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Medical Command

**FAMILY ADVOCACY PROGRAM: HIGH RISK
FOR VIOLENCE RESPONSE TEAM (PA)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 30 MDOS/SGOH (Capt Chad Johnson)

Certified by: 30 MDOS/SGOH
(Capt Chad Johnson)

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This instruction outlines procedures to be implemented in the management of the High Risk for Violence Response Team (HRVRT), according to Family Advocacy Program Standard M-3, dated October 2002. This instruction applies to all military and civilian personnel and their dependents entitled to receive care in a military facility as specified in AFI 41-115, *Authorized Health Care And Health Care Benefits In The Military Health Services System (MHSS)*. This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 United States Code 8013.

REVISIONS

The Family Advocacy Program Standard M-3 has been updated from October 1999 to October 2002. No other procedural changes were made. A bar (|) indicates a revision from the previous edition.

1. References: Family Advocacy Program (FAP) Standards, October 2002.

2. Procedures:

2.1. The Family Advocacy Officer (FAO) will activate the HRVRT upon notification of suspicion of potential threat of harm involving FAP clients and/or FAP staff.

2.2. The composition of the HRVRT will include: Family Advocacy Officer (HRVRT chairperson), Family Advocacy Program staff members working with the family, Sponsor's Squadron Commander and first sergeant, Security Forces Squadron Operational Flight Commander, Staff Judge Advocate, Life Skills Support Clinic provider, Air Force Office of Special Investigations representative, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate (e.g., base housing, community shelter).

2.3. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk of violence.

- 2.4. The FAO will involve the threatened individual(s) in the safety planning process.
- 2.5. The HRVRT will manage potentially dangerous situations involving FAP clients when either: (1) members of a family may be in imminent danger of being harmed by other family members, or (2) staff members may be in imminent danger of being harmed by a Family Advocacy client or ex-client.
- 2.6. The HRVRT will accomplish risk assessment and tracking mechanisms on all HRVRT cases. At the conclusion of the risk assessment, the HRVRT will make appropriate intervention plans. On a regular basis, the HRVRT will meet to discuss concerns about at-risk individual and ensure individualized intervention plans for all high-risk individuals are appropriately managed and tracked. The FAO is responsible for setting up the risk management meeting.
- 2.7. The FAO will report the HRVRT findings, plans, and activities to the Family Advocacy Committee (FAC) chairperson and the Family Maltreatment Case Management Team (FMCMT).
- 2.8. The HRVRT will meet at least annually to clarify roles and responsibilities, review the effectiveness of the process and to provide education regarding family violence and safety planning.

3. High Risk Guidelines :

3.1. A High-Risk I report indicates the child and/or spouse is in imminent danger of serious physical injury. Allegations of abuse and neglect may be severe and conditions extreme. When Family Advocacy receives information of imminent danger, the situation is responded to immediately by activating the HRVRT. If a complete investigation is not possible, a safety measure is put in place to ensure the child and or spouse's protection. A safety measure is an action taken to protect the child/spouse when the perpetrator leaves the home, or other similar protective actions. The decision concerning a safety measure is discussed with and approved by the HRVRT and is documented in the FAP record.

3.1.1. Examples of High-Risk I allegations are:

- 3.1.1.1. A child has died because of suspected child abuse or neglect. The family situation and safety of other children are immediately assessed;
- 3.1.1.2. An infant has been shaken;
- 3.1.1.3. A child of any age has suffered serious physical injury due to suspected abuse or neglect such as fractures, head injuries, or internal injuries;
- 3.1.1.4. A child, newborn through age 3, has had any inflicted physical injury;
- 3.1.1.5. A child is reported to have been intentionally burned. The injury may or may not be severe;
- 3.1.1.6. A child who is incapable of assuring his own basic safety is left alone. Children who have sight or hearing impairments, who are non-ambulatory, who are mentally limited or who have other severe handicapping conditions will be considered disabled (incapable);
- 3.1.1.7. A child is deserted or abandoned;
- 3.1.1.8. A child has any physical injury inflicted to the face, head, neck, stomach, or genitals;
- 3.1.1.9. A child is described in manner that could be indicative of non-organic failure to thrive and may need immediate medical treatment;
- 3.1.1.10. A child is deprived of basic physical necessities resulting in conditions such as starv-

ing or freezing, or is in a life-threatening home environment;

3.1.1.11. A child needs immediate medical attention. The child's condition is serious and the child's parents cannot or will not obtain treatment;

3.1.1.12. A person responsible for the child (PRFC) has threatened to seriously injure the child and demonstrates or has a plan that indicates an intent to carry out the threat;

3.1.1.13. A child is threatening suicide, the parent is aware of the suicide threat and cannot or will not protect the child, or there is a previous history of severe abuse or neglect;

3.1.1.14. A physical injury is inflicted by a PRFC and there is a previous history of confirmed serious physical abuse;

3.1.1.15. The PRFC's behavior is so bizarre or impaired, such as a PRFC who is psychotic, under the influence of alcohol or drugs or threatening suicide, that the child is at risk of harm;

3.1.1.16. A child's safety is jeopardized because his/her movement is so restricted he/she is unable to protect himself/herself, and the conditions are dangerous or hazardous such as a child who is locked in a car, house, chained or tied;

3.1.1.17. A child has recently set a fire, has a history of fire setting and there is information the PRFC has not taken safety precautions to keep fire-causing materials away from the child.

3.2. High-Risk II reports do not indicate an imminent danger of severe injury. However, without intervention and safety measures it is likely the child will not be safe. The FAO reviews the High-Risk II report and determines the appropriate time frame for the report to be initiated, not to exceed 15 calendar days from the date the report was accepted for investigation.

3.2.1. Examples of High-Risk II allegations are:

3.2.1.1. A child is alleged to have had a current physical injury inflicted on any area other than the face, head, neck, stomach or genitalia;

3.2.1.2. Non-organic failure-to-thrive is suspected but the child's described condition does not appear to require immediate medical treatment;

3.2.1.3. An elementary-school-age child has been given responsibility for the care of pre-school child(ren) for extended periods of time (see 30 SW/CC Child Supervision Guidelines);

3.2.1.4. A child needs medical attention that could place the child at risk or serious harm within a short time frame;

3.2.1.5. There is an indication a child has set a fire and the circumstances of the fire indicate there was inadequate supervision;

3.2.1.6. A child is alleged to have been physically abused by a day care center employee. The employee is no longer working at the day care center. Should information be obtained that the employee is working where he/she has contact with children, or the employee has young children in his/her own home, the report must be upgraded to a High-Risk I.

GREGORY O. ALLEN, Colonel, USAF
Commander