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SUPERINTENDENT**

**HQ UNITED STATES AIR FORCE ACADEMY
INSTRUCTION 40-301**

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Family Advocacy Program

FAMILY ADVOCACY



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This instruction implements AFD 40-3, *Family Advocacy Program*, and references AFI 40-301, *Family Advocacy Program*. It outlines responsibilities for key players in the Family Advocacy Program. The Family Advocacy Program (FAP) supports Air Force readiness by continuously improving family advocacy services such as identifying, assessing, and treating families experiencing family violence and families with exceptional medical or educational needs. FAP programs will strengthen individuals and families by preventing or decreasing maltreatment, decreasing the effects of handicapping conditions, and improving family wellness.

This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by title 10, United States Code, Section 8013, System of Records notice F168 AF SG B, Family Advocacy Program Record, applies.

SUMMARY OF REVISIONS

This document substantially revises USAFI 40-301, Family Advocacy Program, 26 December 1995, and must be completely reviewed. A (|) indicates revisions from the previous edition.

1. Scope. FAP primarily serves Air Force Academy active-duty members and dependents. As space permits, limited programs are made available to retirees and their dependents.

2. Responsibilities:

2.1. **10th Air Base Wing Commander (10 ABW/CC)** : 10 ABW/CC manages the USAFA FAP as follows:

2.1.1. Establishes a Family Advocacy Committee (FAC) composed of the 10th Medical Group Commander (10 MDG/CC), Family Advocacy Officer (FAO)(10 MDOS/SGOMHF), Director of Family Support Center (10 MSS/DPF), Staff Judge Advocate (10 ABW/JA), Director of Person-

nel (HQ USAFA/DP), Commander of the 10th Security Forces Squadron (10 SFS/CC), Office of Special Investigations (AFOSI), Life Skills Flight Chief (10 MDOS/SGOMH), Family Program Flight Chief (10 SVS/SVY), 10 ABW Superintendent (10 ABW/CCS), and Wing Chaplain (10 ABW/HC), USAFA Command CMSgt (HQ USAFA/CCC).

2.1.2. Appoints the 10 MDG/CC or designee as the chairperson of the FAC.

2.2. 10 MDG/CC:

2.2.1. Chairs the FAC.

2.2.2. Reviews minutes of the FAC and Family Maltreatment Case Management Team (FMCMT).

2.2.3. Appoints, in writing, medical personnel from the appropriate clinics to the FMCMT.

2.3. FAC:

2.3.1. Establishes written procedures for implementing the FAP.

2.3.2. Ensures sufficient base support of the FAP.

2.3.3. Addresses, resolves, or elevates local program problems or constraints.

2.3.4. Monitors FAP training.

2.3.5. Establishes a cooperative working relationship with local agencies.

2.3.6. Ensures all necessary Memoranda of Understanding (MOU) exist between USAFA and local agencies. Reviews MOUs annually.

2.3.7. Ensures members from respective base agencies appoint members to the Child Sexual Maltreatment Response Team (CSMRT) and to the High Risk for Violence Response Team (HRVRT). Also ensures the Family Advocacy Outreach Manager is appointed as a member of the installation People Helping People Integrated Delivery System (PHP IDS).

2.3.8. Approves nominations for membership to the FMCMT, CSMRT, and HRVRT committees. Approves the reviewer and alternate for the Incident Status Determination Review process (ISDR).

2.3.9. Monitors and reviews policy recommendations for the following committees and programs: FMCMT, CSMRT, HRVRT, New Parent Support Program (NPSP), Special Needs Identification and Assignment Coordination Process, and Family Advocacy Outreach Program.

2.3.10. Approves annually the Family Advocacy Program Action Plan prior to 1 October.

2.3.11. Reviews unusually sensitive cases or those recommended by the FMCMT. A subcommittee of FAC members involved in the case accomplishes these reviews.

2.3.12. Meets at least quarterly.

2.4. FAO:

2.4.1. Manages Family Maltreatment Program:

2.4.1.1. Identifies, reports, treats, and prevents maltreatment of Active Duty Air Force (ADAF).

2.4.1.2. Ensures preliminary risk, safety, and bio-psychosocial assessment of all family mal-

treatment cases.

2.4.1.3. Notifies the AFOSI duty agent as soon as possible upon receipt of information concerning family maltreatment and other appropriate agencies such as Department of Human Services Child Protective Service and local authorities.

2.4.2. Chairs the monthly FMCMT:

2.4.2.1. The FAO ensures attendance to meetings will include Family Advocacy Treatment Manager (FATM), pediatrician, family practice medical provider, AFOSI representative, chaplain, child protective service representative, 10 ABW/JA representative, the Child Care Center Director, Security Police representative, Family Support Center Representative, Life Skills Flight Provider, and others as needed on a case-by-case basis.

2.4.2.2. Reviews all FAP maltreatment referrals and case information, determines status of referrals, and makes recommendations about treatment plans.

2.4.2.3. Implements procedures for ensuring safety of family maltreatment victims.

2.4.3. Establishes CSMRT and serves as the Chairperson:

2.4.3.1. The FAO ensures attendance to meetings will include AFOSI, and 10 ABW/JA. Child Protective Service and other appropriate legal and investigative personnel will consult as dictated by specific cases. (See [Attachment 1](#) for responsibilities and procedures.)

2.4.3.2. The FAO activates the CSMRT Team to manage the initial response to allegations of child sexual maltreatment to include cases involving multiple victims in a DoD-sanctioned activity requiring the deployment of the DOD Family Advocacy Command Assistance Team (FACAT). The FAC and the CSMRT will consider recommending that the installation commander request the deployment of the DoD FACAT.

2.4.3.3. The FAO ensures that the FMCMT staffs all child sexual abuse cases monthly.

2.4.4. The FAO Establishes HRVRT and serves as the Chairperson:

2.4.4.1. The FAO ensures HRVRT membership includes: AFOSI, 10 ABW/JA, Life Skills Support Clinic Provider, Family Advocacy Treatment Manager, Sponsor's Squadron Commander, and representatives from other agencies having legal, investigative, or protective responsibilities as appropriate. (See [Attachment 2](#) for responsibilities and procedures.)

2.4.4.2. FAO activates the HRVRT upon notification of potential threat of harm involving FAP clients, ex-clients or FAP staff. In the FAO's absence the Family Advocacy Treatment Clinician will activate the team.

2.4.5. Oversees Family Advocacy Outreach Program:

2.4.5.1. The Family Advocacy Outreach Manager (FAOM) manages the Outreach Program.

2.4.5.2. The FAOM serves as member on the PHP IDS committee.

2.4.5.3. The Outreach Program draws on agencies or programs on and off base that are involved in both primary and secondary prevention. The FAOM coordinates assessment community needs and delivery of services with the PHP IDS committee.

2.4.5.4. Ensures an annual Family Advocacy Program Action Plan is developed, outlining prevention goals, and objectives for the year.

2.4.5.5. Ensures a directory of community resources exists, an annual needs assessment is carried out, and the outreach program is managed in accordance with FAP standards.

2.4.6. Serves as Special Needs Coordinator for Special Needs Identification and Coordination Assignment Process:

2.4.6.1. Oversees Family Member Relocation Process and Special Needs Identification and Coordination Assignment Process.

2.4.6.2. Provides Summary Reports as outlined in HQ AFMOA/SGPS Directives.

2.4.6.3. ADAF families who may have a member with an exceptional medical or educational need will report to the Special Needs Coordinator to initiate Special Needs Identification and Coordination Assignment Process.

2.4.7. Oversees the New Parent Support Program (NPSP):

2.4.7.1. The Family Advocacy Nurse Specialist (FANS) manages the nursing program and is a member of the FMCMT.

2.4.7.2. Provides maltreatment prevention services to expectant and at risk families.

2.4.7.3. Establishes a liaison and marketing strategy with the medical treatment facility staff.

2.5. AFOSI:

2.5.1. Notifies FAP staff of all cases involving suspected or established family maltreatment that come to the attention of their office. In turn, the FAP staff notifies AFOSI as soon as possible upon receipt of information concerning family maltreatment.

2.5.2. Notifies FAP staff when a Defense Criminal Investigation Index (DCII) check reveals information regarding previous incidents involving the family in question.

2.5.3. OSI Regional Forensic Consultant will provide training, upon request, for medical personnel and child care center personnel to assist them in spotting injuries consistent with child abuse.

2.6. 10 SFS:

2.6.1. Secures the safety of individuals involved in family maltreatment.

2.6.2. Notifies the FAP staff of incidents of maltreatment and consults with them for assistance.

2.6.3. Notifies the sponsor's commander or first sergeant.

2.6.4. As part of the FMCMT, assures the FAP designees have access to the police blotter daily and notifies the FAP staff of all incidents involving suspected or established family maltreatment. Sends a copy of the incident report to the FAP staff.

2.7. 10 ABW/JA:

2.7.1. Serves as member of the FAC.

2.7.2. Consults on developing MOUs.

2.7.3. Consults on and attends FMCMT, CSMRT, and HRVRT meetings.

2.7.4. Advises commanders on military directives.

2.7.5. Recommends appropriate discipline for personnel involved in family maltreatment to commanders.

2.8. Services (10 SVS) Personnel from Child Development Center, Youth Center, Family Home Day Care Providers and Other DOD Personnel Who Work Directly With Children.

2.8.1. Support FAP through constructive recreation programs.

2.8.2. Train new personnel initially, and annually thereafter, in signs of child and spouse maltreatment.

2.8.3. Report suspicious marks or injuries of children in out-of-home placement immediately to FAP staff.

2.8.4. Report suspicions of spouse abuse to FAP staff.

2.9. 10 MDG Personnel:

2.9.1. Ensure patients are medically stable.

2.9.2. Notify FAP staff (or the on-call Mental Health Provider after duty hours) immediately of injuries to children or spouses that are inconsistent with their explanation.

2.9.3. In child maltreatment, if the parent refuses treatment or hospitalization of the child, contact the Hospital Commander, FAO, Wing Commander, 10 ABW/JA, OSI, and El Paso Department of Social Service Child Abuse Hotline. The FAO can assist in these notifications.

2.9.4. Ensure staff is trained on the signs and symptoms of child and spouse maltreatment.

2.9.5. Ensure staff is aware of after hour notification procedures.

2.9.6. As last resort provide hospitalization as shelter for child maltreatment victims.

2.10. Commanders and First Sergeants:

2.10.1. Coordinate with FAP treatment manager to provide a safe environment for the victim.

2.10.2. Exercise their authority over ADAF member to provide an initial cooling off period if it is deemed necessary.

2.10.3. Attend and participate in FMCMT briefings on their ADAF members, when appropriate.

2.10.4. Request their cooperation in coordinating ADAF member's participation in FAP treatment recommendations.

2.10.5. Report all families experiencing maltreatment to FAP staff for therapeutic counseling and referral assistance as required.

2.11. Other Community Agencies:

2.11.1. Although the USAFA FAP has no jurisdiction over civilian agencies, community social service agency personnel will be encouraged to notify the FAP staff of any incidents of child abuse or neglect involving military families connected with USAFA that come to their attention.

2.11.2. FAP staff collaborates with community agencies to provide necessary services to families experiencing family maltreatment.

2.11.3. FAP will establish an MOU with Department of Human Services (DHS).

2.11.4. A DHS representative will be invited to attend the FMCMT and coordinate our services with their agency.

DOUGLAS J. ROBB, Col, USAF, MC, CFS
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Attachment 1

CHILD SEXUAL MALTREATMENT RESPONSE TEAM (CSMRT)

A1.1. Child Sexual Maltreatment: Child sexual maltreatment includes but is not limited to:

A1.1.1. Exploitation/photographing, taping, peeping, exchanging, swapping, or otherwise using children for personal empowerment, monetary gain, or sexual gratification. Forcing or exposing children to watch or participate in sexually explicit material or activities.

A1.1.2. Molestation-touching, fondling or physical internal penetration, digital-oral-genital, genital-genital or object insertion, anal-oral or anal insertion.

A1.1.3. CSMRT is a multidisciplinary team designed to effectively manage child sexual maltreatment referrals.

A1.2. Responsibilities:

A1.2.1. The Family Advocacy Officer (FAO) or Family Advocacy Treatment Manager (FATM) facilitates coordination of cases, provides case management and coordination of services to families.

A1.2.2. AFOSI provides investigative expertise to the CSMRT and coordinates all civilian and military investigation needs on a case.

A1.2.3. 10 ABW/JA provides legal expertise to the CSMRT and coordinates legal activities and provides legal advice to the CSMRT, Family Maltreatment Case Management Team (FMCMT), and military commanders on cases.

A1.2.4. FMCMT staffs every case, makes case status determination, and assists with treatment plans. When appropriate, representatives of other agencies having law enforcement and child protection responsibilities may assist the team.

A1.2.5. Pediatrician completes medical examination as needed for the specific case. He or she provides documentation that may or may not be consistent with the allegations of sexual maltreatment. The pediatrician does not sit on the CSMRT so that he or she can conduct an examination without bias.

A1.3. Procedures:

A1.3.1. The CSMRT will be notified immediately when allegations of child sexual maltreatment occur. If this occurs during non-duty hours, the on-call Mental Health Worker is notified of the incident. The on-call Mental Health Worker should assess the situation for victim's risk and safety, but not conduct a thorough evaluation or interview of the alleged maltreatment. The next duty day the on-call Mental Health Worker notifies respective Family Advocacy Program for coordination of the referral.

A1.3.2. Following notification of child sexual maltreatment suspicion, the CSMRT will meet in a timely manner not to exceed 72 hours. The purpose of the initial meeting will be to assess the allegation, coordinate a course of action, and attend to the well being of the victims, his or her family, and the alleged offender.

A1.3.3. AFOSI initiates the investigation coordinating with civilian authorities to determine the facts and circumstances of the alleged offense that will either corroborate or refute the allegation. AFOSI

will ensure the alleged victim is interviewed if there is an investigation. DHS or FAP may assist by providing an interviewer.

A1.3.4. The FAO will conduct a thorough safety and risk assessment and provide recommendations regarding care. The FAO will also provide clinical interviews as required. The FAO will be responsible for proper notification to base authorities and to ensure proper documentation of all activities regarding the investigation.

A1.3.5. 10 ABW/JA will provide legal guidance and assistance to team members and non-offending parents regarding procedures and disclosure of information.

A1.3.6. The CSMRT will designate an individual to have the following responsibilities:

A1.3.6.1. Inform the non-accused parents of nature of allegation; steps in the investigation process; points of contact for the investigation, case management, and treatment; and appropriate responses to and interaction with the victim.

A1.3.6.2. Assess the non-accused parents of ability to protect self, victim, and other family members; ability to cope emotionally with the crisis; other immediate needs, i.e., housing, financial, and child care; and the ability to assist with the investigation process.

A1.3.6.3. Coordinate resources to address identified immediate needs.

A1.3.6.4. Design initial interventions to encourage the development of working relationships with the parents, which enhance ongoing services to the victim and family.

A1.3.7. When allegations of extra-familial sexual maltreatment occur in DoD sanctioned youth or childcare activities; the CSMRT will need to interface with the Family Advocacy Command Assistance Team (FACAT).

Attachment 2**HIGH RISK FOR VIOLENCE RESPONSE TEAM (HRVRT)****A2.1. Purpose:**

A2.1.1. To respond to members of a family unit who are in imminent danger of being harmed by other family members. Family members are defined as active duty members, spouses, stepparents, children, stepchildren, ex-spouses, or ex-stepparents. Whenever a FAP client is in imminent danger of being harmed, whether or not the situation meets the criteria for activating the HRVRT, FAP staff should be actively involved in the management of that situation. This may include notification of SFS, providing input regarding safety issues and advocating for the client's welfare.

A2.1.2. Ensure safety of staff members who may be in imminent danger of being harmed by a Family Advocacy client or ex-client.

A2.1.3. Assess the level of danger, then develop and implement a course of action to manage the risk of violence.

A2.2. Responsibilities:

A2.2.1. The Family Advocacy Officer activates the HRVRT telephonically to coordinate meeting upon notification of potential HRVRT case. FAO will ensure that key base leadership (FAO's chain of command and FAC Chairperson) is briefed on HRVRT activation as appropriate. FAO will be briefed at the weekly LSC meeting regarding all potential high risk for violence staffing through the High Interest List. FAP clients who appear on the High Interest list at the LSC initially will be placed on the HRVRT if appropriate.

A2.2.2. On-call Mental Health providers notified of potential family violence or potential for violence towards any FAP staff will notify the respective FAP office the next duty day to ensure continuity of care.

A2.2.3. AFOSI provides investigative expertise to the HRVRT and coordinates all civilian and military investigation needs on a case.

A2.2.4. 10 ABW/JA provides legal expertise to the HRVRT and coordinates legal activities and provides legal advice to the HRVRT, Family Maltreatment Case Management Team (FMCMT), and military commanders on cases.

A2.2.5. Life Skills Provider in coordination with FAO will ensure high-risk cases are reviewed weekly at LSC staff meetings. High-risk cases will be documented in the LSC staff minutes. The case will be removed from the HRVRT list once they no longer meet the criteria for the HRVRT.

A2.2.6. FAP staff will update the HRVRT of any significant changes in the disposition of the case.

A2.3. Procedures:

A2.3.1. Upon notification of suspicious of potential threat of harm by an individual, the FAO will activate the HRVRT. When in doubt regarding the situation, activation and consultation of the HRVRT is strongly advised. FAO will report any findings to the FAC Chairperson and the FMCMT when there is a threat of immediate harm to a person in the FAP system.

A2.3.2. Following notification of a high risk for violence response situation, the HRVRT will meet in a timely manner not to exceed 72 hours. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk for violence. Safety issues and potential triggers are evaluated. HRVRT members will maintain all case information IAW the Privacy Act of 1974.

A2.3.3. 10 ABW/JA will provide legal guidance and assistance to team members and military commanders regarding procedures and disclosure of information.

A2.3.4. When a high-risk for violence situation involves a member of the family unit from another Uniformed Service, FAP staff will provide input to the Service FAP and other units as appropriate to affect Joint Service Community Safety Planning. A Uniform Service representative will be invited to participate on the HRVRT.