BY ORDER OF THE COMMANDER,
374TH AIRLIFT WING

374 AW INSTRUCTION 40-301

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Medical Command

FAMILY ADVOCACY PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Public Law 97-291, *The Victim and Witness Protection Act*, DoDD 1030.1, *Victim and Witness Assistance*, DoD 6400.1-M, *Family Advocacy Program Standards and Self-Assessment Tool*, AFPD 40-3, *Family Advocacy Program*, and AFI 40-301, *Family Advocacy*, and establishes the Yokota Air Base (AB) Family Advocacy Program (FAP). It establishes policies and procedures for the identification, protection, treatment, and prevention of family maltreatment. In addition, it also establishes policy and procedures for assessment, identification, and treatment of family members with exceptional needs. It assigns responsibilities and explains procedures for the management of the FAP. This instruction requires mandatory identification and enrollment of all United States Air Force (USAF) exceptional family members. It outlines the mandatory reporting requirements of all incidents of family maltreatment by all base organizational units and active duty members (USAF, US Army, US Navy, and US Marines). This instruction applies to all active duty members assigned or attached to Yokota AB, all base organizational units, and all geographically separated units (GSU) assigned to Yokota AB.

1. Responsibilities.

1.1. The 374th Airlift Wing Commander (374 AW/CC), delegated to the 374th Support Group Commander (374 SPTG/CC), the 374th Medical Group Commander (374 MDG/CC), and Base Family Advocacy Officer (FAO), is responsible for implementation and management of the base FAP.

1.1.1. Requests the deployment of the Family Advocacy Command Assistance Team (FACAT) to provide specialized assessment and intervention services in cases of alleged multiple-victim child sexual maltreatment in Department of Defense (DoD) sanctioned activities.

1.2. Family Advocacy Committee (FAC):

1.2.1. USAF Family Advocacy Standards establish the FAC, composed of the 374 SPTG/CC or 374 SPTG Deputy Commander (374 SPTG/CD), the 374 MDG/CC or Chief of Hospital Services, FAO, Family Advocacy Outreach Manager (FAOM), Family Support Center (FSC) Director, the

374 AW Judge Advocate (374 AW/JA), the 374th Mission Support Squadron Commander (374 MSS/CC) or the 374 MSS Military Personnel Flight Chief (374 MSS/DPM), the 374th Security Forces Squadron Commander (374 SFS/CC), the Air Force Office of Special Investigations Detachment 621 Commander (AFOSI Det 621/CC), the 374 AW Chaplain (374 AW/HC), the 374th Services Division Commander (374 SPTG/SV) or Child Care Center Director, and/or Youth Center Director, and Department of Defense Schools (DoDDS) representative. FAC members are outlined in AFI 40-301.

1.2.2. Establishes written policy and procedures for the development and implementation of the FAP to include Exceptional Family Member Program (EFMP), Outreach, and Maltreatment.

1.2.3. Provides the required resources for implementation of the FAP.

1.2.4. Coordinates activities of individual organizations having functional responsibilities in the FAP.

1.2.5. Monitors training programs for personnel having responsibilities in support of the FAP.

1.2.6. Establishes a cooperative working relationship with local community agencies when available.

1.2.7. Ensures written memorandum of understanding exists between installation and DoDDS and that it is reviewed annually.

1.2.8. Establishes and appoints members of the Exceptional Family Member Program Case Management Team (EFMPCMT), the Family Maltreatment Case Management Team (FMCMT), and the Outreach Program Management Team (OPMT).

1.2.9. Monitors the activities of all FAP Case Management Teams (CMT), reviews policy recommendations, and ensures effectiveness.

1.2.10. Reviews unusually sensitive cases or those requiring special intervention as recommended by the CMTs.

1.2.11. Meets at the call of the chairperson at least quarterly.

2. Program Components.

2.1. EFMP:

2.1.1. Purpose: Every active duty Air Force (ADAF) dependent with exceptional medical or educational needs has a right to services required to meet those needs (Public Law 94-142, *the Individuals with Disabilities Education Act*, DoDD 5400.7, *DoD Freedom of Information Act (FOIA) Program*, and DoDD 5400.11, *DoD Privacy Program*). The Air Force has the responsibility to make the necessary arrangements or take other actions to ensure the provisions of those services. It is Air Force policy that medically related services will be placed with the same priority as medical care for active duty members.

2.1.2. EFMPCMT:

2.1.2.1. The Exceptional Family Member Program Officer (EFMPO) is responsible for the exceptional family member component of the FAP and will serve as chairperson of the EFMPCMT.

2.1.2.2. Composition will include but not be limited to the EFMPO, pediatrician, Early Inter-

ventionist, Chaplain, and DoDDS representative.

2.1.2.3. Procedures:

2.1.2.3.1. Meets at the call of the chairperson or other team member serving as an ad hoc committee.

2.1.3. Reporting: All ADAF families who may have a member with an exceptional medical or educational need will report to the Yokota AB Family Advocacy Program to initiate EFMP enrollment. All agencies, departments, or individuals affiliated with Yokota AB are responsible for referring families with an exceptional family member to Family Advocacy.

2.1.4. Each family will be "Q" coded in the personnel system to ensure services are available to dependents with special needs.

2.2. Family Maltreatment.

2.2.1. Purpose: To identify, report, treat, and prevent maltreatment of ADAF and AF family members. Early identification is critical to decrease risk and help families stop the cycle of violence.

2.2.2. FMCMT:

2.2.2.1. The FAO is responsible for the family maltreatment component of the FAP and will serve as chair of the team.

2.2.2.2. Composition of the FMCMT includes the FAO, pediatrician, AFOSI, 374 AW/JA representative, 374 AW/HC, DoDDS representative, FSC representative, and 374 SFS representative, annually appointed by the FAC.

2.2.2.3. Procedures:

2.2.2.3.1. Ensures preliminary risk, safety, and biopsychosocial assessment of all family maltreatment cases.

2.2.2.3.2. Implements procedures for ensuring the safety of family maltreatment victims.

2.2.2.3.3. Reviews all referrals of family maltreatment, by majority vote, makes case status determinations, and develops treatment plans as appropriate.

2.2.2.3.4. Documents FMCMT meetings and decisions, and refers to cases by case number in the minutes.

2.2.2.3.5. Meets at the call of the chairperson but at least monthly.

2.2.2.3.6. The 374 MDG/CC monitors the activities of the FMCMT, checks CMT policy recommendations, and ensures CMT effectiveness. Reviews unusually sensitive cases or those needing special intervention as recommended by the CMTs.

2.2.2.4. Incident Status Determination Review (ISDR) Process.

2.2.2.4.1. When requested by FAP clients, the ISDR process will be initiated as outlined in Air Force Family Advocacy Program Standards, M-8, *Incident Status Determination Review (ISDR) Process*, at **http://www.airforcefap.org**.

2.2.2.4.2. When directed by the FAC Chairperson, the FMCMT will conduct a complete review of the incident status determination and decision-making process. FAC representative(s) designated by the FAC Chairperson will observe and/or review the process.

2.2.2.4.3. Documentation of the ISDR process and results will be recorded in a separate quality assurance document. The FMCMT minutes will include only the statement "ISDR held this date." The case reviewed will not be identified.

2.2.2.4.4. Changes in the incident status determination as a result of the ISDR will be noted in the FAP and Outpatient Record. Reference to the ISDR process will not be made.

2.2.2.4.5. ISDR results will be briefed to the FAC and documentation of the briefing noted in FAC minutes without client identification.

2.2.2.4.6. The FAC representative(s) with ISDR duties will be appointed in writing by the FAC chairperson and will not be a FMCMT member.

2.2.3. Reporting and response procedures: All agencies, departments, or individuals affiliated with Yokota AB (except the 374 AW/HC and 374 AW/JA, under the provisions of privileged communications) will report all identified incidents of suspected or established family maltreatment directly to the Family Advocacy Office. The Family Advocacy Office will report maltreatment to the appropriate agencies. Upon receipt of referral, the FAO will notify the AFOSI, service member's command, and 374 SFS.

2.2.3.1. The 374 MDG personnel:

2.2.3.1.1. Make sure the patient is medically stable, with immediate referral, as necessary, if the injury is severe or life threatening.

2.2.3.1.2. Provide for the necessary medical treatment and documentation of the injuries written and pictures when indicated.

2.2.3.1.3. Notify the FAO on call if after normal duty hours for assessment of safety and case management as needed.

2.2.3.1.4. Notify the 374 AW/CC, Director, Base Medical Services (DBMS), and 374 SFS Law Enforcement officials (374 SFS/SFOL).

2.2.3.1.5. In cases of child maltreatment when the parent or guardian refuses to bring the child to the 374 MDG Hospital for further assessment, contact the DBMS, FAO, 374 SPTG/CC, and the on-call 374 AW/JA.

2.2.3.1.6. Outside of home report: Parents will be contacted by the first sergeant or commander to meet the child at the hospital after being transported by 374 SFS personnel and/or Family Advocacy personnel, if during duty hours.

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

2.2.3.2. The 374 SFS personnel:

2.2.3.2.1. Respond to all initial reports of alleged abuse or neglect received at the Law Enforcement Desk. AFOSI will be contacted in cases requiring their participation.

2.2.3.2.2. Notify the FAO and Behavioral Health Services (BHS) Officer on call.

2.2.3.2.3. The 374 SFS officers responding to reported incidents of family maltreatment will ensure the safety of the individual involved by being with the victim at all times until

disposition.

2.2.3.2.4. 374 SFS officers and/or Family Advocacy personnel (if during duty hours) will transport all children 17 years of age and younger from any on base facility to the hospital who are possible victims of maltreatment. An unmarked police vehicle will be utilized (if available) when transporting children.

2.2.3.2.5. The FAO will receive the daily police blotter. The FAO will be advised of all incidents involving suspected or established cases of maltreatment.

2.2.3.2.6. 374 SFS officers and/or Family Advocacy personnel (if during duty hours) responding to reported incidents of family maltreatment may consult with the FAO to receive guidance in dealing with abusive or neglecting families.

2.2.3.3. AFOSI:

2.2.3.3.1. The Family Advocacy Program Liaison AFOSI Agent will notify the FAO of all cases involving suspected or established family maltreatment that comes to the attention of the installation AFOSI office. The 374 AW/CC will notify the AFOSI duty agent as soon as possible upon receipt of information concerning family maltreatment.

2.2.3.3.2. AFOSI personnel will notify the FAO when a Defense Criminal Investigation Index (DCII) check reveals information regarding previous incidents involving the family in question. All child abuse cases will be indexed.

2.2.3.3.3. Special case management is required for sexual abuse or exploitation cases. The Child Sexual Maltreatment Response Team (CSMRT) will be activated in these cases.

2.2.3.3.4. CSMRT: A multi-disciplinary team comprised of AFOSI, 374 AW/JA, and FAO will be established to respond to any allegation of child sexual abuse. This team assesses the allegation, determines a recommended strategy to proceed, briefs the 374 AW/CC, and implements the plan. This team facilitates both the investigative and clinical intervention.

2.2.3.4. Commanders and First Sergeants:

2.2.3.4.1. Notify the FAO or BHS Officer of all suspected maltreatment cases and families with special needs under EFMP.

2.2.3.4.2. Will coordinate with the FAO to secure a safe environment for the victims.

2.2.3.4.3. Should exercise their authority over the member to provide an initial “cooling off” period if it is deemed necessary.

2.2.3.4.4. The FAO will coordinate services in order to provide a safe environment for maltreatment victims. Unit commanders and First Sergeants may need to separate family members until a full evaluation is completed and risk has been assessed. A treatment plan will follow.

2.2.3.5. Community agencies:

2.2.3.5.1. Although the Yokota FAP has no jurisdiction over civilian agencies, community agencies will be encouraged to notify Family Advocacy personnel of any incidents of child abuse or neglect involving military families connected with Yokota AB that come to their attention.

2.2.3.5.2. The Yokota Family Advocacy Office will work on a collaborative basis with community agencies to assist in providing necessary services to families experiencing family maltreatment or experiencing EFMP needs, or who are part of the Victim Witness Program.

2.2.4. Adequate supervision of young children: The FAP staff will assess every case of lack of supervision. Each case will be assessed according to maturity of the child, history of being left alone and psychosocial factors in the family. Parents must understand that children, especially young children, require a certain amount of supervision. See 374 AWI 31-201, *Curfew and Supervision of Minors*.

2.2.5. Foster care: When a child has been voluntarily placed in an out-of-home placement overseas and cannot safely be returned to the home after a reasonable period of time, or if there are insufficient Child Protective Services (CPS), the FMCMT will consider recommending to the FAC return of the family to the Continental United States (CONUS). The FAO or Family Advocacy Treatment Manager (FATM), in coordination with the FMCMT, will consult the 374 AW/JA for any legal concerns and the FAOM for foster care volunteers.

2.2.5.1. In the case of a severe, chronic maltreatment situation, arrangements through Early Return of Dependents (ERD), EFMP, or a humanitarian reassignment will be made. This may necessitate the child being escorted by medical personnel or a non-medical attendant and met in the States (Hawaii) by child protective services. The FAO or FATM, in coordination with the FMCMT, will consult with the 374 AW/JA and the gaining CONUS FAO prior to case transfer. Where it is anticipated that the local CPS at the gaining base will be involved, the gaining FAO will coordinate with the CPS. Due to the unique circumstances in each of these situations, the FMCMT will provide the assessment and determine the appropriate strategy to ensure the safety of the child and services for the family.

2.2.5.2. The FAO will obtain an active list of foster care families and is responsible for the recruitment and training of foster care family candidates. These potential caregivers will be presented to the FMCMT for approval.

2.2.6. CSMRT.

2.2.6.1. Composition: The team is composed of the Family Advocacy clinician, AFOSI, 374 AW/JA, and representative(s) from other agencies having legal, investigative, or child protection responsibilities, when appropriate.

2.2.6.2. Procedures. Following the notification of alleged sexual maltreatment, the CSMRT will be activated immediately in order to implement initial action procedures. The initial team meeting will:

2.2.6.2.1. Review the allegation(s).

2.2.6.2.2. Coordinate a course of action.

2.2.6.2.3. Ensure victim safety and prevent revictimization.

2.2.6.2.4. Attend to the well being of the victim, the victim's family, and the alleged offender, ensuring suicidal or homicidal risk is evaluated.

2.2.6.2.5. Develop a strategy for interviewing the victim, including location and personnel to conduct the interview.

2.2.6.2.6. Ensure the number of investigative interviews and medical examinations are minimized to reduce the potential emotional trauma of the investigative process.

2.2.6.2.7. The involved FAP clinician will be responsible for reporting the CSMRT findings to the FMCMT, and appropriate key base personnel.

2.2.7. High Risk for Violence Response Team (HRVRT).

2.2.7.1. Composition: FAO (HRVRT Chairperson), FAP staff member working with the family, squadron commander, 374 SFS Operations Flight Commander (374 SFS/SFO), 374 AW/JA, Mental Health Provider, AFOSI representative, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate (e.g., the 374th Civil Engineer Squadron Base Housing [374 CES/CEH], Community Shelter).

2.2.7.2. Procedures: The HRVRT will develop and implement a management and tracking mechanism for high-risk individuals as specified in AFI 44-154, *Community Training: Suicide and Violence Awareness Education*.

2.2.7.3. Upon notification of suspicion of potential harm by an individual, the FAO will activate the HRVRT. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk of violence.

2.2.7.4. The HRVRT will involve the threatened individual(s) in the safety planning process.

2.2.7.5. The FAO will report the HRVRT findings, plans, and activities to the FAC Chairperson and the FMCMT.

2.2.8. Outreach: The Outreach component of the FAP will be activated when FAOM is employed. There will be an active OPMT that meets at least quarterly. When no FAOM is on the FAP staff, annual training will still be provided to all agencies on base who are likely to have contact with child or spouse maltreatment victims. Units will be briefed annually on the FAP.

MARK R. ZAMZOW, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Public Law 94-142, *the Individuals with Disabilities Education Act*

Public Law 97-291, *the Victim and Witness Protection Act*

AFPD 40-3, *Family Advocacy Program*

AFI 40-301, *Family Advocacy*

AFI 44-154, *Community Training: Suicide and Violence Awareness Education*

DoDD 1030.1, *Victim and Witness Assistance*

DoDD 5400.7, *DoD Freedom of Information Act (FOIA) Program*

DoDD 5400.11, *DoD Privacy Program*

DoD 6400.1-M, *Family Advocacy Program Standards and Self-Assessment Tool*

374 AWI 31-201, *Curfew and Supervision of Minors*

Air Force Family Advocacy Program Standards

Abbreviations and Acronyms

AB —Air Base

ADAF—Active Duty Air Force

AF —Air Force

AFOSI—Air Force Office of Special Investigations

AW —Airlift Wing

BHS —Behavioral Health Service

CC —Commander

CD —Deputy Commander

CMT—Case Management Team

CPS—Child Protective Services

CONUS—Continental United States

CSMRT—Child Sexual Maltreatment Response Team

DBMS—Director, Base Medical Services

DCII—Defense Criminal Investigation Index

DoD —Department of Defense

DoDDS—Department of Defense Dependents School

DPM —Military Personnel Flight

EFMP—Exceptional Family Member Program

EFMPCMT—Exceptional Family Member Program Case Management Team

EFMPO—Exceptional Family Member Program Officer

ERD—Early Return of Dependents

FAC—Family Advocacy Committee

FACAT—Family Advocacy Command Assistance Team

FAO—Family Advocacy Officer

FAOM—Family Advocacy Outreach Manager

FATM —Family Advocacy Treatment Manager

FAP—Family Advocacy Program

FMCMT—Family Maltreatment Case Management Team

FOIA —Freedom of Information Act

FSC—Family Support Center

GSU—Geographically Separated Unit

HC —Chaplain

HRVRT —High Risk for Violence Response Team

ISDR—Incident Status Determination Review

JA—Judge Advocate

MDG —Medical Group

MSS —Mission Support Squadron

OPMT —Outreach Program Management Team

SFS —Security Forces Squadron

SFOL —Law Enforcement

SPTG —Support Group

SV —Services Division

USAF —United States Air Force

Terms

Abuse—Non accidental physical injury or emotional disturbances as evidenced by, but not limited to, scratches, lacerations, skin bruising, bleeding, malnutrition, sexual maltreatment or abuse, burns, bone fractures, subdural hematoma, soft tissue swelling, and unexplained death or where the circumstances indicate that the condition may not be the product of 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 a mental or physical incapacity and authorized treatment in a military treatment facility.

Child Abuse and Neglect—Includes physical injury, sexual maltreatment, deprivation of necessities, or combinations, for 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, or coercion of a child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or simulation of such conduct), or rape, molestation, prostitution, or other such conduct, or other forms of sexual exploitation of children, or incest with children. All sexual activity between offender and a child is sexual maltreatment. Child sexual abuse can be perpetrated by an adolescent.

Educational Neglect —Knowingly allowing the child to have extended or frequent absence from school, neglecting to enroll a child in school, preventing the child from attending school for other than justified reasons. Exception exists when a child of sufficient age has decided to terminate school attendance. Home schooling must have evidence of a designed curriculum and method to measure outcome in a home environment.

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 either 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 or passive and aggressive, inattention to the victim's emotional needs, nurturing, or emotional well-being.

Exceptional Educational Needs—Educational requirements that are outside the scope of "mainstream" classes and require educators with specialized training and certification.

Exceptional Medical Needs—Physiological, psychological, or social conditions of a chronic nature that have been medically diagnosed and that require specialized treatment services.

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; the offender does not have direct physical contact with the child.

Family Advocacy Officer—A designated officer to manage, monitor, and provide staff supervision of the Family Advocacy Programs at the local level.

Family Advocacy Program 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 breasts or genitals, oral sex, or attempted penetration of victims'

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 with nourishment, clothing, shelter, health care, education, and supervision. “Failure to thrive” may be evidence of neglect.

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

Overnight—Any hour after 2200 hours on any given night.

Prevention—Efforts to prevent child and spouse abuse, and handicapping conditions in child, including information and education about the problem in general. Preventive efforts will be specifically directed toward potential victims, offenders, and 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 case evaluated with the preponderance of available evidence indicating that maltreatment has occurred. This means that the information supporting the occurrence of maltreatment is of greater weight or more convincing than the information indicating that maltreatment did not occur.

Suspected—The status of all cases during the assessment process.

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

Victim—An individual who is the subject of maltreatment.