BY ORDER OF THE COMMANDER
30TH SPACE WING

30TH SPACE WING INSTRUCTION 40-302

25 NOVEMBER 03

Medical Command

FAMILY ADVOCACY PROGRAM: CHILD SEXUAL MALTREATMENT RESPONSE TEAM (CSMRT) (PA)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction outlines procedures for the management of child sexual maltreatment cases, according to revised Family Advocacy Program Standards M-2, 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.

SUMMARY OF REVISIONS

The Family Advocacy Program Standard M-2 has been updated from October 1999 to October 2002, omitting Security Forces from the CSMRT composition. A bar (|) indicates a revision from the previous edition.

1. Purpose : To create an interagency response to alleged incidents of child sexual maltreatment in order to protect potential victims and their families from further trauma, and to ensure that decisions and interventions reflect interdisciplinary cooperation.

2. Policy : The CSMRT is established by the Family Advocacy Committee (FAC) to manage the initial response for all child sexual maltreatment referrals to the Family Maltreatment Case Management Team (FMCMT). In cases of multiple victims and or complex situations of child sexual abuse, the Family Advocacy Command Assistance Team (FACAT) may be deployed if requested by the installation commander.

3. Composition : The CSMRT will include a representative from the following base agencies:

3.1. Family Advocacy Program (FAP).

3.2. Air Force Office of Special Investigation (AFOSI).

3.3. Staff Judge Advocate (JA).

4. Procedures :

4.1. Subsequent to an allegation of child sexual maltreatment, the CSMRT will be notified immediately by FAP staff. The abuse victim will be interviewed by FAP or AFOSI within 72 hours of the allegation.

4.2. The guidelines should include but not be limited to the following:

4.2.1. Notify the Lompoc Emergency Room or the 30 MDG on-call provider after hours to determine if there is a need for an emergent medical evaluation.

4.2.2. Assess the allegation and its severity.

4.2.3. Coordinate an interdisciplinary intervention plan, which should include a strategy for interviewing victims, principal interviewer(s), and an optimal location for interviews.

4.2.4. Ensure the well being of the victim(s), his or her family, and the alleged offender.

4.2.5. Minimize the number of interviews and medical examinations to prevent further emotional trauma to the victim.

4.2.6. Provide a Victim/Witness Program Assistance Package to all victims and witnesses involved in the incident.

4.3. In cases involving multiple alleged victims, the CSMRT and the FAC will consider recommending that the installation commander request deployment of the DoD FACAT. The request will be made to AFMOA/SGOF telephonically and with subsequent written requests. AFMOA/SGOF will notify the DoD FAP Manager, who in turn deploys the FACAT.

4.3.1. If the FACAT is deployed, the CSMRT will serve as the nucleus for the installation task force. The CSMRT will provide an in-brief to the FACAT concerning the assessment of the alleged child sexual maltreatment incident(s).

5. Responsibilities :

5.1. The FAP will:

5.1.1. When notified of an alleged child sexual maltreatment incident, the Family Advocacy Officer will ensure SFS, JA, Medical Group Commander, and the sponsor's commander or first sergeant are notified within 24 hours. AFOSI and JA will be notified immediately if there is any potential criminal maltreatment to allow for collection of perishable information or evidence.

5.1.2. Coordinate with AFOSI, Child Protective Services (CPS), and Command Post (during duty hours) or the SFS non-commissioned officer on duty (after duty hours) to ensure the following procedures are completed:

5.1.2.1. Complete a risk assessment to determine the potential for further maltreatment of alleged victim(s) and to ensure safety;

5.1.2.2. Ensure prompt medical evaluation and treatment for all alleged victims;

5.1.2.3. Ensure prompt mental health evaluation and intervention for alleged victim(s) and

alleged offender(s);

5.1.2.4. Coordinate interview of alleged victims and their parents.

5.2. AFOSI/SFS will:

5.2.1. Immediately contact FAP upon receipt of alleged and/or suspected incidents of child sexual maltreatment. Note: SFS are initial responders and handle all cases of child neglect. All child sexual maltreatment cases are handled by AFOSI. In the event AFOSI has an investigation open or is intending to open one, AFOSI will retain lead decision-making for any action potentially related to future criminal prosecution or exoneration. AFOSI will work any of these issues closely with their team counterparts to ensure the maximum interdisciplinary benefits are brought to bear.

5.2.2. Coordinate interviews of alleged victim(s) and alleged offender(s) with FAP and CPS.

5.2.3. Assess the allegation and its severity.

5.2.4. Coordinate an interdisciplinary intervention plan, which should include a strategy for interviewing victims, a principal interviewer(s), and an optimal location to conduct interviews.

5.2.5. Ensure the well being of the victim(s), his or her family, and the alleged offender.

5.2.6. Minimize the number of interviews and medical examinations to prevent further emotional trauma to the victim.

5.3. CPS will:

5.3.1. Immediately notify FAP upon receipt of alleged, suspected, or known child maltreatment cases involving active duty military families assigned to Vandenberg AFB.

5.3.2. Coordinate and conduct/observe victim and offender interviews with FAP and AFOSI.

5.3.3. Assist FAP with risk assessments and safety plans to prevent further maltreatment of victim(s).

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Commander