

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

59TH MEDICAL WING INSTRUCTION 40-302



18 OCTOBER 2013

Certified Current 17 February 2016

Medical Command

MANAGEMENT OF SUSPECTED ABUSED PATIENTS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available on the e-Publishing website at www.e-publishing.af.mil for downloading or ordering.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 59 MHS/SGOWF

Certified By: 59 MDOS/CC
(Lt Col James E. Shields)

Supersedes 59MDWI 40-302, 31 July 2009

Pages: 18

This instruction implements Air Force Policy Directive 40-3, *Family Advocacy Program*. This instruction specifies responsibilities and establishes procedures for managing patients who are suspected victims of child, spouse or elder abuse, neglect and/or exploitation and who require management throughout the medical facility. This medical wing instruction (MDWI) applies to all personnel assigned, attached, or under contract to the 59th Medical Wing (MDW), with the exceptions of 959th Medical Group personnel while performing duties at San Antonio Military Medical Center (SAMMC); however, information within this MDWI may provide valuable guidance to all medical providers within the San Antonio Military Health System. This instruction does not apply to the Air National Guard or Air Force Reserve. The 59 MDW has the legal, professional and ethical responsibility to provide medical evaluation and treatment, arrange appropriate specialty service consultation or referral, coordinate the collection of medical and legal evidence and address the personal safety of victims of abuse, neglect, exploitation, and assault. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, United States Code, Section 8013. Privacy Act System of Record F044 AF SG Q, Family Advocacy Program Record, applies. Collected information is "For Official Use Only." Request to release Privacy Act information to persons or agencies outside the Department of Defense (DoD) must be in accordance with (IAW) AFI 33-332, *Air Force Privacy Act Program*, DoD 5400.7, Freedom of Information Act, and DoD 6025.18-R, DoD Health Information Privacy. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual 33-363, *Management of*

Records, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: added same sex reference to intimate partners, added information on Air Force Domestic Assault Victim Advocates; removed references to Emergency Department and added reference for Urgent Care Clinic; removed reference to Hospital Automated Resources Protection Services; updated sexual assault victim referral information, referral criteria, and procedures; updated patient transfer information; updated disclosure and release of information criteria; updated information on sexual assault restricted reporting options for adult family members of active duty personnel.

1. Restricted Reporting and Incidents of Suspected Spouse and/or Intimate Partner Maltreatment.

1.1. The DoD defines domestic violence as a pattern of behavior resulting in emotional and/or psychological abuse, economic control, and/or interference with personal liberty when such violence or abuse is directed toward a person of the same or opposite sex who is 1) a current or former spouse or 2) a person with whom the abuser shares a child in common or 3) a current or former intimate partner with whom the abuser shares or has shared a common domicile. As the DoD definition is not limited to maltreatment between spouses, the term intimate partner will be used throughout this instruction to describe this type of maltreatment.

1.2. Depending on the level of risk, active duty and adult family members who are victims of intimate partner abuse, neglect and/or exploitation and who report suspected maltreatment to any health care provider, the Sexual Assault Response Coordinator (SARC) or a DoD Family Advocacy Domestic Assault Victim Advocate (DAVA) or Victim Advocate at the Bexar County Family Justice Center, have the option of restricted reporting. Restricted reporting enables adult victims of intimate partner abuse, neglect and/or exploitation to seek medical care, mental health treatment and/or victim advocacy services without command and/or law enforcement involvement.

1.2.1. Restricted reporting is not an option if the victim has had contact with military and/or civilian law enforcement (including DoD Special Investigation agencies), military authorities, (including anyone in the sponsor's chain of command), or any other referral source regarding the suspected maltreatment.

1.2.2. Restricted reporting applies only to incidents of domestic violence where the alleged victim is age 18 or older. Restricted reporting is not an option in cases of suspected child abuse, neglect and/or exploitation, or where there is risk of serious harm or death to the victim.

2. Responsibilities.

2.1. Family Advocacy will educate medical wing staff annually on the criteria for identifying, reporting and managing victims of suspected abuse, neglect and/or exploitation. Other medical personnel (e.g., pediatrics, Urgent Care personnel) may supplement this training in areas that are outside Family Advocacy's area of expertise and/or scope of care.

2.2. Allegations, observations or suspected cases of abuse, neglect and exploitation that occur in Joint Base San Antonio (JBSA) medical facilities must be investigated and reported, IAW AFI 44-102, *Medical Care Management*, paragraphs 16.4. and 16.4.1. However, Family Advocacy's scope of service is limited to maltreatment allegations of abuse and/or neglect involving either an active duty member or the beneficiary of an active duty member and child and/or intimate partner maltreatment. Cases of abuse, neglect and/or exploitation where the alleged victim and/or the alleged offender is neither active duty nor the beneficiary of an active duty member and do not involve child and/or spouse/intimate partner abuse, neglect or exploitation fall outside the jurisdiction of Family Advocacy and this instruction. Family Advocacy will still make appropriate contacts to required agencies, e.g. Security Forces, Child Protective Services, or local law enforcement agencies.

2.3. All healthcare personnel are required to report any suspected intimate partner abuse, neglect and/or exploitation to Family Advocacy and to report any suspected child abuse, neglect and/or exploitation to both Family Advocacy and the Child Protective Services (CPS) division of the Texas Department of Family and Protective Services (TDFPS). Personnel are not required to be absolutely certain or have proof of the abuse before making a referral, but must have reasonable suspicion that abuse has occurred.

2.3.1. The healthcare provider (psychologist, physician, nurse, technician etc.) who examined or interviewed the victim and knows the most information about the alleged maltreatment is the most appropriate person to contact CPS. Family Advocacy does not make notifications for other health care providers. Health care providers are mandatory reporters and must contact CPS directly if they believe abuse has occurred.

2.4. All Health Care Providers shall:

2.4.1. Provide care that respects each patient's right to be free from mental, sexual and verbal abuse, neglect and exploitation.

2.4.2. In cases of sudden or unexplained child death involving the child of an active duty member, notify the Air Force Office of Special Investigations (OSI) (who shall make contact with Army Criminal Investigation Department (CID) or Naval Criminal Investigative Services (NCIS) as needed), Security Forces Investigations, and Family Advocacy. Family Advocacy may assist the provider in contacting the appropriate agencies. These procedures will be followed whether the active duty member lives on or off base.

2.4.3. Interview the patient in a place that affords privacy. Before inquiring about possible abuse or neglect, it is essential to create an environment in which it is safe for a patient to talk freely. It is standard policy to interview all patients in private until an

initial screening to rule out a reasonable suspicion of abuse, neglect and/or exploitation has been completed. Self-report forms should neither be administered in waiting rooms where the batterer, other family members, or friends may be present, nor mailed to the home prior to a visit. Providers should advise accompanying parties that wing policy dictates that all patients must be seen individually and that non-patients must remain in the waiting room. Clinical staff should be prepared and have a plan for separating the patient from the abuser in a way that increases the patient's safety and makes it clear to the assailant that abusive behavior is not acceptable.

2.4.4. Convey an attitude of concern, respect and confidentiality to the patient.

2.4.5. Routinely ask questions directly related to abuse, neglect and exploitation.

2.4.6. Take the patient's history, conduct a thorough examination and provide appropriate lab tests and x-rays. For sexual assault cases, examination shall be limited to addressing acute health needs, then coordinated with the appropriate agency under section 3.1.

2.4.7. Document findings, including patient's statements, behavior and appearance.

2.4.8. Treat injuries.

2.4.9. Preserve physical evidence.

2.4.10. Assess the immediate safety of the patient.

3. Non-Family/Non-Intimate Partner Sexual Assaults Procedures.

3.1. Sexual Assault. If an active duty service member or family member (18 years or older) is a victim of sexual assault and the alleged assailant is not or has never been his/her intimate partner, the victim has the option of selecting restricted reporting through the SARC/VA. If the alleged offender is a family member, spouse, intimate partner, or former intimate partner, the victim may have the option of restricted reporting through the Family Advocacy DAVA program. Restricted reporting allows the victim to receive medical, psychosocial and advocacy care without initiating an investigation or the notification of the victim's chain of command.

3.1.1. Active duty members and their adult family members 18 years or older, initially retain restricted reporting. For non-family/non-intimate partner/former intimate partner sexual assault, notify the SARC/VA at 671-SARC (671-7272) or DoD Safe Helpline at 877-995-5247; for family/intimate partner/former intimate partner sexual assault, contact the Family Advocacy DAVA at 210-292-0418 during normal duty hours or 210-367-1213 outside of normal duty hours. Do not notify civilian or military law enforcement or OSI/CID/NCIS. The SARC/VA or DAVA will counsel the victim and complete a written Victim Preference Statement indicating whether the service member elects restricted or unrestricted reporting. If the victim elects restricted reporting,

he/she has the option to select unrestricted reporting any time. At that time, an investigation will be opened and the chain of command will be notified.

3.1.2. Adult victims 18 years or older, may elect to have forensic evidence collected even if they elect restricted reporting. Evidence collection for adults age 18 years or older is accomplished by a certified Sexual Assault Nurse Examiner (SANE) located at Methodist Specialty and Transplant Hospital. Evidence collection for adolescent victims 13-17 can be accomplished at either Methodist Specialty and Transplant Hospital or Children's Hospital of San Antonio (formerly known as Christus Santa Rosa Hospital). If the victim is severely injured he/she will be stabilized and transported to SAMMC by Emergency Medical Services for the appropriate level of healthcare and remain until medically cleared for release. A SANE conducts the Sexual Assault Forensic Exam (SAFE) at Methodist Specialty and Transplant Hospital once medically cleared. If the victim cannot be medically cleared, the Methodist Specialty and Transplant Hospital SANE may provide outcall SAFEs, but only if law enforcement is involved. Forensic evidence collection for pediatric victims under age 18 is accomplished at Children's Hospital of San Antonio. The pediatric SANE does not provide evidence collection outcalls. The decision of which of the aforementioned hospitals to send adolescents (age 13-17) can be decided by the provider and family.

3.1.3. If the victim elects to have forensic evidence collected, the healthcare team must ensure that the victim does not eat, drink, empty bladder/bowels, smoke and/or brush her/his teeth as this may degrade the evidence.

3.1.4. Sexual assault victims who are not physically injured should not be sent to SAMMC Emergency Medicine Department. If the victim reports to any clinic within the 59 MDW, that clinic is responsible for completing a medical screening exam and making appropriate notifications with assistance from the SARC or Family Advocacy DAVA IAW section 3.1.

3.2. Physical Abuse, Emotional Abuse, or Neglect. If an adult victim of domestic violence presents to a healthcare provider or technician, the provider or technician will confirm with the victim whether any law enforcement personnel or other military authorities have been notified.

3.2.1. If either law enforcement or other military authorities have been notified, then restricted reporting is not an option. Contact JBSA Family Advocacy during duty hours or the on-call Mental Health/JBSA Family Advocacy provider after duty hours (via the JBSA Command Post).

3.2.2. Provide Family Advocacy with the following demographic information:

3.2.2.1. Sponsor's name, rank, unit, home address, home and duty phone, social security number (SSN) and date of birth (DOB).

3.2.2.2. Spouse's name, home address, home and work phone numbers, SSN and DOB. Family Advocacy will still need this information even if the alleged victim or offender is an ex-spouse or intimate partner.

3.2.2.3. Victim's name, address, home and work phone, SSN and DOB (if not already obtained).

3.2.2.4. Alleged offender's name, address, home and work phone, SSN and DOB (again, if not already obtained).

3.2.3. Provide information and referrals for counseling, shelter, support groups, and legal assistance in the community and victim advocacy. Victim Advocates are available for victims of non-intimate partner sexual assault via a SARC/VA through the Sexual Assault Prevention & Response (SAPR) program, or the Family Advocacy DAVA program for victims of intimate/former intimate partner assault. The Bexar County Family Justice Center also assists victims of sexual assault or domestic violence who are affiliated with the military (active duty, family member of active duty, retired military or family member of retired military).

3.2.4. If law enforcement or military authorities have not been notified, the victim may have the option of restricted Reporting through Family Advocacy. In these situations, the victim initially retains restricted Reporting until Family Advocacy has completed the initial safety and risk assessment to rule out imminent harm and other exceptions to restricted reporting.

3.2.4.1. Healthcare personnel may inform victims on general information regarding restricted and unrestricted reporting, but cannot advise a victim they are eligible for restricted reporting, and shall not contact law enforcement, OSI/CID/NCIS or the sponsor's chain of command until Family Advocacy has completed the initial risk assessment, unless the victim advises healthcare personnel to immediately report the incident, presents with a serious injury, or there are imminent safety concerns.

3.2.4.2. Contact the JBSA Family Advocacy office during duty hours or the on-call Mental Health/Family Advocacy provider after duty hours, as required. Provide Family Advocacy with the demographic information listed in paragraph 2.4.12.2.

3.2.4.3. When notified by Family Advocacy that the incident of maltreatment will be an unrestricted report, make notifications in accordance with his/her respective clinic's protocols.

3.5. JBSA Family Advocacy will:

3.5.1. Conduct an initial risk assessment to determine if there is a serious and imminent threat to the health and safety of the victim or another person. Family Advocacy will consider the following to determine if the assessment will be completed in person or over the telephone:

3.5.1.1. The patient (or parent/guardian if the patient is under the age of 18) requests to meet with Family Advocacy in person.

3.5.1.2. The medical provider or Family Advocacy determines that an in-person assessment is clinically warranted and appropriate.

3.5.1.3. Victim's physical injuries and/or level of emotional distress.

3.5.1.4. Severity of the abuse.

3.5.1.5. The on-call Mental Health/Family Advocacy provider will base the initial risk assessment on information provided by command and/or healthcare provider and will contact the DAVA if additional assessment/intervention may be required.

3.5.2. Determine if there is a serious risk of imminent harm and whether the imminent harm exception to restricted reporting applies.

3.5.2.1. If the imminent-harm or other exception do not apply, Family Advocacy will use the Victim Reporting Preference Statement to explain restricted and unrestricted reporting options to the victim. Family Advocacy will inform the healthcare provider as to the victim's reporting preference.

3.5.2.1.1. If the victim chooses restricted reporting, no further notifications will be made. Family Advocacy and/or Domestic Assault Victim Advocate will develop a safety plan with the victim.

3.5.2.1.2. If the victim chooses unrestricted reporting, Family Advocacy will develop a safety plan with the victim and the sponsor's squadron commander and/or first sergeant (or service equivalent for Army, Navy or Marine personnel).

3.5.3. If the imminent harm exception applies, then victim does not have the option of making a restricted report.

3.5.3.1. Family Advocacy will develop a safety plan with the victim and the sponsor's commander and/or first sergeant (or service equivalent for Army, Navy or Marine personnel).

3.5.4. Family Advocacy will activate the Child Sexual Maltreatment Response Team (CSMRT) following the receipt of an allegation of child sexual maltreatment. In the event an allegation of child sexual maltreatment is received after duty hours, the on-call Mental Health/Family Advocacy provider will immediately contact the Family Advocacy Officer (FAO). In the event the FAO is on leave/temporary duty, contact the alternate FAO (AFAO). The FAO/AFAO will then convene the CSMRT in accordance with AFI 40-301, Family Advocacy Program and Air Force Family Advocacy Program Standards.

3.5.4.1. Notify the 502d Air Base Wing Commander (502d ABW/CC) and the 59th Medical Wing Commander (59 MDW/CC) immediately when a child sexual maltreatment incident is alleged to have occurred in a DoD sanctioned activity. Notify Air Force Medical Operations Agency/Family Advocacy Program [Air Force Medical Operating Agency (AFMOA)/SGHW] within 24 hours.

3.5.5. Family Advocacy will activate the High Risk for Violence Response Team (HRVRT) in the event that members of a family unit may be in imminent danger of being harmed by other family members. For the purposes of the HRVRT, family members include active duty, spouse, intimate partner, children and stepchildren, ex-spouse, or ex-stepparents. The HRVRT will also be activated if Family Advocacy staff members may be in danger of being harmed by either a current or a former Family Advocacy client. In the event of a high risk situation after duty hours, the on-call Mental Health/Family Advocacy provider will immediately contact the FAO. In the event the FAO is on leave/temporary duty, contact the AFAO. The FAO/AFAO will then convene the HRVRT IAW AFI 40-301 and Air Force Family Advocacy Program Standards.

3.5.5.1. Update the High Interest/High Risk Log maintained by SGOWM as needed.

3.5.5.2. Notify the 502d ABW Commander and the 59 MDW/CC immediately after the sudden or unexplained death of a child (or step child) of an active duty member. Notify AFMOA/SGHW Family Advocacy within 24 hours.

3.5.6. Present all cases of suspected child maltreatment and unrestricted reports of intimate partner maltreatment to the Central Registry Board for determination.

3.5.7. Present all cases of child maltreatment and intimate partner maltreatment (both restricted and unrestricted) to the Clinical Case Staffing.

3.6. Mental health providers will:

3.6.1. Review the outpatient medical record for past history or current treatment from Mental Health, Alcohol and Drug Abuse Prevent and Treatment Program (ADAPT) and/or Family Advocacy.

3.6.1.1. Make contact with the mental health, Family Advocacy, or ADAPT provider prior to the initial assessment if the patient is currently receiving services from any of aforementioned agencies.

3.6.1.2. Staff the case at least monthly with other providers who provide care to the patient. Document the staffing as a consult or staffing in his or her clinic's respective record.

3.6.1.3. Staff the case no later than the next duty day when clinically significant developments occur. Such developments include, but are not limited to:

3.6.1.3.1. Change in the level of risk (increase or decrease).

3.6.1.3.2. Change in family situation (e.g., couple separates and/or files for divorce).

3.6.1.3.3. Change in patient's level of functioning (e.g., change in symptoms, patient relapses and/or patient presents with suicidal and/or homicidal ideation).

3.6.1.3.4. Military or civilian legal proceedings, hearings and/or court actions.

3.7. Law Enforcement Representative will:

3.7.1. Obtain legal statements.

3.7.2. Ensure the proper chain of custody for evidence collection.

3.7.3. Complete Air Force or civilian chain of custody documentation.

4. Standards of Practice.

4.1. Urgent Care Clinic (UCC). Staff physicians maintain ultimate responsibility for the evaluation, treatment and disposition of the patient while in the UCC. If this cannot be accomplished in a timely manner due to department load or acuity, the appropriate specialty service will be consulted.

4.2. Obstetrics/Gynecology. All female victims 12 years of age or older presenting for evaluation of an acute sexual assault will be evaluated when clinically warranted (also see SANE and SAFE information under section 3.1.2.).

4.3. Pediatrics. All possible victims will be evaluated when clinically warranted, to include all child abuse or neglect cases, males or females under 18 years of age presenting for evaluation of non-acute sexual assault, children less than 12 years of age presenting for evaluation of acute sexual assault (also see SANE and SAFE information under section 3.1.2.).

4.4. Urology. All possible victims, to include male sexual assault victims, will be evaluated when clinically indicated (also see SANE and SAFE information under section 3.1.2.).

4.6. Mental Health staff. Work with Family Advocacy IAW this instruction.

4.7. ADAPT staff. Work with Family Advocacy IAW this instruction.

4.8. After-duty support services. After-duty support services. Support services after normal duty hours are limited to consultation, referral, notifications, and liaison services (e.g., DAVA services) to command and/or healthcare providers. Emergency mental health and substance abuse services are not available through the afterhours JBSA Family Advocacy/Mental Health on-call provider. Those seeking emergency medical services must contact 911 or the SAMMC Emergency Medicine Department.

4.9. Treatment and Referral for Victims of Violence. Victims with significant physical injuries, violent mechanisms of injury, or requiring protective custody, admission, or emergent referral, may require care or protection outside the scope of 59 MDW personnel. Victims may require ambulance transport to SAMMC or the nearest emergency department. For victims requiring immediate protective custody, contact Security Forces Law Enforcement Desk and Family Advocacy Program, in that order.

4.10. Assessment and Treatment for Victims of Alleged or Suspected Sexual Assault.

4.10.1. All patients, regardless of the time since a reported assault, receive a medical examination or treatment for a sexually transmitted disease or prophylaxis, receive appropriate referral, and have the option to have a police report filed; however, no patient should be forcibly examined under any circumstance.

4.10.1.1. For sexual assault forensic exams, patients over the age of 18 will be transported to the Methodist Specialty and Transplant Hospital. Sexual assault victims under the age of 18 will be transported to Children's Hospital of San Antonio. Adolescents (age 13-17) may be transported to either hospital, based upon the preference of the family. Note, Methodist Specialty and Transplant Hospital does provide outcall services, but Children's Hospital of San Antonio does not (refer to 3.1.2).

4.10.1.2. Transport will be provided IAW 59MDWI41-122_59MDWGM1, *Patient Transfers*.

4.10.1.2.1. In the event of conflicts, questions, or concerns regarding transport of suspected abused patients, 59 MDW personnel shall coordinate with the San Antonio Rape Crisis Center (210-349-7273) for sexual assault victims, Domestic Assault Victims Advocates (210-367-1213) for adult victims of family maltreatment, or Family Advocacy for child maltreatment victims or for general guidance on victim transport issues (210-292-5967) during duty hours or through JBSA Command Post after normal duty hours.

4.10.1.3. Referrals.

4.10.1.3.1. Refer all patients for follow-up with appropriate specialty service (e.g., pediatrics, gynecology, urology).

4.10.1.3.2. Refer to Family Advocacy, SARC, Sexual Assault Crisis Center, Victim Advocates at the Bexar County Family Justice Center, Military OneSource, and/or the Victim Witness Assistance Program at JBSA military legal offices.

4.10.1.3.3. Refer to SAMMC Infectious Disease Clinic 210-916-5554 for Human Immunodeficiency Virus (HIV) counseling and testing. A baseline HIV test is optional, except for active duty.

4.11. Consent.

4.11.1. Required for medical photography if the victim is 16 years of age or older.

4.11.2. Parental consent is not required for children 15 years of age or younger, prior to taking photographs or for proceeding with a medical or investigative evaluation. If a child requires protective custody, notify the FAO, who will then make appropriate notifications to 59 MDW leadership.

5. Mandatory Reporting Requirements.

5.1. Child Protective Services (1-800-252-5400) of TDFPS for all cases regarding suspected sexual, physical, and/or emotional maltreatment, neglect and/or exploitation involving a child (unmarried person who is younger than 18 years of age).

5.2. Adult Protective Services (1-800-252-5400) for all cases regarding suspected sexual, physical, and/or emotional maltreatment, or neglect involving an elder (age 65+) or a disabled adult (over the age of 18).

5.3. JBSA SARC/VA (671-SARC/671-7272) for any case of non-family, non-intimate partner/former intimate partner sexual assault involving an individual over the age of 18.

5.4. San Antonio Police Department and/or Bexar County Sheriff Department for incidents occurring off-base and for all assaults involving weapons or inflicting serious injury.

5.5. OSI/CID for child maltreatment and/or unrestricted reporting for victims of intimate partner maltreatment that:

5.5.1. Involve active duty personnel.

5.5.2. Involve family members of active duty.

5.5.3. Unrestricted reports involving violent assaults (sexual and/or physical).

5.5.4. Involve sudden, unexpected or suspicious deaths of family members, including spouses and children/stepchildren, regardless of whether or not there is an open Family Advocacy case.

5.6. Security Forces Law Enforcement Desk for all incidents of child abuse or neglect, and unrestricted reports of intimate partner maltreatment or assault.

6. Disclosure or Release of Information Not Requiring Patient Authorization.

6.1. When a patient is a victim of abuse or neglect, patient consent is required in order to release protected health information to government agencies. Providers shall not disclose information beyond required CPS and SAPR notifications. Disclosures to CPS and SAPR must be logged and/or accounted for. All other requests shall be handled by the Release of Health Information Office.

6.2. Each clinic will maintain a disclosure accounting log with the following information:

6.2.1. Patient's name.

6.2.2. Requester's name and work address.

6.2.3. Name and title of individual accomplishing the disclosure.

6.2.4. Content and purpose of disclosure

6.2.5. Date of disclosure.

7. Indicators to Identify Possible Victims of:

7.1. Physical Abuse. The following injuries and conditions are often seen in cases of abuse. These warning signals or indicators should be considered in light of explanations provided, medical history (especially if inconsistent) and the developmental level and age of the patient engaged in activities that might have caused the injury.

7.1.1. Bruises and welts.

7.1.2. Burns.

7.1.3. Lacerations and abrasions.

7.1.4. Skeletal injuries.

7.1.5. Head injuries.

7.1.6. Internal injuries.

7.2. Sexual Abuse.

7.2.1. Venereal disease.

7.2.2. Pain or itching in genital area.

7.2.3. Painful urination.

7.2.4. Poor sphincter tone.

7.2.5. Vaginal or penile bleeding or lacerations.

7.2.6. History of being “touched” without penile penetration.

7.3. Neglect.

7.3.1. Lack of supervision.

7.3.2. Educational neglect.

7.3.3. Medical neglect.

7.3.4. Deprivation of necessities.

7.3.5. Abandonment.

7.4. Behavioral Signs of Intimate Partner Violence. The patient can exhibit a variety of responses to the stress of abuse.

7.4.1. Appear frightened, ashamed, evasive or embarrassed.

7.4.2. Hesitant in providing information about the injury.

7.4.3. Appear overly frightened, disoriented or depressed over a minor injury or minimizes the importance of a significant injury.

7.4.4. Delayed report of injury.

7.4.5. Overly accepting of painful procedures.

7.4.6. Cry excessively and/or inconsolably.

7.4.7. Seek constant reassurance; have poor self-concept.

7.4.8. Manipulative or overanxious to please.

7.4.9. Habit disorders (sucking, biting, and rocking).

7.4.10. Evasive or changes account of cause of injury.

7.4.11. Reported cause of injury is not consistent with the nature and/or severity of injuries.

NICOLA A. CHOATE, Colonel, MC, FS
Chief of the Medical Staff

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 40-3, *Family Advocacy Program*, 6 December 2011

AFI 40-301, *Family Advocacy Program*, 30 November 2009

AFI 44-102, *Medical Care Management*, 20 January 2012

Air Force Family Advocacy Program Standards, 30 November 2009

AFI 36-6001, *Sexual Assault Prevention and Response (SAPR) Program*, 29 September 2008

DoDD 6400.1, *Family Advocacy Program*, 23 August 2004

DoDI 6400.06, *Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel*, 21 August 2007

Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996*

59MDWI 44-121, *Treatment of Minors*, 2 December 2010

59MDWI 44-133, *Plan for the Provision of Patient Care*, 18 October 2013

Texas Family Code, Chapter 261: *Investigation of Report of Child Abuse or Neglect*, 1 September 2005

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations

ADAPT—Alcohol and Drug Abuse Prevent and Treatment Program

AFMOA—Air Force Medical Operating Agency

AFAO—Alternate FAO

CID—Criminal Investigation Department

CPS—Child Protective Services

CSMRT—Child Sexual Maltreatment Response Team

DAVA—Domestic Assault Victim Advocate

DOB—Date of Birth

DoD—Department of Defense

FAO—Family Advocacy Officer

HIV—Human Immunodeficiency Virus

HRVRT—High Risk for Violence Response Team

IAW—In Accordance With

JBSA—Joint Base San Antonio

MDW—Medical Wing

MDWI—Medical Wing Instruction

NCIS—Naval Criminal Investigative Service

OSI—Office of Special Investigations

SAMMC—San Antonio Military Medical Center

SAFE—Sexual Assault Forensic Examination

SANE—Sexual Assault Nurse Examiner

SAPR—Sexual Assault Prevention & Response

SARC—Sexual Assault Response Coordinator

SSN—Social Security Number

TDFPS—Texas Department of Family and Protective Services

UCC—Urgent Care Clinic

Terms

Alleged Offender—Any person suspected of causing maltreatment to a child while in a caretaker role or suspected of causing a current or former intimate partner of the opposite or

same sex, or whose act, or failure to act, substantially impaired the health or well-being of the victim.

Child—An unmarried person under the age of 18 who is eligible for care through a DoD medical treatment facility and for whom a parent, guardian, foster parent, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term “child” means a biological 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 and/or physical incapacity/disability and is authorized care in a military treatment facility.

Child Abuse—Encompasses physical abuse, psychological and/or emotional abuse, sexual abuse, neglect or exploitation of an unmarried person who is younger than 18 years of age.

Domestic Abuse—Domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control, neglect, exploitation and/or interference with personal liberty that is directed towards a current or former intimate partner of the opposite sex.

Domestic Violence—An offense under the United States Code, the Uniform Code of Military Justice or State law, that involves either the use or threatened use of force and/or violence against a current or former intimate partner or a violation of a lawful order issued for the protection of said intimate partner.

Elder Abuse (Age 65+)—Willful infliction of injury, unreasonable confinement, intimidation, neglect, exploitation or cruel punishment with resulting physical harm, pain or mental anguish and/or willful deprivation by caregiver of goods or services that are necessary to avoid physical harm, mental anguish or mental illness.

Exploitation—Taking advantage of another individual for one’s own advantage and/or benefit.

HQ Family Advocacy Program (Family Advocacy) Standards—Specific guidance provided by HQ AFMOA/SGHW to provide detailed directions for the implementation, management and operation of the Family Advocacy Program within the USAF.

Maltreatment—A general term encompassing child and spouse/intimate partner abuse, neglect and/or exploitation.

Restricted Reporting of Sexual Assault— Allows an adult victim of sexual assault (by someone other than a current or former intimate partner), who is eligible to receive military medical treatment, the option to disclose the details of his/her assault on a confidential basis to specifically identified individuals and to receive medical treatment and counseling without triggering the official investigative process. Victims who are sexually assaulted and desire restricted reporting under this policy should report the assault to the Sexual Assault Response Coordinator (SARC) or a healthcare provider. Consistent with current policy, victims may also report the assault to a chaplain.

Restricted Reporting for Incidents of Domestic Abuse—Allows an adult victim of domestic abuse who is eligible to receive military medical treatment AND who is not in imminent danger, the option of reporting an incident of domestic abuse to specified individuals, without initiating the investigative process or notification to the victim's or alleged offender's commander. Restricted reporting provides a victim of domestic abuse access to medical care and/or victim advocacy services. Both active duty and adult family members who are victims of domestic violence are eligible for restricted reporting. Restricted reporting is only an option if the imminent harm exception does not apply.

Treatment—Direct services to families identified as experiencing maltreatment. Also called "tertiary prevention."

Unrestricted Reporting for Active Duty Victims of Sexual Assault—Allows unrestricted reporting by of an adult victim of sexual assault by someone other than a current or former intimate partner of the opposite sex. Unrestricted reporting allows a sexual assault victim who to seek care and initiate the investigative process. An active duty victim of sexual assault who would like to initiate an official investigation of his/her allegations should use current reporting channels, including the active duty member's chain of command, civilian and/or military law enforcement, OSI or the Sexual Assault Response Coordinator.

Unrestricted Reporting for Incidents of Domestic Abuse—Allows an adult victim of domestic abuse, who is eligible to receive military medical treatment, the option of receiving services and initiating the investigative process. An adult victim of domestic abuse who would like to initiate an official investigation of his/her allegations should use current reporting channels, including the alleged victim's and/or alleged offender's chain of command, civilian/military law enforcement and/or OSI.