

**11 MARCH 1997**



**Medical Command**

**CHILD SEXUAL MALTREATMENT  
RESPONSE TEAM (CSMRT)**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFPD 40-3, *Family Advocacy Program*, and prescribes the standard procedures for responding to allegations of child sexual maltreatment. It applies to all active duty members and active duty dependents.

**1. References:**

- 1.1. US Air Force Family Advocacy Program Standards.
- 1.2. Memorandum of Understanding between designated participating CSMRT agencies.

**2. Composition of CSMRT:**

- 2.1. Family Advocacy Clinician (FAP).
- 2.2. Air Force Office of Special Investigation (OSI).
- 2.3. Pediatrician (PEDS).
- 2.4. Staff Judge Advocate (SJA).
- 2.5. When appropriate, representatives from other agencies having legal, investigative, or child protection responsibilities will be included.

**3. General.** The Elmendorf AFB CSMRT is established to:

- 3.1. Activate in a consistent manner, a multidisciplinary team of agency representatives to ensure all needs and aspects of a child's welfare, relating to sexual maltreatment, are met.
- 3.2. Provide for a uniform system of medical assessment, psycho-social assessment, determination of physical and emotional safety of the child, information gathering, investigative procedures, and appropriate follow-up for the child and family.

3.3. Have each of the four designated agencies submit primary and alternate appointments to participate in the CSMRT. Any changes will be submitted, in writing, to the Family Advocacy Committee (FACE).

#### **4. Goals:**

4.1. To assess the victim's physical condition and well being; the victim's immediate safety; and the victim's emotional well being.

4.2. To minimize the trauma to the victim and her/his family, and to ensure no one individual or agency makes decisions regarding these cases, independent of the concerns of other involved agencies.

4.3. The CSMRT will facilitate a collaborative effort with interagency involvement.

#### **5. Response Team Protocol:**

5.1. Point of Contact (POC):

5.1.1. OSI is the preferred POC.

5.1.2. Family Advocacy is the secondary POC.

5.1.3. Referral/report to activate the process is to be made **IMMEDIATELY** upon completion of interview or medical examination **OR** at appropriate point in the examination **OR** if an agency is alerted that a possible child sexual abuse case is incoming. In this case, the system should be activated **PRIOR** to the child's arrival.

5.1.4. The identified POC will immediately notify the other primary POC (OSI, FAP).

#### **6. Other Agency Notifications:**

6.1. Pediatrics to coordinate physical examination of the child.

6.2. Division of Family and Youth Services (DFYS) to coordinate interview of the child.

6.3. Other base agencies, as appropriate.

#### **7. Victim Safety:**

7.1. Initial assessment based on intake information.

7.2. FAP or OSI access to victim immediately.

7.2.1. SJA notification arranged.

7.2.2. Medical examination as soon as appropriate.

7.2.3. SP and Hospital-OSI notification immediately upon contact with report or victim.

#### **8. Victim Interview:**

8.1. When - as soon as possible.

8.2. Who - best trained person (FAP, OSI, DFYS).

8.3. Release of Information (ROI) - (FAP or OSI) - on tape.

- 8.4. Where - OSI Office or FAP Office.
- 8.5. Video taped - yes (when appropriate).

**9. Issues:**

- 9.1. No parents present in room during the interview. A two-way mirror is available at the OSI.
- 9.2. “Child friendly” environment.
- 9.3. Video and audio tape copy to SJA (in lieu of transcript), upon request.
- 9.4. Reassess victim safety after interview.
- 9.5. SJA notified of interview results (if not present).
- 9.6. DFYS notified of interview results (if not present).

**10. Treatment Plan:**

- 10.1. Victim safety reassessed, plans/options discussed with victim and nonoffending parent(s), as appropriate (FAP).
- 10.2. Legal process explained (as appropriate) (SJA).
- 10.3. Intervention(s), as appropriate (FAP).
- 10.4. Special Circumstances:
  - 10.4.1. Multiple victims **OR**.
  - 10.4.2. Multiple family members.
  - 10.4.3. Victim safety has priority.
  - 10.4.4. Same interview process for each child.
  - 10.4.5. Approach each child as a separate case interview as soon as she/he is identified.

**11. Nonaccused Parent(s):**

- 11.1. Will be informed immediately of any allegation that is made on behalf of their child (OSI, FAP).
- 11.2. Will be interviewed and assessed for ability to protect the child.
- 11.3. Safety issues explained and explored.
- 11.4. Safety plans/options explored.
- 11.5. Interview/medical examination process explained.
- 11.6. Notification of the other agencies and expected follow-up contacts explained (FAP).

**12. Alleged Offender(s):**

- 12.1. Victim safety measures are taken, as appropriate (OSI, FAP).
- 12.2. Initial contact will be coordinated by OSI (OSI).

12.3. Contact for assessment (both individual and/or family, unless acute) will be coordinated by FAP. If offender behavior appears acute, referral to Mental Health will be made (FAP, OSI).

12.4. OSI will refer investigative information to SJA, as appropriate (OSI).

12.5. Contact between offender and victim to be assessed and coordinated by CSMRT; on-going review process (CSMRT).

12.6. Offender risk assessment to be conducted at each contact; suicidal, homicidal, mental health concerns (FAP, OSI).

**13. Volunteers .** No volunteers will be used by this team or for this process.

**14. Treatment of Victim:**

14.1. Case will be presented within 14 days (maximum) to the Family Maltreatment Case Management Team (FMCMT).

14.2. FMCMT will review and ensure that the treatment plan is thorough and appropriate (FMCMT).

**15. Victim/Offender Treatment Coordination:**

15.1. If family reunification is a goal of treatment, such interactions will be developed and implemented (or coordinated) by FAP (FAP).

15.2. Victim safety assessment will be conducted at every contact (FAP).

15.3. Individual and family treatment will focus on family and interpersonal dynamics (FAP).

15.4. FAP will **NOT** provide treatment to the offender for sexually deviant arousal patterns.

15.5. Appropriate referrals to the community will be made, as needed (FAP).

**16. Procedures and Services in Case of Child Sexual Maltreatment in Department of Defense (DOD) Sanctioned Activities:**

16.1. The prior reporting procedures apply in coordination with sanctioning authority (FAP).

16.2. FAP is the primary POC for DOD sanctioned activities (FAP).

16.3. Notification to HQ AFMOA/SGPS and MCFAPM will be made within 24 hours (FAP).

**17. CSMRT Interface with Family Advocacy Command Assistance Team (FA CAT).** This team will be activated, as needed, after review with CSMRT and FMCMT.

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