BY ORDER OF THE COMMANDER
341ST SPACE WING

341ST SPACE WING INSTRUCTION 40-301

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MEDICAL

FAMILY ADVOCACY PROGRAM

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This instruction establishes the Malmstrom AFB Family Advocacy Program (FAP). It assigns responsibilities and implements policies and procedures in accordance with Air Force Policy Directive (AFPD) 40-3, *Family Advocacy Program* and AFI 40-301, for identification, protection, treatment and prevention of family maltreatment and 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 needs family members and mandates reporting of all incidents of family maltreatment by all base organizational units, all Department of Defense (DoD) personnel, and their authorized dependents. Procedures set forth herein are provided to supplement and ensure a mutually beneficial relationship with Department of Public Health and Human Services (DPHHS), a division of Cascade County Child and Family Services, the local civilian agency charged with legal responsibility for resolving suspected cases of child maltreatment.

This instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain the records prescribed in this instruction is 10 United States Code (U.S.C.) 8013 and EO.9397 (SSN). Privacy Act Statements required by Air Force Instruction (AFI) 33-332, *Air Force Privacy Act Program,* are incorporated in each document or separately attached. System of records notice F044 AF SGQ, Program Record. **Maintain and dispose of records created as a result of prescribed processes in accordance with the *Records Disposition Schedule.***

SUMMARY OF REVISIONS

A bar (|) indicates changes from the previous edition.

1. Mission Statement : The mission of the U.S. Air Force Family Advocacy Program is to build healthy communities through implementing programs designed for the prevention and treatment of child and spouse abuse. Air Force Medical Operations Agency (AFMOA) Family Advocacy Division provides pro-

gram and policy development, training and resourcing medical treatment facility FAP staff, data collection and reporting activities, and program research and evaluation. AFMOA FAP also provides consultation services to key customers.

2. The Family Advocacy Program seeks to:

2.1. Provide primary prevention services to all Air Force personnel.

2.2. Provide secondary prevention services to populations at risk for family violence.

2.3. Support family members with special medical or educational needs.

2.4. Identify and treat incidents of child and spouse maltreatment.

2.5. Prevent child and spouse abuse.

3. Building Healthy Communities: The unifying theme under which AF Family Advocacy operates is Building Healthy Families and Communities. It is within this spirit of treatment, intervention, prevention, education, and skill-building that the Family Advocacy Program staff work to create resilient military personnel and families.

4. Reporting Procedures:

4.1. All personnel assigned to units attached to Malmstrom AFB will remain alert for potential indicators of family maltreatment such as: injuries inconsistent with history, any broken bones in children under 3 years of age, depression, apparent fear, hesitance to provide explanation for injuries, spouse speaking for spouse, and social isolation.

4.2. All personnel having reason to suspect child abuse or neglect must report such to the Installation of Family Advocacy Office, 731-2161, and/or the Department of Public Health and Human Services (DPHHS) at 1-866-820-KIDS (5437), 911 or 341 SFS.

4.3. All personnel having reason to suspect spouse abuse or elder abuse must report such to the Installation Family Advocacy Office, 731-2161, 911 or 341 SFS.

5. Family Advocacy Officer (FAO):

5.1. Chairs the Family Maltreatment Case Management Team (FMCMT) and coordinates the evaluation and treatment of cases involving family maltreatment.

5.2. Ensures the assessment of the degree of risk of maltreatment to victims and ensures the evaluations of all reported incidents within 72 hours.

5.3. Ensures notification of local Child Protective Services (Department of Public Health and Human Services-DPHHS) servicing 341 SFS and AFOSI units, and sponsor's commander of all suspected incidents of family maltreatment.

5.4. Ensures the maintenance of all FAP records according to guidance from HQ AFMOA/SGPS.

5.5. Establishes procedures for the security of FAP materials and supplies.

5.6. Ensures staff are trained in identification and reporting of Special Needs Identification clients and family maltreatment.

5.7. Supervises the activities of all FAP staff.

5.8. Prepares documents, agenda and member notification of Family Advocacy Committee.

6. Special Needs Identification and Assignment Coordination Process:

6.1. All active duty sponsors with family members having special medical and/or educational needs will be identified to the installation's Special Needs Coordinator.

6.2. The Special Needs Coordinator will coordinate with local agencies regarding available medical and educational services, facilitate the Family Member Relocation Clearance (FMRC) and special needs reassignment request, and as staffing allows, provide case management services.

6.3. Serves as a member of the installation Family Advocacy Committee (FAC). Coordinates procedures to minimize the negative impact of, and where possible, prevent childhood handicaps and provide service to families with members having special medical and/or educational needs.

6.4. Family Advocacy Outreach Manager (FAOM): Responsible for the outreach component of the FAP. Participates as a member and rotating chair of the Integrated Delivery System (IDS), Committee for Healthy Communities which is a sub-committee of the Community Action Information Board. Serves as the FAP representative to the Population Health Committee. Provides secondary prevention services.

6.5. Family Advocacy Treatment Manager: Provides assessments, case management services, and treatment to families referred to the FAP. Participates in FMCMT meetings and serves on community based program committees.

6.6. Family Advocacy Nurse: Provides services to expectant parents with children 0-3 years and families at risk for maltreatment. Serves as FAP alternate representative to the Population Health Committee. Coordinates early intervention services for families who qualify.

6.7. Family Advocacy Program Assistant: Provides administrative support to the FAP. Provides secondary prevention services if able.

6.8. Family Member Relocation Clearance (FMRC): For processing of the AF Form 1466, Request for Family Member's Medical and Educational Clearance for Travel, Family Advocacy arranges for medical personnel to interview sponsor and family members, at which time the family's medical records will be reviewed. SGOMHF arranges interviews for all family members with a FAP provider or mental health alternate for the second portion of AF Form 1466. If mental health needs exist, if dependents have any special educational needs, or if medically related services are required, the FAP staff member is responsible for documenting in the appropriate medical records, completing a summary of the required services, and obtaining the appropriate documentation that clarifies the service required. This package is forwarded to the SGH for processing and approval. The package will be sent by SGOMHF to the appropriate projected gaining base SGH for determination of available services for clearance of dependent travel. When the family is enrolled in Special Needs, the FAP office will forward the package to the gaining base, to include CONUS bases.

7. The Family Advocacy Committee (FAC): The policy-making, coordinating, recommending, and overseeing body for the installation FAP, or equivalent committee.

7.1. The MTF Commander or Deputy MTF Commander chairs the FAC.

7.2. The FAC includes these members:

7.2.1. Installation Commander (or designee)

7.2.2. MTF Commander or Deputy MTF Commander

7.2.3. FAO

7.2.4. Family Advocacy Outreach Manager (FAOM)

7.2.5. Family Support Center (FSC) Director

7.2.6. Staff Judge Advocate (or designee)

7.2.7. Commander, Military Personnel Flight (MPF)

7.2.8. Installation Chief of Security Forces (or designee)

7.2.9. AFOSI Detachment Commander (or designee)

7.2.10. Installation Staff Chaplain

7.2.11. Family Member Support Flight Chief

7.2.12. Command Chief Master Sergeant (CCC)

7.2.13. The FAC may add other members such as civilian agencies and community service organizations.

7.3. The FAC meets at least quarterly. Additional meetings may be held at the call of the Chairperson.

7.4. **FAC Chairperson will:**

7.4.1. Ensure that FAC members are trained on their roles and responsibilities at least annually.

7.4.2. Approve nominations for membership on the Family Maltreatment Case Management Team (FMCMT), Child Sexual Maltreatment Response Team (CSMRT), and1 the High Risk for Violence Response Team (HRVRT).

7.4.3. Appoint a FAC member and alternate to review requests for initiation of the ISDR process.

8. Program Components: The FAP is comprised of three principal components: prevention services, maltreatment interventions, and the special needs identification and assignment coordination.

8.1. 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, Family Advocacy Strength-Based Therapy Services (FAST). FAP Outreach is designed to coordinate and implement primary and secondary services that include education and skill development, advocacy, collaboration, community intervention, referral links to community resources, and marketing the FAP. The NPSP provides communication and home-based education and support services to families with children ages birth to three years, including the prenatal period.

8.2. 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.

8.2.1. Assessments: Thorough assessments of the family maltreatment situations will be conducted on every suspected case by the FAO, FATM or a LSSC provider. Assessments will include:

8.2.1.1. Imminence of danger to the victim

8.2.1.2. Severity of maltreatment

8.2.1.3. Risk of further maltreatment

8.2.1.4. Whether the maltreatment report appears valid

8.2.1.5. Level of cooperation in the family

8.2.1.6. The bio-psycho-social needs of the individual or families involved

8.2.2. Child Sexual Maltreatment Response Team (CSMRT): An ad hoc committee that meets, at the call of the FAO, in response to an allegation of child sexual maltreatment.

8.2.2.1. Due to the complex nature of sexual maltreatment allegations, FAPs must establish Child Sexual Maltreatment Response Teams (CSMRT). The CSMRT will be composed of representatives from FAP, OSI and Staff Judge Advocate. The CSMRT will coordinate and manage initial response to child sexual maltreatment allegations where prosecution is possible, the alleged victim is in imminent danger of further maltreatment, or there is the possibility of multiple victims.

8.2.2.2. The team approach is to minimize the trauma to the victim and family, and to ensure no one agency or individual makes decisions regarding these cases independent of the concerns of the other agencies involved.

8.2.2.3. The CSMRT will meet physically or by phone as soon as needed, but no more than 72 hours after notification of alleged sexual maltreatment. The initial meeting will be to: assess the allegation; coordinate a course of action; and attend to the safety and well being of the alleged victim, the family, and the alleged offender.

8.2.2.4. Interviews and examinations of alleged victims will be conducted at the Child Evaluation Room located at Benefis East Hospital. The CSMRT and DPHHS will designate the most qualified person to conduct these evaluations.

8.2.2.5. CSMRT will meet following the examination and interview to discuss and coordinate an intervention plan.

8.2.2.6. When protection of children is best accomplished by removing them from the home, DPHHS will assume responsibility for accomplishing this in accordance with Montana State and Cascade County authority. FAP will be notified when this action is required and occurs.

8.2.2.7. When sexual or severe physical maltreatment is suspected to have occurred in a DoD sanctioned activity, a Family Advocacy case will be opened and an assessment will be conducted in coordination with other medical and legal investigative agencies.

8.2.2.8. Notifications will be made immediately to the Installation Commander, AFOSI, DBMS, HQ AFMOA/SGPS, and Major Command Family Advocacy Program Manager (MCFAPM) in accordance with DoD guidance and AF FAP Standards.

8.2.3. High Risk Violence Response Team (HRVRT): A multidisciplinary team established by the FAC at each installation to manage potentially dangerous situations involving FAP clients and staff.

8.2.3.1. Members of a family unit may be in imminent danger of being harmed by other family members. For the purpose of the HRVRT, family members include active duty spouses, children and stepchildren, ex-spouses, or ex-stepparents.

8.2.3.2. Staff members of FAP may be in imminent danger of being harmed by a family advocacy client or ex-client.

8.2.3.3. Due to families being at high risk for increased violence, FAPs must establish High Risk for Violence Response Teams (HRVRT) to manage potentially dangerous situations. The HRVRT will be composed of representatives including FAO, FAP clinician working with the family, Sponsor's Squadron Commander, SFS Operations Flight Commander, Staff Judge Advocate, Life Skills provider and OSI representative.

8.2.3.4. When a death occurs and maltreatment is suspected, a Family Advocacy case will be opened and an assessment will be conducted in coordination with AFOSI, Staff Judge Advocate and Command.

8.2.3.5. The FAO will immediately notify the Installation Commander, AFOSI, DBMS, HQ AFMOA/SGPS, and Major Command Family Advocacy Program Manger (MCFAPM) in accordance with DoD guidance and AF FAP Standards.

8.2.3.6. The HRVRT will determine the course of action needed to manage the risk of violence that will also include the threatened individual.

8.3. 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 services.

9. The Chief, Family Advocacy Program is responsible for the utilization and supervision of all assigned FAP staff and resources.

C. DONALD ALSTON, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 40-3, Family Advocacy Program, 07 September 1993

AFI 40-301, Family Advocacy Program; 01 May 2002

FAP Standards; October 2002

Air Force FAPNet.org

Abbreviations and Acronyms

AFPD—Air Force Policy Directive

AFI—Air Force Instruction

AFOSI—Air Force Office of Special Investigations

CMT—Case Management Team

CSMRT—Child Sexual Maltreatment Response Team

DBMS—Director of Base Medical Services

DoD—Department of Defense

DPHHS—Department of Public Health and Human Services (Cascade County)

ESC—Enlisted Spouses Club

FAC—Family Advocacy Committee

FAO—Family Advocacy Officer

FAOM—Family Advocacy Outreach Manager

FAP—Family Advocacy Program

FATM—Family Advocacy Treatment Manager

FMCMT—Family Maltreatment Case Management Team

FSC—Family Support Center

IFANA—Installation Family Advocacy Needs Assessment

MCFAPM—Major Command Family Advocacy Program Manager

MOU—Memorandum of Understanding

MTF—Medical Treatment Facility

OPMT—Outreach Program Management Team

OSC—Officers Spouses Club

SFOI—Security Forces Investigations

Terms

Abuse— Non-accidental physical injury or emotional disturbance as evidence by, but not limited to, scratches, laceration, skin bruising, bleeding, malnutrition, sexual maltreatment or abuse, burns, bone fractures, subdural hematoma, soft tissue swelling, and unexplained death; or where the history given concerning such condition, or where circumstances indicate that the condition may not be the product of an accidental occurrence.

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 is authorized treatment in a military treatment facility.

Child Abuse and Neglect— Includes the physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of the responsible person.

Child Sexual Abuse— Includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or the rape, molestation, prostitution, or other such forms of sexual exploitation of children, or incest with children. All sexual activity between an offender and a child, when the offender is in a caretaker relationship with the child, is sexual maltreatment. Child sexual abuse can be perpetrated by an adolescent.

Elder Abuse—The maltreatment of parents, grandparents or their siblings who are or may be temporarily residing with an Active Duty Sponsor.

Emotional Maltreatment— Behavior on the part of a spouse or caretaker which causes low self-esteem in the spouse or child, undue fear or anxiety, or other damage to the victim's emotional well-being. This includes emotional abuse which is active, intentional berating, disparaging behavior; and/or emotional neglect which is passive and aggressive, inattention to the victim's emotional needs, nurturing, or emotional well-being.

Exploitation— Forcing a child to look at the offender's genitals, exposure of a child's genitals, talking to a child in an inappropriate sexually explicit manner, peeping at a child while undressed, or involving a child in sexual or immoral activity such as pornography or prostitution. The offender does NOT have to have direct physical contact with the child.

Chief of Family Advocacy Program—A designated clinical social worker to manage, monitor, and provide staff supervision for the Family Advocacy Program. The Chief also serves as the Special Needs Coordinator (SNC).

Family Advocacy Record—A separate case record established for each family referred for exceptional medical or educational needs or suspected maltreatment. The FAO will maintain these records.

Incest—Sexually explicit activity between a child and a parent, an older sibling, or other blood relative.

Maltreatment— A general term referring to any form of abuse or neglect of a family member including physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other

maltreatment. The term encompasses both acts and omissions.

Molestation—Fondling or stroking of breast or genitals, oral sex, or attempted penetration of the victim's vagina or rectum.

Neglect—Acts of omission or commission that result, or could reasonably be expected to result in physical or emotional harm to the victim. This includes, but is not limited to failure to provide the victim with nourishment, clothing, shelter, health care, education, and supervision. "Failure to Thrive" may be evidence of neglect.

Offender— Any person who caused the maltreatment of an individual or who knowingly allowed such maltreatment to occur or whose act, substantially impaired the health or well-being of the victim.

Outreach Programs—Proactive initiatives designed to reduce the incidence and severity of exceptional medical and educational needs and family maltreatment. These programs are directed at the general population and seek to increase awareness and develop positive coping and communication skills.

Prevention—Efforts to prevent child and spouse abuse, and handicapping conditions in children, including information and education about the problem in general. Prevention efforts will be specifically directed toward potential victims, offenders, and non-offending family members.

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

Spouse Maltreatment— Acts of omission or commission that result, or could reasonably be expected to result, 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.

Substantiated—A suspected case evaluated with the preponderance of available information that indicate maltreatment has occurred. This means that the information supporting the occurrence of maltreatment is of greater weight or more convincing than the information indicating maltreatment did not occur.

Suspected—The status of all cases during assessment process prior to FMCMT determination.

Unsubstantiated— A suspected case evaluated and the available information is insufficient to support the allegation that maltreatment occurred.

Victim—An individual who is the subject of maltreatment.