

**BY ORDER OF THE COMMANDER,
436TH AIRLIFT WING**



**DOVER AIR FORCE BASE
INSTRUCTION 40-301**

15 JULY 2003

Medical Command

FAMILY ADVOCACY PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFI 40-301, *Family Advocacy Program*. It establishes the Dover AFB Family Advocacy Program (FAP). It explains policies and procedures IAW AFI 40-301 for identification, protection, treatment and prevention of family maltreatment and the assessment, identification and coordination of services for family members with special needs. It assigns responsibilities and explains procedures for the management of the FAP. This instruction requires the identification of Air Force special need family members and mandates reporting of all incidents of family maltreatment by all base organizational units and active duty members. This instruction applies to all active duty members and organizational units on Dover AFB.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

Implements changes outlined in AFI 40-301, dated 1 May 2002.

1. Organizational Structure of Dover AFB FAP.

- 1.1. Installation Commander.
- 1.2. Medical Group Commander.
- 1.3. Family Advocacy Committee (Subcommittee of the Installation CAIB).
- 1.4. Family Advocacy Officer (FAO).
- 1.5. Family Maltreatment Committee Management Team (FMCMT).
- 1.6. Child Sexual Maltreatment Response Team (CSMRT).
- 1.7. High Risk for Violence Response Team (HRVRT).

2. Assigned Responsibilities.

2.1. Installation Commander:

2.1.1. Responsible for the operation and effectiveness of the installation FAP.

2.1.2. Designates the Medical Treatment Facility (MTF) Commander to administer and monitor the installation FAP.

2.1.3. Establishes Family Advocacy Committee (FAC) composed of the Wing Commander (or designee), Medical Group Commander (chairperson), Family Advocacy Officer (FAO), Family Advocacy Outreach Manager (FAOM), Family Support Center Director, Staff Judge Advocate (or designee), Installation Chief of Security Forces (or designee), Office of Special Investigations (OSI) Detachment Commander (or designee), Mission Support Squadron Commander, Youth Flight Chief, Installation Staff Chaplain and Senior Enlisted Advisor. A Department of Family Services representative will be invited to attend. Specific responsibilities of each FAC member are outlined in AFI 40-301.

2.1.4. Carries out all duties identified in AFI 40-301 as Installation Commander's responsibilities.

2.2. Medical Treatment Facility Commander (MDG/CC):

2.2.1. Serves as chair of the installation FAC.

2.2.2. Appoints a clinical social worker to serve as the FAO. Also designates and trains an alternate to ensure continuity of these programs. Other qualified mental health officers may fill this position if the installation has no social workers available.

2.2.3. Appoints a medical officer as the Special Needs Coordinator.

2.2.4. Appoints a technician (4A, 4C, or 4N), or civilian equivalent, as the FMRC coordinator for the MTF.

2.2.5. Appoints a primary and secondary medical provider to conduct the medical interview for the FMRC process. Ensures the screening medical providers receive training on their responsibilities.

2.2.6. Ensures procedures for the quarterly Wing Commander FAP brief are developed with the FAO.

2.2.7. Carries out all duties identified in AFI 40-301 as Medical Treatment Facility Commanders responsibilities.

2.3. The Family Advocacy Committee (FAC):

2.3.1. Ensures installation directives are developed to implement the FAP.

2.3.2. Monitors training requirements for personnel having responsibilities in support of the FAP.

2.3.3. Establishes a cooperative working relationship with local community agencies.

2.3.4. Ensures all Memoranda of Understanding (MOU) necessary to implement the FAP are developed, maintained, and periodically reviewed IAW DOD directives and AF guidance.

2.3.5. Reviews, approves, and supports the implementation of the annual FAP Plan.

2.3.6. Develops installation policies and procedures to ensure notification of appropriate agencies in incidents of suspected maltreatment.

2.3.7. Implements program requirements as outlined in AFI 40-301 and 2002 Family Advocacy Program Standards.

2.3.8. Meets at the call of the chairperson, but at least quarterly.

2.3.9. Carries out all duties identified in AFI 40-301 as Family Advocacy Committee responsibilities.

2.4. Family Advocacy Officer (FAO):

2.4.1. Manages the installation FAP according to AFMOA/SGZF guidance.

2.4.2. Ensures notification to service member's commander and the servicing AFOSI unit of all suspected incidents of family maltreatment.

2.4.3. Chairs the FMCMT, CSMRT, HRVRT, and the NPSP team case-staffing meeting.

2.4.4. Ensures timely evaluation of all maltreatment referrals to FAP.

2.4.5. Ensures the local public child protective agency is notified of all child abuse incidents at installation.

2.4.6. Supervises FAP staff.

2.4.7. Carries out all duties identified in AFI 40-301 as Family Advocacy Officer (FAO) responsibilities.

2.5. Family Maltreatment Case Management Team (FMCMT):

2.5.1. Trains annually on member roles and responsibilities, and the dynamics of family maltreatment.

2.5.2. Meets at the call of the FAO, at least monthly.

2.5.3. Makes an incident status determination on each allegation of maltreatment and develops, reviews, and approves intervention plans.

2.5.4. Ensures unit commanders and first sergeants are invited to attend the FMCMT meetings for discussion of cases involving their unit members.

2.5.5. Reviews each open substantiated case at least quarterly. Child sexual maltreatment cases are reviewed monthly.

2.5.6. Carries out all duties identified in AFI 40-301 as Family maltreatment Case Management Team Responsibilities.

2.6. Child Sexual Maltreatment Response Team (CSMRT). The FAC chair approves the CSMRT membership. The CSMRT manages the initial response to allegations of child sexual maltreatment. Team composition includes the FAO and representatives from the OSI and Legal.

2.7. High Risk for Violence Response Team (HRVRT). The FAC chair approves the HRVRT membership. The HRVRT will be activated when there is a threat of immediate harm to an individual in the FAP system. The HRVRT develops and implements a management and tracking mechanism for high-risk individuals.

3. Procedures.

3.1. Reporting Procedures:

3.1.1. All active duty members and civilian employees of the Air Force will report all incidents of suspected family maltreatment to the FAP. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, and the procedures for reporting family maltreatment to the FAP. Exclusion are limited to chaplains receiving information through a "penitent-clergyman" relationship or confidential communications in course of their official duties, and Area Defense Counsel (ADC) receiving information from an established attorney-client relationship.

3.1.2. Alleged victims of abuse will be encouraged to seek immediate medical attention as appropriate.

3.1.3. Medical and law enforcement personnel will ensure the timely collection of medical evidence that may be useful in a criminal investigation. Color photographs will be ordered through the Security Forces Law Enforcement Desk when appropriate or the on-call alert photographer.

3.1.4. Provisions will be made to assist alleged victims in locating temporary protective shelter as necessary.

3.1.5. Procedures will be carried out in a timely and sensitive manner, making sure that the rights of alleged victims, offenders, and witnesses to alleged act of abuse or neglect are protected. Information will be shared regarding individuals or circumstances involved in an alleged abuse incident on a need-to-know basis only.

3.1.6. Under no circumstances will the life, health, or welfare of a family member be left in jeopardy.

3.2. 436th Medical Group personnel will:

3.2.1. Ensure that patient is medically stable, with immediate referral to appropriate military or local civilian hospital when care cannot be provided at the 436th Medical Group.

3.2.2. Notify the FAO or Mental Health provider on call, 436th Security Forces and Delaware Department of Child and Families (when victim is a child).

3.2.3. In child maltreatment cases, if the parent refuses to hospitalize the child or comply with the medical recommendations, contact the Medical Group Commander, Family Advocacy Officer (FAO), Support Group Commander, or Staff Judge Advocate for assistance in resolving the situation.

3.2.4. In cases of spouse maltreatment be sensitive to the clues of possible spouse abuse trauma, especially when trauma is unexplained or inconsistent with the explanation of the injury.

3.2.5. Provide for the necessary medical treatment and documentation of the injury.

3.2.6. Notify ADAPT Program if the incident involves drugs or alcohol abuse.

3.3. Security Forces will:

3.3.1. Respond to reported incidents of family maltreatment and ensure the safety of the individuals involved.

3.3.2. Act as a representative to the FMCMT.

- 3.3.3. Notify the FAO or designee of all incidents involving suspected or established cases of maltreatment.
- 3.3.4. When requested, a copy of the incident report will be forwarded to the FAO for inclusion in the FAP records.
- 3.3.5. Contact the member's commander and first sergeant in maltreatment incidents.
- 3.4. Air Force Office of Special Investigations (AFOSI) will:
 - 3.4.1. Investigate all allegations of child sexual abuse.
 - 3.4.2. Investigate major offenses for which there is reason to suspect child or spouse abuse IAW AFI 40-301.
 - 3.4.3. Provide advisory assistance to the FAO, FMCMT, and the base Family Advocacy Committee.
 - 3.4.4. Notify the FAO of all cases involving suspected or established family maltreatment that come to the attention of the installation AFOSI office. In turn, the FAO notifies the AFOSI duty agent as soon as possible upon receipt of information concerning family maltreatment.
 - 3.4.5. Notify the FAO when a Defense Criminal Investigation Index (DCII) check reveals information regarding previous incidents involving the family in question, as long as it pertains to child and spouse abuse.
 - 3.4.6. The AFOSI Detachment Commander, upon receiving a training request from medical personnel or the FAO, will coordinate with the nearest AFOSI Regional Forensic Consultant. All attempts will be made to have the consultant provide the requested training.
- 3.5. Commanders and/or First Sergeants will:
 - 3.5.1. Coordinate with the FAO, 436 MDG personnel or 436th Security Forces to provide a safe environment for the victim(s).
 - 3.5.2. Exercise their authority over the member to provide a "cooling off" period if it is deemed necessary.
 - 3.5.3. Report all families experiencing domestic violence to the FAO to arrange for therapeutic treatment and referral assistance as required.
 - 3.5.4. Respond in person to the scene of an alleged incident of child or spouse abuse, or by designating a representative when requested by competent medical or security forces authority to assist with case management.
- 3.6. The Staff Judge Advocate will:
 - 3.6.1. Assist in case management and disposition as required.
 - 3.6.2. Provide legal assistance when requested by security forces, medical agencies or FAP.
 - 3.6.3. Assist in training individuals who have responsibilities in the FAP.
- 3.7. Family Support Center will:
 - 3.7.1. Assist in case management as required.

- 3.7.2. Provide information, emotional support, and educational services to support the FAP as appropriate within the capacity of the center.
- 3.7.3. Refer interested individuals to the FAP for information or to report suspected cases.
- 3.8. The Installation Staff Chaplain will:
 - 3.8.1. Assist in case management as required.
 - 3.8.2. Provide services to families identified by the FAP within the capacity of the organization.
 - 3.8.3. Encourage individuals who, within the context of the pastoral relationship, identify potentially abusive situations to self-refer to the FAP.
- 3.9. The Child Development Center and the Youth Center will:
 - 3.9.1. Assist in case management as required.
 - 3.9.2. Report to the FAP all incidents of suspected child abuse or neglect identified by their agency.
 - 3.9.3. Provide training for all staff in the identification and reporting of child abuse and neglect.
 - 3.9.4. Provide assistance in promoting community awareness and education programs directed toward the prevention of child abuse or neglect.
- 3.10. Schools on Dover AFB will:
 - 3.10.1. Assist in case management as required.
 - 3.10.2. Report to the FAP all incidents of suspected child abuse or neglect identified by their personnel.
 - 3.10.3. Identify a responsible authority to coordinate transportation for a minor child to the base hospital in those instances in which immediate medical treatment is needed for a victim of alleged abuse. Special attention should be paid to ensure child safety and immediate notification to security forces to provide escort will be accomplished in all cases.
 - 3.10.4. Coordinate with the FAO all activities conducted at the school that pertain to allegation of child abuse or neglect. The FAO coordinates all necessary interviews with victims of abuse or neglect, parents or guardians, the active duty member's commander and first sergeant, office of the Staff Judge Advocate and, when appropriate, the OSI.
 - 3.10.5. Assist in making sure reports of alleged abuse or neglect are handled in a confidential manner within the school environment and the number of individuals having access to sensitive information is limited to those determined by the school principal to have a specific need to know. In the event it becomes necessary for the FAO or a law enforcement officer to interview the child at school, the principal judges whether this can be done in a confidential manner and makes sure a private room is available for this purpose. District school policy states an appropriate school representative is designated to be present during the interview. The principal may choose to notify the parent or guardian that a private interview is scheduled or has taken place unless specifically requested not to do so by the FAO or other local authority.
 - 3.10.6. Provide training for all school personnel in the identification and reporting of child abuse or neglect and participate in joint training activities for DOD family members and military personnel on family advocacy related issues.

3.10.7. Provide assistance in promoting community awareness and education programs directed toward the prevention of child abuse and neglect.

4. Program Components.

4.1. The FAP is comprised of three principal components: prevention services, maltreatment intervention, and the special needs identification and assignment coordination.

4.1.1. Prevention: The installation FAP prevention team will collaborate with key community leaders, the Integrated Delivery System (IDS), and other helping agencies to provide services that enhance the resilience of Air Force communities and reduce the incidence of family maltreatment. Programs are directed toward community organization and the provision of prevention services. FAP prevention services include Outreach, the New parent Support Program (NPSP), and on a space-available basis, secondary Prevention Counseling Services

4.1.2. Maltreatment Intervention: Through the installation FAP, the Air Force provides and/or coordinates identification, assessment, treatment, and case management services to all eligible beneficiaries experiencing problems with family maltreatment. FAP providers will collaborate with community resources and the various management teams.

4.1.3. Special Needs Identification and Assignment Coordination Process: All active duty sponsors with family members having special medical and/or educational needs will be identified to the installation Special Needs Coordinator. The installation Special Needs Coordinator will coordinate with local agencies regarding available medical and educational services, facilitate the FMRC and special needs reassignment request, and as staffing allows provide case management.

5. Disposition of Personnel.

5.1. Special Duty: FAP involvement, by itself does not require any duty restriction. For information about how to assign personnel receiving FAP assistance while performing duties requiring either the Sensitive Duty Programs, security clearance, access to classified information, or unescorted entry into restricted areas, refer to AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*, and AFI 31-501, *Personnel Security Program Management*.

5.2. Review of Duty Assignment: Commanders must review the duty assignment status of all military members whose current duties may make it difficult for them to receive Family Advocacy intervention services or services for family members with special needs. Military members considered fit for duty may continue in their primary or control Air Force Specialty Code (AFSC) while involved in FAP treatment unless precluded under AFI 36-2101, *Classifying Military Personnel*.

5.3. Family Maltreatment. Active duty members receiving intervention services for family maltreatment who are sufficiently emotionally, psychologically, and physiologically stable can be assigned to any location that offers appropriate services. If maltreatment occurs in a family with PCS orders, the unit commander will suspend the assignment until evaluations are complete to ensure availability of services at the gaining unit.

6. Dover AFB Family Advocacy Program. Although the program has no jurisdiction over civilian agencies, community agencies are encouraged to notify the Dover AFB Family Advocacy Office of any

incidents of family maltreatment involving families connected with the military. The office works on a collaborative basis to assist in providing necessary services to families experiencing family maltreatment.

JOHN I. PRAY, JR., Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 40-301, *Family Advocacy*

Family Advocacy Program Standards, Oct 2002