

**BY ORDER OF THE COMMANDER
1ST SPECIAL OPERATIONS WING
(AFSOC)**

HURLBURT FIELD INSTRUCTION 40-303

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Medical

FAMILY ADVOCACY PROGRAM

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This publication implements Air Force Policy Directive (AFPD) 40-3, *Family Advocacy Program* and Air Force Instruction (AFI) 40-301, *Family Advocacy*. This publication establishes the Hurlburt Field Family Advocacy Program (FAP). It establishes the Family Advocacy Committee (FAC), Central Registry Board (CRB), Clinical Case Staffing (CCS), Child Sexual Maltreatment Response Team (CSMRT), High Risk for Violence Response Team (HRVRT), and the Incident Status Determination Review (ISDR) process. It addresses a Memorandum of Agreement (MOA) between the base and the Department of Children and Families (DCF) and agencies in State Circuit One and a Memorandum of Understanding (MOU) with Shelter House. It specifies the purpose and procedures of the Outreach Program and secondary prevention programs. This instruction does not apply to the Air Force Reserves (AFR) or the Air National Guard (ANG). This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 8013, Secretary of the Air Force; AFI 40-301, and E.O. 9397 (SSN). System of records notice F044 AF SG Q applies. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through Major Command (MAJCOM) publications/forms managers. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. . The use of

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SUMMARY OF CHANGES

This revision includes dates, numbering format, commander updates, and clarity to applicable Memorandum of Agreement (MOA) and Memorandum of Understanding (MOU).

1. Service Eligibility. The Hurlburt Field Family Advocacy Program (FAP) offers maltreatment care and prevention services to all active duty military members and eligible beneficiaries. Maltreatment services are provided in all reported cases of family maltreatment. Prevention services are provided to all eligible beneficiaries.

2. FAP Committees.

2.1. Family Advocacy Committee (FAC) is chaired by the Wing Commander or their designee.

2.1.1. FAC Chair will:

2.1.1.1. Oversee FAC and FAP programs.

2.1.1.2. Appoint team members to CSMRT, HRVRT, and ISDR process.

2.1.2. FAC members are assigned IAW AFI 40-301, paragraph 1.4. The FAC may add other members such as civilian agencies and community service organizations. The FAC is the oversight body and thereby responsible for setting policy and procedures for establishing and operating its FAP IAW AFI 40-301 and AF FAP Standards, A-6. Establishes the CSMRT, HRVRT, and ISDR process reviewer and alternate.

2.2. CRB/CCS Functions and Responsibilities.

2.2.1. The CRB is chaired by the vice wing commander or the mission support group commander in his/her absence. Other members include the wing command chief master sergeant, Family Advocacy Officer (FAO), Staff Judge Advocate (SJA), Security Forces (SFS), Office of Special Investigations (OSI), and squadron representatives (normally the commander and/or first sergeant).

2.2.2. The purpose of the CRB is to make incident status determinations based on the Air Force maltreatment definitions. This board determines whether an incident meets the criteria for maltreatment IAW DoD guidelines and requirements for reporting.

2.2.3. Members of the CRB will complete the online CRB training prior to their attendance at a CRB meeting.

2.2.4. The CCS will be chaired by the FAO and membership includes the Family Advocacy Nurse (FAN), Family Advocacy Treatment Manager (FATM), Family Advocacy Outreach Manager (FAOM), Family Advocacy Program Assistant (FAPA), and other military treatment facility (MTF) personnel who may add value to the clinical discussion. All personnel not affiliated with the medical group may only attend to provide information for a particular case.

2.2.5. CCS membership will address all clinical and safety issues for new maltreatment cases.

2.3. CSMRT Functions and Responsibilities.

2.3.1. The CSMRT consists of AFI-mandated base and community representatives.

2.3.2. New members will receive training on their roles and responsibilities within 90 days of appointment.

2.3.3. Members will meet at least annually to clarify roles and responsibilities.

2.3.4. Following the notification of alleged sexual maltreatment, the CSMRT will be activated immediately, in order to implement initial action procedures. The CSMRT follows published guidelines, which include the Family Advocacy Program Standards. The CSMRT coordinates with and facilitates base and community agencies in establishing a plan of action for conducting interviews, scheduling medical exams and arranging safety of all family members in order to decrease duplication and ensure continuity of care.

2.4. HRVRT Functions and Responsibilities.

2.4.1. The HRVRT consists of AFI-mandated base and community representatives.

2.4.2. This multidisciplinary team provides a collaborative installation response to decrease the risk of violence by sharing information and coordinating an effective safety plan.

2.4.3. The HRVRT coordinates with facilitates base and community agencies in establishing a plan of action for arranging for safety of all family members in order to decrease duplication and ensure continuity of care.

2.4.4. New members will receive training on their roles and responsibilities within 90 days of appointment.

2.4.5. Members will meet at least annually to clarify roles and responsibilities and review the effectiveness of the process.

2.4.6. HRVRT will be activated when there is a threat of immediate harm to family members or FAP staff.

2.5. ISDR Process. An alleged offender or victim must submit the (ISDR) request to the FAO within 30 days of being notified of the CRB case status determination. The FAO reviews the request along with the Medical Group Commander to decide if there is new information that could affect the determination that was not available to the CRB at the time of the original determination or if there were concerns about the CRB's compliance with published protocols and requirements. The CRB Chairperson will make the final determination as to if the ISDR meets criteria for review and placement on the CRB agenda for appeal.

3. FAP Programs.

3.1. Treatment:

3.1.1. AFI 40-301, *Family Advocacy*, mandates all active duty members and civilian employees of the Air Force must report all incidents of suspected child and spouse maltreatment to the FAP or on-call mental health provider (after hours).

3.1.2. All referrals involving children and vulnerable adults will be reported to the DCF.

3.1.3. All family maltreatment emergencies after duty hours are reported to the 96th Medical Group Emergency Room, Eglin AFB (883-8227). Consultation after hours can be coordinated by contacting the Hurlburt Mental Health on call provider (via Command Post, 884-8100).

3.1.4. Reporting Death Due to Maltreatment. Notify the FAP immediately. FAP will notify law enforcement and legal if they have not already been contacted.

3.1.5. Reporting Maltreatment in DoD Sanctioned Activities:

3.1.5.1. Notify the FAP immediately. FAP will notify law enforcement and legal if they have not already been contacted.

3.1.5.2. The CSMRT will coordinate with designated agencies (FAP, JAG, OSI, DCF) in cases involving child sexual abuse.

3.1.6. FAP will:

3.1.6.1. Notify command of their AD members.

3.1.6.2. Notify 1 SOSFS.

3.1.6.3. Complete assessment as indicated.

3.1.6.4. Present to CRB and/or CCS as indicated.

3.1.7. Victim Safety. FAP will coordinate with the Domestic Abuse Victim Advocate (DAVA) to ensure victims are informed of both base and community resources.

3.2. Prevention.

3.2.1. Goal. To enhance mission and family readiness by reducing the number and severity of incidences of maltreatment through advocacy for nonviolent communities. All prevention programs are voluntary.

3.2.2. Outreach. Established to function as a central focal point for family violence education. In collaboration with the Interagency Delivery Symptom, promotes primary and secondary prevention programs that increase awareness of family maltreatment and reduce risk factors within the community, identifying strengths, and promoting community resiliency.

3.2.3. New Parents Support Program (NPSP). A home based family maltreatment prevention program for at risk families who are expecting or have infants and toddlers.

3.2.4. Family Advocacy Strength-based Therapy (FAST) Services. Secondary prevention counseling services designed to provide therapeutic interventions to families at risk for maltreatment where there is no open maltreatment case and the family is not eligible for NPSP.

3.3. Domestic Abuse Victim Advocate.

3.3.1. As part of the United States Air Force (USAF) FAP, DAVAs provide non-clinical emergent and urgent service to USAF personnel, their family members, or intimate partners who are victims of domestic abuse whenever requested. With the exception of mandatory state, federal, and military reporting requirements, the DAVA provides a

private and confidential service to encourage victims with seeking assistance. Provides 24-hour/7 days a week response to victims alleging domestic abuse by publishing and maintaining an emergency contact number. DAVAs report to the Installation FAO.

3.3.2. Partners with the FATM, or mental health on-call provider, to establish current and effective safety plans. The victim's safety is the DAVA's top responsibility and priority. Ensures review of the safety plan during each victim contact by the DAVA. Victim's safety plan will be established on a case by case basis and developed based on initial and ongoing risk assessments. If imminent risk of serious harm or death is established, notifications will be made to the FAO, law enforcement, and Command. If children are involved, the process also includes child physical safety and emotional well-being; involved children will be referred to the FATM for follow-up care.

3.3.3. Immediately reports any changes in the victim's circumstances that changes or impacts the safety plan to the FATM or mental health on-call provider if the FATM is unavailable. When determining whether a victim is at imminent risk of serious harm or death, the following risk factors will be assessed by the DAVA:

3.3.3.1. Increased in severity or frequency of victimization patterns.

3.3.3.2. Alleged offender threatened or attempted to kill the victim or his/her children.

3.3.3.3. Alleged offender threatened or attempted suicide.

3.3.3.4. Alleged offender strangled the victim.

3.3.3.5. Alleged offender used or threatened to use a weapon against the victim.

3.3.3.6. Victim sustained serious injury during the abusive incidents.

3.3.3.7. Prior police contact with the alleged offender regarding domestic abuse.

3.3.3.8. Victim has a restraining or protection order against the alleged offender.

3.3.3.9. Victim is estranged, separated or attempting to separate from the alleged offender.

3.3.3.10. Alleged offender stalked the victim.

3.3.3.11. Alleged offender exhibits obsessive behavior, extreme jealousy, or extreme dominance.

3.3.3.12. Alleged offender abuses alcohol or drugs.

3.3.3.13. Alleged offender forced sex on the victim.

3.3.3.14. Alleged offender abused victim during current pregnancy.

3.3.3.15. Victim expresses fear of imminent serious harm or death.

3.3.3.16. Alleged offender has active psychosis and/or mania.

3.3.3.17. Alleged offender is using psychoactive drugs, such as amphetamines or cocaine.

3.3.4. Advises each victim at the initial contact that:

3.3.4.1. DAVA services are voluntary.

3.3.4.2. DAVA's have limited confidentiality as described in AFI 40-310 and the AF FAP standards.

3.3.4.3. Medical examination/documentation of victim's injuries is highly recommended.

3.3.4.4. Victims may choose to make either a restricted or unrestricted report of domestic abuse (those options are fully explained by the DAVA). Advises victims of the military or civil actions available to promote safety (e.g. military order of protection, restraining order, injunction, etc.). Offers victims information regarding their identified needs (e.g. emergency shelter, housing, childcare, legal services, clinical resources, medical services, transitional compensation, etc.).

3.3.5. Supports the FAOM to develop System Advocacy, Education and Public Awareness, promoting a coordinated community response to domestic abuse. Continually evaluate the quality of the installation's coordinated community response and collaborate with base agencies to improve the system's response to victims. Empowers victims to be involved in plans or decisions about the safety of self and children. Collaborates with SFS and OSI to establish protocols to ensure:

3.3.5.1. 24-hour notification to the DAVA of all incidents of suspected domestic abuse.

3.3.5.2. Collaboration on safety planning.

3.3.5.3. Training of SFS and OSI personnel on the DAVA role.

3.3.6. Collaborates with the MTF to establish protocols to ensure: 24-hour notification of the DAVA in all incidents of suspected domestic abuse; training of MTF personnel on the DAVA role; Establishes liaisons and partner with civilian domestic abuse resources. Is a member of the installation FAC and reports to the FAO. Participates in the development, implementation and evaluation of installation domestic abuse policies and protocols (e.g. Installation Supplement to AFI 40-301, MOUs with local victim shelters, Inter-Service Support Agreements, etc.).

3.3.7. Supports the FAP Outreach Program and New Parent Support Program (NPSP) prevention activities. Actively participates in all resiliency initiatives designed to prevent domestic abuse. Partners with the FAN when the FAN is involved in open partner maltreatment cases. Partners with the FAOM to promote education about and prevention of domestic abuse. Such activities may include outreach programs designed to increase awareness, educational briefings (e.g. reporting options), skill building classes, and the development of marketing tools and strategies.

4. MOA and MOU. The 1st Special Operations Wing has an MOA with DCF and family agencies in State Circuit One to address reporting and investigating procedures in child maltreatment cases on and off base. There is also an MOU with Shelter House, Inc., defining

procedures for the coordination of emergency shelter, safe housing, victim advocacy services, support and referral services for active duty service members and their family members who are victims of domestic abuse.

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Attachment 1

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

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

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

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Prescribed Forms

None

Adopted Forms

AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms

CCS—Clinical Case Staffing

CRB—Central Registry Board

CSMRT—Child Sexual Maltreatment Response Team

DAVA—Domestic Abuse Victim Advocates

DCF—Department of Children and Families

DoD—Department of Defense

FAC—Family Advocacy Committee

FAO—Family Advocacy Officer

FAOM—Family Advocacy Outreach Manager

FAST—Family Advocacy Strength-based Therapy

FMCMT—Family Maltreatment Case Management Team

HRVRT—High Risk for Violence Response Team

ISDR—Incident Status Determination Review

MOA—Memorandum of Agreement

MAJCOM—Major Command

MOU—Memorandum of Understanding

NPSP—New Parents Support Program

OPR—Office of Primary Responsibility

SSN—Social Security Number