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Medical Command

FAMILY ADVOCACY PROGRAM

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This instruction establishes the policies and procedures for identification, reporting, treatment, and disposition of child and spouse abuse cases. This instruction applies to all military personnel and their authorized family members. It implements AFPD 40-3, AFI 40-301 Family Advocacy, 22 Jul 94, AFI 36-2110, 20 Jul 94, Humanitarian Reassignment And Deferment and the Exceptional Family Member Program (EFMP), and United States Family Advocacy Program Standards, Nov 93.

SUMMARY OF REVISIONS

This revision implements updated Air Force Family Advocacy Standards: AFI 40-301, Family Advocacy, 22 Jul 94; AFI 36-2110, Humanitarian Reassignment and Deferment and the Exceptional Family Member Program (EFMP), 20 Jul 94; United States Air Force Family Advocacy Program Standards, Nov 93.

Paragraph **2.6**. Social work officer AFSC is changed from 9196 to 42S3.

Paragraph **3.1**. Model Family Advocacy Center is changed to Family Advocacy Program.

Paragraph **3.8**. Family Advocacy Outreach Worker (FAOW) is changed to Family Advocacy Outreach Manager (FAOM).

Paragraph **4.1**. Change in FAC committee members.

Paragraph **4.2.1**. and **4.2.2**. Change in FMCMT committee members.

Paragraph **4.3**. Change in EFMP committee membership and meeting schedule.

1. Policy . Andrews AFB policy is to prevent, identify, and treat the consequences of child abuse/neglect and spouse abuse. Every person who is identified or suspected of perpetrating or being the victim of neglect/abuse will be provided an evaluation to determine suitable medical treatment. All authorized family members of active duty personnel in need of special medical, medically related services or educational services will be seen for referral to the appropriate civilian or military agency. This instruction rec-

ognizes and is guided by memoranda of understanding between the wing commander and Prince George's County Social Services, as well as with the Commander of 1100 ABW, Bolling AFB.

2. Terms Defined:

2.1. Child. A person under 18 years of age for whom a parent, guardian, foster parent, caretaker, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term "child" means a natural child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of mental or physical incapacity and authorized treatment in a military treatment facility.

2.2. Spouse. A person in a lawful marriage where at least one of the partners is a military member or authorized beneficiary.

2.3. Child Abuse. A physical injury or emotional disturbance caused by another that may be evidenced by but not limited to such conditions as scratches, lacerations, bruising, bleeding, malnutrition, sexual abuse or molestation, burns, bone fractures, soft tissue swelling and even death. Possible exceptions may occur in cases of non-neglectful, accidental injury or a fight between juvenile peers.

2.4. Child Neglect. Acts of omission or commission which result in, or could reasonably be expected to result in, physical or emotional harm to the child. This may include, but is not limited to, unattended and abandoned children and any condition affecting the health and welfare of a child as diagnosed by a physician or assessed by the family advocacy officer (FAO) or County Department of Social Service. For the purpose of this instruction, the condition of child neglect exists when a child of less than 10 years of age is left unattended by either the presence of an adult or by the presence of an adolescent baby-sitter (minimum of 13 years) in whom the parents have established a trustful relationship.

2.5. Spouse Maltreatment. Acts of omission or commission that result in, or could reasonably be expected to result in, in physical or emotional harm to the spouse including assault, battery, threat to injure or kill, or other acts of force or violence, or emotional abuse inflicted on a partner in a lawful marriage or employed by the Department of Defense and is eligible for treatment. This includes spouses under the age of 18.

2.6. Family Advocacy Officer (FAO). A social work officer (AFSC 42S3), assigned to 89th Medical Group appointed to serve as the coordinator in the management of cases of child and spouse abuse, and serving as chairperson of the base family maltreatment case management team (FMCMT). Outside of normal duty hours, this person may be represented by appropriately trained social work and psychology officers appointed on a call schedule available at the security police desk and the medical center emergency room.

2.7. Exceptional Family Member Program Officer (EFMPO). A social work officer appointed as coordinator of the base exceptional family member program (EFMP).

3. Responsibilities:

3.1. Director, Base Medical Services (DBMS). The DBMS will ensure the appointment of the FAO and EFMPO. He/she will ensure compliance with the requirements of the memorandum of agreement between HQ AFOMS/SGPS and the FAC concerning the family advocacy program.

3.2. Director, Family Advocacy Program. In coordination with the chairperson of the department of psychology, will ensure that the security police, emergency room, AFOSI and pediatric ward have a current roster to provide 24-hour family advocacy program (FAP) coverage.

3.3. Family Advocacy Officer (FAO). The FAO is responsible for coordinating and reporting abuse and neglect cases to the appropriate local agencies and acts as liaison with those agencies in the establishment of appropriate treatment regimens. To ensure the safety of family members, the FAO assesses the nature of each abuse incident, in accordance with social work operating instructions and potential for future abuse and the need for treatment of family members. The FAO or acting FAO will also report all allegations of spouse or child abuse/neglect promptly to the AFOSI.

3.4. Security Police. The security police will notify the FAO promptly of all incidents of spouse or child abuse which become known through law enforcement channels. Copies of written reports (blotter entries or investigative statements) should be forwarded to the FAO on the next duty day following an abuse incident. When security police personnel are called to the scene of a domestic dispute where medical evaluation is deemed appropriate, they will arrange transportation for appropriate medical evaluation and treatment. If alcohol is considered to be a factor in an abuse incident, the FAO or emergency room personnel should be notified immediately and this should be clearly noted in the report of the incident. Appropriate procedures to determine the level of intoxication should be followed, if necessary. In cases of spouse or child abuse, security police will notify the local AFOSI office upon notification of the FAO.

3.5. AFOSI. The AFOSI will coordinate with the security police to ensure proper investigation and assessment of cases of child maltreatment or neglect. In coordination with appropriate medical personnel, the duty AFOSI agent responding to an abuse case will request a base alert photographer, through 89 CS/SCSJ, job control, to obtain a photographic record of injuries when deemed appropriate.

3.6. 89th Communication Group. Base visual information support center will provide an alert photographer (ext 2-2300 89 CS/SCSJ) for the documentation of physical injuries when deemed appropriate, by coordination of the FAO and the AFOSI.

3.7. Base Legal Office. Will advise medical and police personnel in crisis and case management issues when necessary.

3.8. Commanders and Supervisors. Have the responsibility of ensuring that their personnel are aware of the base FAP and cooperate with it when required to do so. Commanders will provide personnel with annual briefings on the requirements of the FAP, ensuring the enrollment of those who meet EFMP criteria. The EFMPO and the family advocacy outreach manager (FAOM) will be available for commander's call/briefings if desired by the command.

3.9. All persons who have knowledge of suspected child abuse/neglect or spouse abuse are required to report these concerns to the appropriate base authorities.

4. Committees:

4.1. FAC. The FAC will meet quarterly or more often at the discretion of the chairperson to offer guidance and to determine the policy for the base FAP. It will be constituted by the following membership: 89 AW/CC or designee, 89 MDG/SG or designee, FAO, EFMPO, FAOM, family support center director, judge advocate representative, deputy chief of personnel, chief of security police, staff chaplain, director of child development center, chief of MWR, AFOSI representative.

4.2. FMCMT. The FMCMT meets monthly or as directed by the FAO to actively plan and coordinate the management of cases of child and spouse abuse.

4.2.1. Membership for spouse abuse. FAO (chair), family advocacy treatment managers (FATMs), family support center director, judge advocate representative, chief of security police, staff chaplain, director of child development center, AFOSI representative.

4.2.2. Membership for child abuse. The same membership applies as in spouse abuse cases. In addition, a member of the local child protective services (CPS) agency may be a member of the FMCMT, at the discretion of the FAO.

4.3. EFMP Team. The EFMP team meets as directed by the EFMP officer for the purpose of coordinating the exceptional family member program for the Capital Region. The EFMP team should include essential medical, educational, and military or civilian support personnel who are directly involved with EFMP families. The composition of the EFMP team membership will vary by base, and will include representatives of pediatrics, local schools, and other specialties as required.

4.4. OPMT. The outreach program management team (OPMT) meets quarterly or as directed by the FAOM for the planning and management of an aggressive outreach and prevention program for child and spouse abuse. Composition of the OPMT is a base level decision. Membership could include: Local school representative, family support center representatives, pediatrician, family advocacy nurse specialist (FANS), health promotion representatives, mental health clinic representatives. Representative of schools and other off base resources may be added by the decision of the committee or the FAOM.

5. Protection for Abused Children and Spouses. As a minimum, the monitoring of families with a history of abuse or neglect by base and local agencies should suffice as a preventive strategy. While family separation is discouraged, it may be necessary to separate family members on a temporary basis to prevent injury or death. The wing commander and the County Department of Social Services have a legal authority to remove a child from an unsafe environment when there is reason to believe that ongoing abuse or injury may occur if the child remains in the home. A unit commander may order an active duty member away from his/her residence as an action to maintain good order and discipline if abuse/neglect of a child or spouse is suspected.

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Commander