Community Service provides social workers used in the program Army Community Service also has control over the Army's Foster Care Program in Europe. The Medical Command program coordinator's role is to insure that each Medical Department Activity has a designated program coordinator, that all communities have functioning teams, and that appropriate program guidance and information reach the subordinate medical levels The program coordinator also receives reports on all confirmed cases of child abuse or neglect through appropriate medical channels

The Activity coordinators have similar responsibilities regarding each of their community counterparts. The teams are to forward reports on all suspected and confirmed child abuse or neglect cases to the Activity coordinator

One major issue surfaced during the work at all three services in Europe Program officials generally believed that there were not enough medical or social service resources within the military to adequately address child abuse or neglect problems Further, in many host countries, there is limited access to local community resources to augment the service resources We expect that this issue will be addressed in a GAO report dealing with all three services In this letter we would like to share our observations on other U S Army, Europe, program aspects

U S Army, Europe's military communities that we contacted have established child advocacy programs However, it appears that the Medical Command and its subordinate command Activities have shouldered overall program responsibilities even though these are supposed to be line responsibilities handled by the Deputy Chief of Staff, Personnel We believe this has led to program shortcomings in prevention and identification of child abuse or neglect problems In addition, there is the potential to improve upon existing features of the communities' programs

PREVENTION AND IDENTIFICATION

Prevention programs, directed at the potential abuser, and identification programs, aimed at those likely to encounter incidents, are primarily educational processes Military community populations must be aware of what child abuse or neglect is before situations can be avoided, or at least minimized Further, those likely to encounter such incidents must understand the problem and how the Army's program functions The Army program regulation requires that a human resources council address the educational needs of the program

All 15 communities we surveyed appeared to have some educational and publicity efforts in the prevention and identification areas However, these were usually directed at those likely to encounter child abuse and neglect incidents rather than at the community population

These efforts were usually not structured nor directed by command level councils as required Only seven communities had a command level council Further, from our visits it appeared that the prevention and identification efforts that were occurring were undertaken by the team, either as a group or as individuals The team members all had child advocacy as a part-time duty and most of their time was used to carry out their responsibilities of crisis intervention and case management Therefore, time devoted to educational or publicity efforts is minimal.

Some educational and publicity efforts also occurred at other levels. For example, conferences and seminars have been sponsored by the Medical Command and various Activities, and also by major line commands such as V Corps. Again, these conferences have generally been directed toward team members and how they can better fulfill their program responsibilities These efforts appear to have been generally successful Team members and other individuals we talked with had an overall understanding of what constitutes child maltreatment Many, however, remarked that additional formal training would be helpful in carrying out their responsibilities

In our view, the prevention and identification elements of the program need to be strengthened The human resource councils required by regulation should be established and take an active role in designing the educational program for prevention and identification Rather than each community working on its own, it would be better to have the Deputy Chief of Staff, Personnel, and the Medical Command devise U S. Army, Europe-wide programs that can be adapted by each community to fit peculiar needs Up until now, the Medical Command has handled these types of responsibilities Because it is a line command program, the Deputy Chief of Staff, Personnel, should become more involved

One of U.S Army, Europe's major commands has already taken some action in this regard. In February 1978, V Corps created a corps level Community Life Council It is comprised of V Corps community and installation commanders and will meet periodically to address human resource matters, among them child advocacy.

CASE INTAKE, TREATMENT, AND FOLLOW-UP

Local community programs devote most of their attention to the response or intake, treatment, and follow-up aspects of child abuse cases

Each of the 15 communities we queried had procedures to respond to reported child abuse and neglect incidents In some communities, the system was formalized through standard operating procedures, while in others it was not Development of standard operating procedures would help individuals refer cases and help provide the institutional knowledge required to maintain program continuity

Community program officials indicated that programs were capable of responding to cases 24 hours a day However, immediate response in reality depends on how the community's intake system is structured In the three communities we visited, no program official was designated to respond to reported cases after duty hours. In those communities, the case may not have an evaluation initiated until the following day In our view, providing a roster would give medical treatment facility personnel the names of program officials and would help insure team response on a 24-hour basis

Treatment generally begins as soon as a child abuse or neglect case is directed into the program The responsible team is the focal point for evaluating cases and prescribing treatment There are basically two types of treatment medical treatment for physical injuries suffered by the child, and therapy and counseling for the family The latter is usually a long-term effort directed at helping the family learn to cope with or overcome the problem which acted as catalyst for the abuse or neglect incident The treatment aspect of the program appeared to be going along very well, however, in two areas there was potential for improvement

The relationships between the Army and the West German child welfare authorities (Jugendamts) vary from community to community The prevailing Jugendamt attitude is for the U.S. military to handle its own problems although the West German Government does have legal jurisdiction over U S dependents and its approval is needed for removal of a child from the home At least one Army community has established a fairly close

relationship with the local Jugendamt In most of the other Army communities we queried, the relationship was either not established or less responsive

The consensus of the people we talked with was that child maltreatment cases are generally handled as treatable medical psychological problems and not as crimes or acts subject to disciplinary action In the communities we visited, commanders were usually informed through one means or another of cases involving their personnel In one community, we were told that commanders sometimes do not cooperate in making personnel available for treatment, often using operational commitments as the reason Program officials in this community stressed the need for commanders to be aware of the availability of and necessity for treatment

Follow-up on child abuse cases is the responsibility of the respective community teams Follow-up generally takes two forms tracking the case while the family resides in the community, and referring case information to the gaining installation or local civilian welfare agencies when the family transfers out of the community

In the communities we surveyed, follow-up generally occurred through periodic sessions with counselors, visits to the medical facilities, or monitoring by other responsible officials The team meeting minutes we reviewed usually outlined the follow-up actions desired and contained reports on such action

The regulations also provide for the forwarding of case information on an active case to the gaining command or community upon transfer One community we visited, however, was not tracking referral letters that had been forwarded but not acknowledged The other communities' case files lacked sufficient data to tell what had happened when the case information was forwarded

REPORTING

By regulation, the Army's program is structured so that case data is to be forwarded through medical channels to a central repository at the Army's Health Services Command, Fort Sam Houston, Texas. Case management summaries (DA Form 4461-R) are to be prepared on all identified child maltreatment cases by the team in each community. The reports are then to be forwarded to each community's Medical Department Activity program coordinator who, in turn, is to forward reports on confirmed cases through the Medical Command to the Health Services Command

A good reporting system--which is dependent upon good input data--is essential to an effective program for the protection of children against

abuse and neglect. Such a system could also document caseloads and generate statistics which would show the magnitude of the problem and reveal trends, trouble spots, and other information useful in identifying, treating, or even preventing child maltreatment

Communities are preparing summary reports and using the information locally for case evaluation and treatment However, formal reports are not being consistently prepared or forwarded to the appropriate medical commands.

In calendar year 1977, the Medical Command program coordinator received 67 confirmed reports of child maltreatment from all 35 USAREUR communities We obtained case data from 9 communities which showed that they had almost double the number of confirmed cases as reported to the Medical Command for all communities Two communities did not provide us with any case statistics, while the remaining four communities' data was not identified by calendar year or category

Communities which did forward reports did so inconsistently and, at times, long after cases had been evaluated and treated. One community told us that its team forwarded reports directly to the Health Services Command without channeling them through the Activity or Medical Command program coordinators Other communities had forwarded reports to the Activities but only on confirmed or highly suspected cases

In many instances, case management summaries lacked consistent or complete data For example, some reports lacked specific information on the individuals involved and pertinent details on the incident, treatment, and final case disposition. Other reports were vague as to how the case was categorized and the type of treatment provided

By regulation, the team is to direct its efforts toward crisis intervention, case management, and reporting However, most team members interviewed told us that because of other duties and time constraints, they concentrated on the first two areas They mentioned several factors which adversely affected their ability to handle reporting duties

--Some team members were not familiar with reporting procedures

--Team members who did understand the reporting requirement tended to assume that the team chief had taken care of preparing and forwarding case summaries Other members were uncomfortable as to how the information would be used and who had access to the data.

--Team members had difficulty agreeing on whether a case was suspected or confirmed

--The teams lacked the administrative support to prepare and forward complete and timely case management summaries.

The Medical Activity coordinators we talked with were generally fulfilling their role in the reporting system Some coordinators told us that various teams in their areas had not been forwarding reports as required These coordinators had made efforts, either verbal or written, to remind teams of their reporting requirements and to encourage them to begin forwarding case management summaries However, these efforts had not been very successful

The Medical Command coordinator also appeared to be fulfilling his reporting responsibilities. Although no written reporting guidance other than the regulation had been provided by the Medical Command, the coordinator had talked frequently with Activity coordinators and team chiefs about the importance of the reporting requirement

RECOMMENDATIONS

We believe that more involvement by the Deputy Chief of Staff, Personnel, and stricter adherence to program regulations in certain areas will strengthen the U S Army, Europe's child advocacy program Accordingly, we recommend that the Commander in Chief

--direct that command level councils be established in each major command and Army community to provide policy guidance and program direction, especially in educational aspects of the program, and

--require that all teams familiarize themselves with and fulfill their reporting responsibilities, including preparation and submission of reports through proper channels

Further, to enhance effectiveness of existing programs, we recommend that the Commander in Chief consider requiring the following actions on the part of all Army communities.

--Establish standard operating procedures for the various program aspects and document them to insure program continuity

--Develop a 24-hour capability to respond to identified child maltreatment cases and publicize this capability This could include a duty roster provided to the community's medical treatment facility

--Establish closer working relationships between community program officials and their counterparts in the local German Jugendamts The Deputy Chief of Staff, Personnel, and the Surgeon General, with guidance from the Judge Advocate General, could assist communities in establishing such relationships

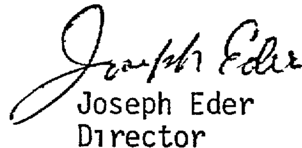
--Insure that unit commanders are aware of the availability and necessity of treatment for child abuse and neglect problems

--Maintain case follow-up until gaining installations or local civilian welfare agencies acknowledge receipt of referral letters

We have discussed these matters with representatives from the Deputy Chief of Staff, Personnel, and the Medical Command. Their views have been incorporated as appropriate

We appreciate the courtesies extended to our staff Also, we would like to receive your comments on our recommendations within 60 days from the date of this report

Sincerely yours,



Joseph Eder
Director