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FAMILY ADVOCACY

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This instruction implements Department of Defense Directive (DoDD) 6400.1, *Family Advocacy Program*, 23 August 2004; Department of Defense Instruction (DoDI) 6400.3, *Family Advocacy Command Assistance Team*, 3 February 1989; DoDI 6400.05, *New Parent Support Program*, 20 December 2005; DoDI 6400.06, *Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel*, 21 August 2007. This instruction describes the responsibilities of Family Advocacy Program (FAP) agencies, FAP staff, and other United States Air Force (USAF) personnel who are instrumental to the implementation and operation of the Air Force (AF) FAP. This instruction requires collecting and maintaining information protected by the *Privacy Act of 1974* authorized by 5 USC § 552a, System of Records Notice F033 AFB, Privacy Act Request File applies. This instruction applies to all military and civilian AF personnel and their dependents entitled to receive medical care in a military treatment facility (MTF) as specified in Air Force Instruction (AFI) 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*, 28 December 2001. This publication shall be applied to contractors or other persons through the contract or other legally binding agreement

with the Department of the Air Force. This instruction requires collecting and maintaining information IAW the *United States Air Force Family Advocacy Program Standards*, 1 October 2009, guidance for the detailed operation of the installation FAP; AFI 31-501, *Personnel Security Program Management*, 27 January 2005; AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, 7 March 2006; DoDR 5210.42, *Nuclear Weapons Personnel Reliability Program*, 13 Nov 2006; AFI 51-201, *Administration of Military Justice*, Chapter 7, 21 December 2007; DoDD 5400.07, *Department of Defense Freedom of Information Act Program*, 2 January 2008; DoDD 5400.11, *Department of Defense Privacy Act Program of 1974* authorized by 10 United States Code (USC), Section 8013, *Secretary of the Air Force*; AFI 33-332, *Privacy Act Program*, 29 January 2004; the Information Management elements of DoDD 8000.1, *Management of Department of Defense Information Resources and Information Technology*, 27 February 2002; DoDD 8320.02, *Data Sharing in a Net-Centric Department of Defense*, 2 December 2004; DoDI 7750.07, *Department of Defense Forms Management Program*, 20 April 2007; DoDI 8910.01, *Information Collection and Reporting*, 6 March 2007; and Public Law (PL) 104-191, *Health Insurance Portability and Accountability Act of 1996*. Air Force Manual (AFMAN) 33-363, Management of Records, 1 March 2008 establishes the requirement to use the Air Force Records Information Management System (AFRIMS) guidelines for managing all records (regardless of media); and defines methods and the format for record storage, file procedures, converting paper records to other media or vice versa, and which outlines the minimum to comply with records management legal and policy requirements. This publication applies to all AF military, civilian, and contractor personnel under contract by the DoD who create records in their area of responsibility. Changes to AFMAN 33-363, which implements DoDD 5015.2, DoD Records Management Program, 6 March 2000, and Air Force Instruction (AFI) 33-364, Records Disposition-Procedures and Responsibilities, 22 December 2006, may result in updates to other AFIs. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, *Recommendation for Change of Publication;* route AF IMT 847s from the field through the appropriate functional's chain of command. Send any and all recommended changes or comments to Headquarters Air Force, Office of the Surgeon General through appropriate channels, using AF Form 847, *Recommendation for Change of Publication*, 27 March 2006. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFMAN 33-363, Management of Records, and disposed of IAW the Air Force Records Disposition Schedule (RDS) located at **https://www.my.af.mil/gcss-af61a/afrims/afrims**/. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. See **Attachment 1** for a Glossary of References and Supporting Information.

(LITTLEROCK) This supplement implements and extends the guidance of Air Force Instruction (AFI) 40-301, *Family Advocacy*, 30 November 2009. In addition, this supplement follows guidance IAW DoD Directive 6400.1, *Family Advocacy Program*, 23 August 2004, and Air Force (AF) Family Advocacy Program (FAP) Standards for identification, protection, treatment and prevention of family maltreatment. This supplement describes the Little Rock Air Force Base (AFB) procedures for use in conjunction with the basic AFI. It applies to all Little Rock AFB units and subordinate units assigned, attached or associated with the Little Rock AFB. Provision of AF FAP services to Air Force Reserve Command (AFRC) personnel will be in accordance with AFI 40-301, 30 November 2009. The AFI 40-301 and this supplement do not

apply to Air National Guard (ANG). This supplement mandates reporting all incidents of suspected family maltreatment by all base organizational units, active duty (AD) members, DoD civilian employees and contractors. This supplement ensures appropriate exchange of information among specified organizations, and defines the roles of base agencies in preventing and responding to potential family maltreatment. This supplement requires the collection and maintenance of information subject to the Privacy Act of 1974. The authority to collect and maintain the records prescribed in this instruction is found in Title 10 United States Code (U.S.C.) § 8013. Privacy Act statements required by AFI 33-332, *Privacy Act Program*, are annotated on DD Form 2005, *Privacy Act Statement-Health Care Record*. See **Attachment 1** for glossary of references and supporting information. Refer recommended changes and questions about this publication to 19th Medical Operations Squadron, Family Advocacy (19 MDOS/SGOW), 1090 Arnold Drive, Little Rock AFB, AR 72099, using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the base publications/forms manager (19 SCS/SCOKP). Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at **https://www.my.af.mil/gcss-af61/afrims/afrims**. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, Recommendation for Change of Publication.

Air Force Medical Operations Agency (AFMOA) Family Advocacy Division provides program and policy development, training and resourcing medical treatment facility, FAP staff, data collection and reporting activities, program research and evaluation in accordance with the AF FAP Standards. These standards guide the execution of all FAP activities and may be found on-line at **https://www.airforcefap.af.mil**.

SUMMARY OF CHANGES

This interim change implements DoDI 6400.6, *Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*, 21 August 2007. In addition, this AFI has undergone substantial changes and needs to be thoroughly reviewed.

(LITTLEROCK) This publication has been updated to meet command change requirements from AETC to AMC, from 314 AW to 19 AW. The Little Rock AFB Supplement to AFI 40-301 has undergone substantial change and needs to be thoroughly reviewed. See **Attachment 6 (Added),** Potential Indicators of Child Maltreatment and Neglect; **Attachment 7 (Added),** Child Sexual Maltreatment Response Team (CSMRT); and **Attachment 8 (Added),** High Risk for Violence Response Team (HRVRT).

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Chapter 1

RESPONSIBILITIES

1.1. The Headquarters (HQ) of the USAF. HQ USAF agencies and personnel support the FAP as described below:

1.1.1. The Air Force Surgeon General (AF/SG) maintains management responsibility of the FAP. The AF/SG provides guidance, supports personnel requirements, and is involved in strategic planning for the FAP. AF/SG will appoint a Forensic Pediatrician and an expert medical consultant to participate in the annual AF FAP Fatality Review process.

1.1.1.1. Assigns a Clinical Social Worker as the Chief, FAP.

1.1.2. The Air Force Medical Operations Agency Chief, FAP.

1.1.2.1. Develops and implements policy and maintains overall responsibility for FAP.

1.1.2.2. Develops and manages the FAP budget.

1.1.2.3. Develops and publishes detailed Program Standards to ensure standardization and compliance.

1.1.2.4. Collaborates with the Air Force Inspection Agency (AFIA) to monitor the quality of installation FAP services.

1.1.2.5. Maintains a central registry of all reported family maltreatment incidents. Minors entered into the central registry as alleged offenders can petition to be removed from the central registry at 18 years of age. The FAP Chief makes the final decision regarding removal, taking into account all of the facts of the case (e.g., age the incident occurred, if subsequent acts of misconduct have occurred, completion of treatment, etc.).

1.1.2.6. Provides direction, training, and guidance to all personnel involved in the FAP.

1.1.2.7. Provides FAP data to DoD by request or as required by directive.

1.1.2.8. Consultant to HQ AF, DoD, Office of the Secretary of Defense (OSD), and other officials on AF FAP. Provides subject matter expertise in family maltreatment. Contributes to the development of DoD FAP policy.

1.1.2.9. Convenes annual AF Multidisciplinary Child and Domestic Abuse Fatality Review IAW DoDI 6400.06.

1.1.2.10. Resolves program problems resulting from lack of personnel or material resources in coordination with the MAJCOM/SG.

1.1.3. The AF Chief of Chaplains (AF/HC) is a consultant to the Chief, FAP and will appoint a senior chaplain to participate in the annual AF FAP Fatality Review process.

1.1.4. The AF Judge Advocate General (TJAG) will be a consultant to the Chief, FAP and will appoint a senior JA to participate in the annual AF FAP Fatality Review process.

1.1.5. The Commander of Air Force Office of Special Investigations (AFOSI/CC) will be a consultant to the Chief, FAP and will appoint a senior investigator to participate in the annual AF FAP Fatality Review process.

1.1.6. The AF Director of Security Forces (AF/A7S) will be a consultant to the Chief, FAP and will appoint a senior SFS member to participate in the annual AF FAP Fatality Review process.

1.1.7. The Deputy Chief of Staff, Personnel, Manpower and Services (AF/A1), will provide a senior officer to be a consultant to the Chief, FAP.

1.1.8. The Deputy Chief of Staff, Air Force Personnel Center (AFPC) will provide consultation to the Chief, FAP and appoint a senior officer to participate in the annual AF FAP Fatality Review process.

1.2. Major Commands (MAJCOM).

1.2.1. MAJCOM/CC:

1.2.1.1. Ensures that each installation in the command establishes and maintains FAP IAW DoD and AF FAP Standards.

1.2.2. The MAJCOM Mental Health Consultant (MAJCOM/MHC):

1.2.2.1. Will refer family maltreatment issues to the Chief, AF FAP.

1.2.2.2. Refers high interest incidents of suspected family maltreatment to the Chief, AF FAP.

1.3. Installation Commander (CC).

1.3.1. Responsible for the installation FAP.

1.3.2. Designates the MTF/CC to administer and monitor the installation FAP.

1.3.3. Establishes an installation Family Advocacy Committee (FAC) and appoints the MTF/CC as chairperson. The Installation CC may chair the FAC if desired. The FAC may be a stand alone meeting or a subcommittee of the Community Action Information Board (CAIB). When FAC is subsumed as a subcommittee, the CAIB chair will ensure that all FAC requirements are met.

1.3.4. Serves as a member of the FAC or delegates this responsibility to a key member of the senior staff (i.e., Vice Commander or a Group Commander).

1.3.5. Reviews FAC minutes quarterly even if membership is delegated to senior staff.

1.3.6. Promotes and ensures cooperation among installation organizations to build healthy, resilient communities in order to prevent and treat family maltreatment.

1.3.7. When applicable, ensures Inter-Service Support Agreements (ISSA) are executed with other uniformed service helping agencies to achieve the FAP mission.

1.3.8. Ensures all DoD personnel comply with mandatory reporting of suspected family maltreatment.

1.3.9. Coordinates with local civilian agencies, including child protective and victim advocacy (VA) services, which support effective implementation of the FAP.

1.3.10. Ensures execution of Memoranda of Understanding (MOU) outlining responsibilities. Sample VA, law enforcement, and legal MOU provisions are contained in **Attachments 2, 3, and 4**.

1.3.11. Appoints the Vice Wing CC as the Central Registry Board (CRB) Chairperson and Mission Support Group (MSG) CC as the alternate chairperson.

1.3.12. Ensures FAP facilities are adequate to provide appropriate client privacy, client and staff safety and handicapped accessibility.

1.3.13. In collaboration with the Child Sexual Maltreatment Response Team (CSMRT), considers requesting Family Advocacy Command Assistance Team (FACAT) assistance to address allegations of multi-victim child sexual maltreatment in DoD-sanctioned activities.

1.3.14. Develops a process to ensure that the Family Advocacy Officer receives current monthly rosters of new installation commanders and First Sergeants (CCFs).

1.3.15. Ensures new SQ/CCs and new CCFs receive training on family maltreatment through FAP within 90 days of assuming SQ command/position and annually thereafter IAW the DoD training metric and AF FAP.

1.4. Family Advocacy Committee (FAC).

1.4.1. Develops installation FAP guidance and procedures IAW DoD and AF directives including but not limited to: mandatory notification of appropriate agencies in incidents of suspected family maltreatment.

1.4.2. Develops procedures to address the safety of victims of family maltreatment, alleged offenders, their family members, and the community at-large.

1.4.3. Establishes written policies and procedures for local response to allegations of child sexual maltreatment utilizing the CSMRT and ensures that participating installation personnel are trained on their roles and responsibilities.

1.4.4. Establishes written policies and procedures for notification of the FAP when there is a potentially dangerous situation involving FAP staff or clients. Ensures guidelines for utilization of the High Risk for Violence Response Team (HRVRT) are developed and HRVRT members are trained on their responsibilities.

1.4.5. Ensures written policies and procedures are developed for response to incidents of death due to maltreatment and incidents of child sexual maltreatment in DoD-sanctioned activities.

1.4.6. Ensures policies and procedures are developed for resolving conflicts between the prosecution and clinical intervention objectives in family maltreatment cases.

1.4.7. Ensures at least two-thirds of appointed members are in attendance at each FAC meeting.

1.4.8. The FAC includes these members:

1.4.8.1. Installation/CC (or designee).

1.4.8.2. MTF/CC or Deputy MTF/CC.

1.4.8.3. FAO.

1.4.8.4. Family Advocacy Outreach Manager (FAOM) or Family Advocacy Intervention Specialist (FAIS).

1.4.8.5. Director, Airmen and Family Readiness Center (A&FRC) (or designee).

1.4.8.6. Staff Judge Advocate (SJA) (or designee).

1.4.8.7. SFS/CC (or designee).

1.4.8.8. AFOSI Detachment/CC (or designee).

1.4.8.9. Wing Chaplain (or designee).

1.4.8.10. Command Chief Master Sergeant.

1.4.8.11. Department of Defense Education Activity (DoDEA) designated representative (AF bases with DoD schools).

1.4.8.12. The FAC may add other members as appropriate, such as civilian agencies and community service organizations.

1.4.8.13. **(Added-LITTLEROCK)** 19th Mission Support Group Commander (or designee).

1.4.8.14. **(Added-LITTLEROCK)** 19th Airlift Wing Military Equal Opportunity Director (or designee).

1.4.9. The FAC meets at least quarterly. Additional meetings may be held at the call of the chairperson. The FAC accomplishes the following tasks:

1.4.9.1. Ensures implementation of the local FAP according to DoD and AF guidance including FAP Program Standards.

1.4.9.2. Ensures a FAP Installation Instruction (Supplement to AFI 40-301) is developed to implement the FAP and is reviewed and updated every two years.

1.4.9.3. Reviews, approves, and supports implementation of the Family Advocacy Prevention Action Plan (FAPAP).

1.4.9.4. Provides FAP facilities to ensure staff and patient safety including a duress system and a secure point of entry.

1.4.9.5. Ensures that all FAP personnel are co-located to facilitate communication, supervision, and collaboration.

1.4.9.6. Establishes a cooperative working relationship with all local key agencies involved in addressing family maltreatment prevention and intervention.

1.4.9.7. Addresses barriers to access, screening, and participation in FAP services including Prevention/Outreach, New Parent Support Program (NPSP), and Family Advocacy Strength-based Therapy (FAST).

1.4.9.8. Ensures MOUs with local child protective and domestic violence services including victim advocates and residential shelters are developed, maintained, and reviewed every two years IAW DoD directives and AF guidance. In areas of multiple installations, MOUs will be developed to ensure the efficient use of FAP resources and to define roles and responsibilities among installation personnel.

1.4.9.9. In joint service areas, establishes a joint FAC with a joint NPSP subcommittee to plan, administer, and evaluate coordination processes IAW DoDI 6400.05, Chapter 5, Section 5.2.4.

1.4.9.10. Facilitates mandated CC/CCF/CCM training on family maltreatment IAW DoD policy. Identifies and addresses barriers to compliance.

1.4.9.11. Ensures FAC members are trained on their roles and responsibilities at least annually.

1.4.9.12. Maintains minutes of FAC meetings that reflect attendance, issues discussed, and decisions made. Ensures the installation CC reviews quarterly FAC minutes.

1.4.9.13. Approves nominations for membership on the CRB, CSMRT, and HRVRT.

1.4.9.14. Promotes and supports prevention of family maltreatment and addresses or elevates barriers and other FAP issues as warranted.

1.4.9.15. **(Added-LITTLEROCK)** The installation directive will be a standard agenda item for Little Rock Air Force Base (LRAFB) Family Advocacy Committee (FAC) and will be reviewed quarterly.

1.5. The Military Treatment Facility (MTF)/CC.

1.5.1. Assumes responsibility for the following FAP activities:

1.5.2. Staffing and training:

1.5.2.1. Chairs the installation FAC (when not incorporated into the CAIB).

1.5.2.2. Appoints a clinical social worker to serve as the FAO. Designates and trains an alternate to ensure continuity and coverage. Other qualified mental health providers may fill these positions if qualified and appropriately trained.

1.5.2.3. Develops procedures for managing restricted reports of domestic abuse.

1.5.2.4. Develops a process to ensure the FAP receives the daily SFS blotter.

1.5.2.5. Ensures all FAP management, response, and maltreatment intervention teams are trained on their roles and responsibilities and on the dynamics of family maltreatment.

1.5.2.6. Ensures all FAP volunteers receive proper screening, training, and supervision and have received training from the American Red Cross or another organization authorized by the MTF.

1.5.2.7. Ensures appropriate healthcare provider training on domestic and child abuse IAW DoD guidance.

1.5.3. Provides Service Delivery:

1.5.3.1. Ensures the MTF publishes guidelines, which clarify policies, responsibilities, and procedures for medical personnel who have a role in the FAP mission and services.

1.5.3.2. Ensures policies and procedures are established for effective coordination of services between Mental Health, Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program, and the FAP for continuity of care and risk management.

1.5.3.3. Ensures medical personnel notify the FAP of all suspected incidents of family maltreatment.

1.5.3.4. Where a Family Advocacy Nurse (FAN) is assigned, ensures the NPSP is managed IAW FAP Standards. Ensures the NPSP has access to names and contact

information for all eligible beneficiaries with positive pregnancy test results. Ensures the TRICARE Service Center (TSC) or MTF Referral Management Center (RMC) provides patient names and contact information to NPSP when referring obstetric and pediatric patients (three years and younger) off-base.

1.5.3.5. Ensures MTF providers refer eligible families to NPSP.

1.5.3.6. Ensures medical information is accessible to support and facilitate continuity of care in FAP maltreatment and secondary prevention programs including NPSP.

1.5.3.7. Ensures suspected family maltreatment victims receive medical and dental assessment when requested by the FAO.

1.5.3.8. In cases of death due to suspected family maltreatment, ensures notification of the AFOSI Detachment and SFS, referral of the family to the FAP for assessment and supportive services, and notification to MAJCOM and AF FAP within twenty-four hours.

1.5.4. Program Administration:

1.5.4.1. Appoints the FAOM as the FAP representative to the Integrated Delivery System (IDS).

1.5.4.2. Provides office space, equipment, furniture, operating supplies, utilities, maintenance, and other required resources.

1.5.4.3. Provides computer hardware, software, and internet access to support the installation FAP requirements to access automated case and program management systems.

1.5.4.4. Ensures MTF information technology staff promptly resolves FAP automated systems problems in order to meet congressional and DoD data collection mandates.

1.5.4.5. Maintains equipment and systems purchased by AF FAP for installation FAP use.

1.5.4.6. Establishes a Family Advocacy Quality Management Program integrated with the MTF.

1.6. Family Advocacy Officer (FAO).

1.6.1. Manages the installation FAP according to AF FAP guidance:

1.6.1.1. Ensures immediate notification to active duty AF member's CC, SFS, and AFOSI Detachment of all suspected unrestricted reports of family maltreatment.

1.6.1.2. Ensures that high risk FAP clients are placed on the Mental Health Flight high risk log and activates the HRVRT as appropriate to ensure a coordinated response to high risk situations.

1.6.1.3. Coordinates the CRB, chairs the Clinical Case Staffing (CCS), CSMRT, HRVRT, Outreach Prevention Management Council (OPMC), and NPSP Case Staffing.

1.6.1.4. Ensures prevention is integrated into all FAP components.

1.6.1.5. Ensures assessment and management of all maltreatment referrals.

1.6.1.6. Ensures all maltreatment referrals are presented to the CCS.

1.6.1.7. Ensures all appropriate referrals are presented to the CRB.

1.6.1.8. Formalizes a process for notifying the MTF/CC of all family maltreatment-associated deaths that occur on or off the installation.

1.6.1.9. Ensures the civilian Child Protective Services (CPS) agency(ies) with local jurisdiction is/are immediately notified of all suspected child maltreatment incidents.

1.6.1.10. Completes FAP prevention and outreach reports annually IAW AF FAP guidance.

1.6.1.11. Develops a FAP safety plan that includes at a minimum: staff and patient safety in the FAP office(s) and for all home-based visitation services.

1.6.1.12. Ensures FAP clinicians support the NPSP program through: consultation with the FAN on clinical issues, client consults at the request of the FAN, and home visits to NPSP clients.

1.6.2. Supervises FAP staff:

1.6.2.1. Ensures orientation and training of FAP staff to include completion of required online training modules.

1.6.2.2. Where a FAN is assigned, ensures the FAN interfaces with the MTF Chief Nurse (CN) regarding standards of nursing practice and integration into the MTF.

1.6.2.3. Notifies AF FAP when a civilian position (civil service or contract) becomes vacant. Note: No hiring action can be taken until refill of the position is authorized by AF FAP.

1.6.2.4. Maintains FAP records IAW AF FAP Standards and other DoD and AF guidance.

1.6.2.5. Ensures the FAPAP is developed and reviewed internally prior to FAC review.

1.6.2.6. Completes FAP reports and submits case data according to AF FAP guidance.

1.6.2.7. Establishes procedures for the security of FAP records and resources including a double-lock system.

1.6.2.8. Serves as a member of the FAC.

1.6.2.9. Serves as consultant on family maltreatment to installation units and agencies.

1.6.2.10. Serves as consultant on all suspected family maltreatment in DoD-sanctioned activities.

1.6.2.11. Uses and ensures all FAP staff utilize the Family Advocacy Automation Systems (FAAS), relevant to their duties and professional role(s) including: Family Advocacy Systems of Records (FASOR) and FAP Network (FAPNet), New Parent Support Program automated record, and the Outreach Prevention Automated Log (OPAL).

1.6.2.12. Ensures the FAOM provides annual training to include the dynamics of family maltreatment, identification of suspected abuse, reporting protocols, restricted reporting, and prevention strategies to CCs and SNCOs, healthcare providers, Integrated Delivery System (IDS) member agencies, Air Reserve Component Representatives, Sexual Assault

Response Coordinators (SARCs), Victim Advocates (VA), community members DoD supplemental and contract appointed social support staff, and others as described in AF or DoD guidance.

1.6.2.13. Utilizes only approved Family Advocacy forms.

1.7. Unit (Squadron) CCs and CCFs.

1.7.1. Completes the DoD-mandated FAP CC and SNCO training on family maltreatment, including identification and reporting protocols, within 90 days of assuming their positions and at least annually, thereafter.

1.7.2. Reports all suspicions of family maltreatment to the FAP.

1.7.3. Directs suspected active duty AF family maltreatment offenders to FAP for comprehensive assessment and service planning.

1.7.4. Completes CRB computer-based training annually and participates in the CRB for incidents involving their Squadron/unit members.

1.8. Wing Chaplain.

1.8.1. Serves as a member of the FAC, encourages chapel organizations to support the FAP and provides support ministries, as needed.

1.8.2. Ensures all chapel staff and volunteers receive FAP training on identification and reporting procedures for suspected family maltreatment when hired and annually, thereafter.

1.8.3. In coordination with the FAC, develops effective policy for installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth.

1.9. Staff Judge Advocate (SJA).

1.9.1. Serves, or designates an attorney to serve, on the installation FAC.

1.9.2. Nominates an attorney to serve on the CRB, CSMRT, and HRVRT.

1.9.3. Provides consultation to the FAC in the development of MOUs and ISSAs.

1.9.4. Provides consultation services to the FAP in cases of domestic violence restricted reporting and state reporting requirements for intimate partner abuse.

1.9.5. Coordinates with the FAO to ensure availability and effectiveness of Victim Witness Assistance Program (VWAP) services for qualifying families.

1.9.6. Serves as risk management consultants to FAP on community prevention and outreach activity issues.

1.9.7. Assesses the need to establish MOUs between the installation legal office and local (state, city, county) district attorney's office applicable to family maltreatment cases involving military personnel assigned to the installation and their family members. (Sample district attorney MOU provisions are contained in **Attachment 3**).

1.10. Installation SFS/CC.

1.10.1. Serves or designates a senior member to serve on the FAC.

1.10.2. Serves or nominates a senior member of SFS as a representative to the CRB and HRVRT. SFS representative on the CRB serves as liaison between local law enforcement and the installation, securing police reports and other relevant information for the CRB process.

1.10.3. Ensures SFS personnel responsible for responding to family maltreatment incidents attend annual FAP training on the identification and reporting protocols for suspected family maltreatment.

1.10.4. Ensures FAP receives notification of all reports of family maltreatment received by law enforcement.

1.10.5. Coordinates with investigative agencies and FAP on family maltreatment incidents under investigation.

1.10.6. Supports investigative interviews of alleged criminal offenders in cases occurring in DoD-sanctioned activities.

1.10.7. Works with local AFOSI Detachment and JA to establish MOU(s) between installation law enforcement units and local (city, county, state) law enforcement agencies in family maltreatment cases involving military personnel and their family members. (Sample law enforcement agency MOU provisions are contained in **Attachment 4**).

1.11. Installation AFOSI Detachment/CC.

1.11.1. Serves or designates a senior representative to serve on the installation FAC, CRB, CSMRT, and HRVRT.

1.11.2. Reports all allegations of family maltreatment to FAP.

1.11.3. Searches the Defense Clearance Investigations Index (DCII) and its internal database for historical data pertaining to all reported incidents of family maltreatment and provides this information to the FAP.

1.11.4. Investigates aggravated assaults, sexual assaults, and all incidents of child sexual abuse.

1.11.5. Coordinates and monitors family maltreatment investigations conducted by civilian agencies, when there is a DoD interest.

1.11.6. Provides required information on DD Form 2901, *Child Abuse or Domestic Violence Related Fatality Notification*, report of death due to child or domestic abuse IAW mandated submission timelines.

1.11.7. Ensures all agents attend annual FAP training on the identification, reporting, and dynamics of family maltreatment when hired and annually, thereafter.

1.11.8. Works with SFS and JA to establish MOU(s) between installation law enforcement (SFS and AFOSI Detachment) and local (city, county, state) law enforcement agencies in family maltreatment cases involving military personnel and their family members. (Sample law enforcement agency MOU provisions are contained in **Attachment 4**).

1.12. Services SQ/CC.

1.12.1. Appoints the Director, Airmen and Family Readiness Center (A&FRC) (or designee) to serve on the FAC.

1.12.2. Ensures staff and volunteers who work directly with children/youth receive training through the FAP to include identification, reporting procedures, and dynamics of family maltreatment when hired and annually, thereafter.

1.12.3. Ensures staff working with children, ages birth to three years, are aware of the NPSP to include program services, eligibility, and referral procedures.

1.12.4. Immediately reports suspected incidents of child maltreatment occurring in a DoD-sanctioned activity to the FAP, (e.g., family day care, child development and youth centers, or recreation programs).

1.12.5. Develops effective policy, in coordination with the FAC, for installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth.

1.12.6. Consults with JA to determine proper jurisdiction and course of action for investigating and resolving situations where a child care provider or youth program staff member is suspected of child abuse and/or neglect in a DoD-sanctioned activity.

1.12.7. Ensures family support agencies receive family maltreatment education and prevention training annually.

1.13. Public Affairs Office.

1.13.1. Distributes FAP news releases to installation newspapers and other news media.

1.13.2. Serves as the point of contact for FAP's response to press inquiries.

1.13.3. Provides consultation to FAP staff on public affairs, articles, and media releases.

1.14. AF Members and Civilian Employees Mandatory Reporting. Active duty AF members and civilian employees (including contract employees) will report all incidents of known or suspected family maltreatment immediately to the FAP.

1.15. Air Force Reserve Command's (AFRC) Director of Psychological Health and Psychological Health Advocates. Where available, the AFRC's Director of Psychological Health and regional Psychological Health Advocates may coordinate services between reserve personnel, FAP staff, and civilian authorities.

1.16. Air National Guard (ANG) Director of Psychological Health (DPH) and State/Territory Directors of Psychological Health. Where available, the ANG State or Territory Director of Psychological Health may coordinate services between ANG personnel, FAP staff, and civilian authorities. Other aspects of FAP are not applicable or available for ANG members.

Chapter 2

PROGRAM STRUCTURE AND ADMINISTRATION OVERVIEW

2.1. AF FAP. The FAP develops, implements, and evaluates programs and policies to prevent and treat family maltreatment. The FAP provides expert training and consultation services to its key customers, including Airmen and their families, AF leaders, and other AF helping agencies. AF FAP collects, maintains, analyzes, and reports data on family maltreatment. In concert with installation and community agencies, the AF FAP provides a continuum of services designed to build community health and resilience by reducing family maltreatment. The AF FAP promotes family, community, and mission readiness.

2.1.1. Providing services to Air Force Reserve Command (AFRC).

2.1.1.1. This instruction applies to all military and civilian AF personnel and their dependents entitled to receive medical care in a MTF as specified in AFI 44-115; including reservists and their families. Collaboration between FAP staff and reserve personnel is highly encouraged and may include consultation, one-time emergency evaluations, referrals, prevention, and education. Any duty to warn requirements must result in a timely referral to the appropriate non-military authority.

2.1.1.2. The Air Force Reserve Command does not maintain a separate reserve FAP. Efforts to minimize family maltreatment and its effect on mission readiness to reserve forces are limited to preventive education, identification, emergency intervention, and referrals, when indicated. Allegations of family maltreatment involving reserve airmen and/or their families (not eligible for care in a MTF) are routinely managed by civilian agencies in conjunction with civilian law enforcement organizations.

2.2. FAP Components. The FAP is comprised of three principal components: Prevention (Prevention/Outreach Program, NPSP, and FAST), Maltreatment Intervention, and Research and Evaluation.

2.2.1. The Prevention/Outreach Program is the focal point for family maltreatment education and training to leaders, agencies, and the community. The program includes secondary prevention programs for at-risk families. The FAOMs are masters level social workers, prevention team leaders, and community liaisons. They coordinate FAP marketing, community outreach, and collaboration services. The FAOM is the FAP representative to the IDS.

2.2.2. The installation FAP prevention team collaborates with key community leaders, the IDS, and other helping agencies to provide services that enhance the resilience of AF communities and reduce the incidence of family maltreatment. FAP prevention services include Prevention/Outreach, the NPSP, and FAST. FAP Prevention/Outreach coordinates and implements primary and secondary prevention services that include education and psychosocial skills training, advocacy, collaboration, community intervention, referral to community resources, and marketing.

2.2.3. The NPSP is a secondary prevention program that uses an intensive, voluntary home visitation model to provide education and supportive services to families with children from birth to three years of age, including the prenatal period. Services are provided primarily by

Registered Nurses (RNs), augmented by social workers. NPSP services capitalize on parents' strengths and are provided in a manner sensitive to cultural differences. Involvement of both parents in NPSP services is promoted, when applicable.

2.2.4. Family Advocacy Strength-based Therapy (FAST) offers brief intervention and support to couples and families at risk of family maltreatment who do not meet eligibility criteria for NPSP.

2.2.5. Maltreatment Intervention: Provides comprehensive family assessment, intervention, and case management to all eligible beneficiaries where there is an alleged incident(s) of family maltreatment. FAP providers collaborate with other medical and mental health professionals, community service providers, and the various FAP management teams to provide optimal care and service coordination to their clients.

2.2.6. Research and Evaluation: FAP sponsors targeted and system-wide research and evaluation of prevention and intervention services. Research projects are conducted through collaborative partnerships with military and civilian researchers who understand the unique needs of military families. Projects are selected based on their potential to inform and improve FAP programs and practices. The Central Registry staff maintains a database on family maltreatment cases. Statistical reports are generated from Central Registry data to assess trends, respond to OSD, DoD, AF senior leaders, and media queries and provide opportunities for process outcome and compliance improvement. A significant proportion of FAP research is conducted for the purpose of program evaluation, accountability, and quality assurance.

2.3. Additional Administrative Elements. To ensure program effectiveness, the following key features will exist as a part of each installation FAP:

2.3.1. A FAP Installation Instruction (Supplement to AFI 40-301) and MTF operating instructions (OIs) for implementation of the FAP are required. This guidance will address local policies and unique circumstances impacting FAP implementation. All first responder agencies and medical personnel should coordinate on these documents, which should describe local processes for preventing, identifying, assessing, and intervening in cases with family maltreatment and responding to high risk prevention cases.

2.3.2. A FAPAP developed by the FAO and FAP staff, which includes a FAP Marketing Plan. The FAPAP will be approved and monitored by the FAC.

2.3.3. MOUs developed between FAP and key civilian agencies, (e.g., civilian CPS Agency, domestic violence shelter, and domestic abuse victim advocate (DAVA) services).

2.3.4. A duress system and written office safety policy, which include procedures for maintaining safety in the FAP office(s) and in the field during home visits and outreach activities.

2.3.5. FAP records created for each family assessed for family maltreatment, or receiving clinical secondary prevention services requiring documentation. These records will be maintained IAW USAF FAP Standards.

2.3.6. Functional and up-to-date applications of the electronic data systems provided by AF FAP including the FASOR, FAPNet, NPSP module, and OPAL.

2.4. Civilian Family Advocacy Staff. AF FAP uses congressional funds allocated for family maltreatment prevention and intervention to provide civilian staffing for FAP. The staff may be hired through the civil service or contract, dependent upon available authorizations and funding.

2.4.1. Civilian FAP staff will not provide Special Needs (SN) Identification and Assignment Coordination services. All FAP staff support and participate in maltreatment prevention services.

2.4.2. The FAO supervises all civilian FAP staff. AF FAP manages the authorization for and funding of these positions. The FAO must notify AF FAP when a civilian position (civil service or contract) becomes vacant. No hiring action will be taken without authorization from AF FAP. Civilian FAP staff include:

2.4.2.1. Family Advocacy Intervention Specialist (FAIS) is a position developed to encompass the roles of both Treatment Manager and Outreach Manager at installations where conditions do not meet the criteria for a full-time position in both treatment and outreach. In some cases, a FAIS will be assigned as an additional staff member to augment the services provided by full time treatment and outreach managers.

2.4.2.2. Family Advocacy Outreach Manager (FAOM) is the FAP prevention leader and community liaison. In collaboration with FAP staff, the FAOM leads prevention efforts by facilitating and coordinating FAPs prevention activities. The FAOM develops and implements processes for prevention planning, updates and decision making.

2.4.2.3. Family Advocacy Nurse (FAN) implements and manages the New Parent Support Program (NPSP).

2.4.2.4. Family Advocacy Treatment Manager (FATM) is a member of the multidisciplinary FAP team and works within the maltreatment program to assess and treat individuals, families, and groups with substantiated incidents of family maltreatment. The FATM provides prevention counseling services to NPSP and FAST clients.

2.4.2.5. Family Advocacy Program Assistant (FAPA) is a member of the multidisciplinary FAP team and is responsible for providing administrative, technical and prevention services as directed by the FAO.

2.4.3. AF FAP-funded Civilian Employees: AF FAP will not pay for overtime, on-call, or after hours duties for civilian employees they fund. The central funding is for regular pay and additional costs, if any, will be borne by the installation. Managers will follow locally established procedures for obtaining additional local funding prior to assigning additional hours to these employees or request written exception/approval of funds from AF FAP. Civilian employees whose positions are funded by AF FAP cannot participate in after-hours, “on-call” duties or serve as the FAO, alternate FAO, acting FAO, or SN Coordinator unless specifically authorized by AF FAP in writing. Contract staff cannot supervise civil service employees.

2.4.4. Civilian providers of FAP clinical services must meet all qualifications, education, license/certificate, professional registration and selective factors required by the Office of Personnel Management, Operating Manual for Qualification Standards for the applicable occupations and grades/pay bands.

2.4.5. FAP non-Defense Health Program (DHP) funded staff will enter patient activity into Composite Health Care System (CHCS) and Armed Forces Health Longitudinal Technology Application (AHLTA) only for the purpose of continuity of care. They do not code or generate Relative Value Units (RVUs) for patient contact.

2.5. Civilian Providers of FAP Prevention and Outreach Services.

2.5.1. The FAOMs are designated FAP prevention staff and will function as the Prevention Team Leader and Community Liaison for the FAP.

2.5.2. The FAOM will have a Masters degree in Social Work and at least two years of experience in domestic and/or child abuse. Experience will include clinical practice, community organization, and/or advocacy.

2.5.3. The FAOM will not be privileged by the MTF.

2.5.4. The FAOM will serve as the key facilitator and coordinator for family maltreatment prevention and outreach; and for FAP marketing, community advocacy, and collaboration with military and non-military agencies within the community.

2.5.5. DAVAs do not provide clinical services. DAVAs may provide support and advocacy services for victims on or off the installation.

2.5.6. FAP credentialed providers will document patient care in FASOR, NPSP, and other military data systems IAW AF/SG policy.

2.5.7. Limitations on New FAP Civilian Employees: While awaiting the outcome of background checks:

2.5.7.1. Providers seeking regular privileges and awaiting background check results may work with all clients without direct line-of-sight supervision as long as appropriate professional supervision is provided.

2.5.7.2. FAP nurses may work with adult clients without direct line-of-sight supervision, and with minor clients (under eighteen years of age) only when a parent/guardian is present.

2.5.7.3. All other FAP employees will not work with minor clients until completion of the appropriate background check.

Chapter 3

PREVENTION

3.1. Prevention Overview Statement.

3.1.1. Policy Statement for FAP Community Prevention: The unique mission of FAP community prevention is to facilitate a reduction in the number and severity of incidents of family maltreatment. The shared mission is to foster and support community, family and individual resilience, and mission readiness.

3.1.1.1. The AF FAP Prevention/Outreach Program will be the focal point for FAP community intervention and prevention services including community education and prevention activities.

3.1.1.2. FAP Prevention/Outreach services will be structured and delivered IAW the Prevention/Outreach Program prevention model and core requirements for resilience and mission readiness as described in the AF FAP Standards.

3.1.1.3. The Prevention/Outreach Program will identify, define, and utilize performance indicators to measure Prevention/Outreach Program results and outcomes.

3.1.1.4. Where installation FAP resources cannot sustain a designated Prevention/Outreach Program staff, the FAO will ensure that basic prevention awareness briefings, as outlined in the FAP Standards, are conducted.

3.1.1.5. The FAO will allocate resources and priorities of FAP credentialed provider workload, ensuring all FAP clinicians support NPSP by coordinating with the FAN to provide home visits to high needs NPSP clients and serving FAST clients as workload and staffing allow.

3.1.1.6. Administrative support staff for the Prevention/Outreach Program will be designated by the FAO IAW AF FAP guidance.

3.1.1.7. **(Added-LITTLEROCK)** The mission of the LRAFB FAP is to strive to build healthy communities by providing outreach, treatment and skill building programs, in collaboration with the Integrated Delivery Service (IDS), designed for the prevention and treatment of family maltreatment. The FAP will provide training, education and services to all eligible active duty members and their respective family members.

3.2. Prevention Program Planning.

3.2.1. The Outreach Prevention Management Council (OPMC) will be chaired by the FAO, meet quarterly, and be the primary forum for prevention/outreach planning and review IAW AF FAP guidance. All FAP staff will participate in the OPMC.

3.2.2. In prevention program planning and service delivery, the FAP will collaborate, as appropriate, with mental health, IDS member agencies, installation leaders, and community agencies to decrease duplication and to heighten efficiency of services.

3.2.3. The FAOM will be responsible for the development and management of the FAPAP. All FAP staff will participate in the development, planning, and implementation of the FAPAP, as appropriate.

3.2.4. The FAO will review the FAPAP before submitting it to the FAC for approval.

3.2.5. FAPAP identified activities will be coordinated with the installation IDS to avoid duplication of service initiatives and/or to identify opportunities for collaboration.

3.2.6. The FAOM will conduct local community assessments to assist in defining installation community needs. The USAF Community Assessment Survey will be utilized, as available, to support identification, planning, and implementation of primary and secondary prevention.

3.3. Prevention Functions and Services.

3.3.1. The FAP coordinates with and supports IDS initiatives. The FAOM is the IDS representative for the FAP.

3.3.2. The FAOM will provide annual Family Violence Education and Prevention Training to include dynamics of family maltreatment, identification, and referral procedures to all CCs and CCFs (to include Wing Installation CCs, MSG/CCs, CCM, healthcare providers as defined by DoD, JA, SFS, AFOSI, A&FRC, Child Development Center (CDC), Family Child Care providers, Youth Center, DoDEA, FAC, IDS, SARC, and other key personnel IAW DoDI 6400.06 and AF FAP Standards).

3.3.3. Chaplains, chapel personnel, and volunteers will be offered annual Family Violence Education and Prevention Training.

3.3.4. FAP Prevention/Outreach Program will be the OPR for New Leader Orientation on family maltreatment for all new SQ/CCs and CCFs and annual training for all SQ leaders IAW DoD CC and SNCO training requirements.

3.3.4.1. **(Added-LITTLEROCK)** The outreach manager will coordinate with the command chief to assure that all new commanders and first sergeants are briefed within 90 days of assuming their position.

3.3.5. IAW DoDI 6400.06, periodic and mandatory training shall be provided by the FAOM, with assistance from the DAVA, on key policies and procedures regarding the role of the victim advocate and the advocacy services available through FAP. To the extent possible, education and awareness activities should also target family members. Training topics will include:

3.3.5.1. Dynamics of domestic abuse.

3.3.5.2. DoD policy and military service-specific domestic abuse policies and procedures.

3.3.5.3. Common misconceptions associated with domestic abuse.

3.3.5.4. Beliefs, attitudes, and cultural issues associated with domestic abuse.

3.3.5.5. Military and civilian domestic abuse resources.

3.3.5.6. Briefings on victim advocacy services to active duty personnel, the civilian spouses of active duty personnel, and DoD civilians when the latter are eligible to receive military medical treatment.

3.3.5.7. Trainings to military first responders, including law enforcement and MTF personnel, command personnel, and chaplains.

3.3.5.8. Public awareness campaigns on victim rights and advocacy services.

3.3.5.9. Planning events for National Domestic Violence Awareness Month.

3.4. New Parent Support Program.

3.4.1. The FAN develops and manages the NPSP IAW AF FAP and DoD guidelines. The FAN is responsible for management and implementation of NPSP services IAW AF FAP guidance.

3.4.1.1. **(Added-LITTLEROCK)** The 19th Medical Group Information Technology Systems has developed a report that will be run monthly by the family advocacy nurse (FAN) or the family advocacy program assistant (FAPA) to generate a list of new positive pregnancy tests and all pediatric referrals off base for children less than 3 years of age.

3.4.2. NPSP services are voluntary.

3.4.3. Key components of the NPSP include:

3.4.3.1. Marketing and outreach to the target population and referral sources.

3.4.3.2. Establishment of an effective screening process using the AF Family Needs Screener (FNS).

3.4.3.3. Utilization of a standardized assessment process to identify at risk behaviors in parents screened/identified as being at risk.

3.4.3.4. Provision of home visitation services designed to reduce risk for maltreatment.

3.4.3.5. Promotion of the involvement of both parents, when applicable, in services.

3.4.3.6. Utilization of methods sensitive to cultural differences and emphasizing parents' strengths in the provision of services.

3.4.3.7. Assessment of participating parents for maltreatment risk factors on a continuing voluntary basis.

3.4.4. NPSP Case Staffings will occur at least monthly, with presentation of all families screened/identified as high risk, and all families receiving home visits. Cases will be presented initially, with updates as family circumstances/statuses change (at least annually) and at case closure. FAP staff members will attend Case Staffing, providing service recommendations based on family risk factors.

3.4.5. NPSP staff will provide Shaken Baby Syndrome (SBS) prevention education to all clients enrolled in the program IAW AF FAP guidance. SBS education will be offered and provided to both parents whenever possible.

3.4.6. The FAPNet NPSP automated system will be used for documentation of client contacts, case and program management activities. Documentation will be kept current IAW AF FAP guidance.

3.4.7. Both a clinical peer review and an administrative record review process will be established to ensure quality of clinical NPSP services and NPSP record documentation IAW the MTF quality program and AF FAP guidance.

3.4.8. The FAN will interface with the MTF Chief Nurse (SGN) regarding standards of nursing practice, and integration into the MTF, to include participation in the process measurement, assessment, and improvement of nursing care and performance.

3.5. Family Advocacy Strength-based Therapy (FAST).

3.5.1. FAST services are designed to provide psychosocial assessments and therapeutic interventions to families at risk for family maltreatment where there is no open maltreatment record and the family is not eligible for NPSP.

3.5.2. Each FAST case will have a FAP clinician (credentialed-provider) assigned as the case manager and will contain an intervention plan.

Chapter 4

MALTREATMENT INTERVENTION

4.1. Management Teams.

4.1.1. Central Registry Board (CRB). The CRB is a multidisciplinary team that makes administrative determinations for suspected family maltreatment meeting DoD/AF definitions; therefore, requiring entry into the AF Central Registry data base. These decisions are known as incident status determinations (ISDs). The CCS manages clinical and safety issues.

4.1.1.1. **(Added-LITTLEROCK)** The purpose of the central registry board (CRB) is to decide which referrals for suspected family maltreatment meet the AF criteria that define family maltreatment, requiring entry into the AF Central Registry data base. Cases will be presented on a monthly basis to the CRB team. Information will be presented by the CC/CCF, family advocacy officer (FAO), 19 AW Staff Judge Advocate, 19th Security Forces Squadron (SFS) and the AF Office of Special Investigations (AFOSI) as available by each organization for each specific case prior to making a case determination. A signed letter by the chairperson with the case status will be provided to the CC/CCF. All individuals attending CRB must complete role specific training prior to voting on the determination status of any maltreatment allegation. Training is located online at: **https://www.airforcefap.af.mil**.

4.1.2. The FAC approves the members and alternates of the CRB, who are appointed in writing. The Vice Wing Commander (CV) chairs the CRB. In his/her absence the CRB may be chaired by the MSG/CC. The CRB chairperson's alternate must be at least a Group CC. The CRB members will include CRB Chairperson, JA, CCM, SFS representative, AFOSI Detachment representative, and the FAO. Sq/CCs are members for incidents involving members of their squadron.

4.1.3. The CRB operates according to AF FAP Standards and:

4.1.3.1. All members will accomplish initial and annual CRB online training located on the AF FAP website prior to serving on the CRB.

4.1.3.2. Meets monthly unless there are no new referrals.

4.1.3.3. Makes an ISD on each allegation of maltreatment within 60-days of referral, using the incident and victim impact information and the FASOR automated decision tree.

4.1.3.4. Ensures involved adult family members receive notification of CRB ISDs.

4.1.3.5. Both the adult victim and adult offender will be notified of the ISD.

4.1.3.6. Biological/adoptive parents are authorized to receive information on ISDs in which their child is a victim regardless of custodial arrangements. Note: no disclosure is permitted to biological/adoptive parents whose parental rights have been legally terminated.

4.1.3.7. When an offender or client requests an appeal of the ISD, the CRB chairperson will determine if the request meets criteria for an Incident Status Determination Review (ISDR) IAW AF FAP Standards.

4.1.3.8. The CRB should be held in the Wing Headquarters conference room. The CRB should not be held in the MTF.

4.1.3.9. CRB discussions are confidential. The only information releasable from CRB proceedings are the ISDs. The CRB Chairperson will remind members of the confidential nature of the CRB at each meeting.

4.1.3.10. Clients, family members, and attorneys representing offenders are not allowed to attend the CRB or the ISDR.

4.1.3.11. Minutes of the CRB will be generated within 30-days and will reflect the CRB ISDs, and will be signed by the CRB Chairperson. The format of CRB minutes is standardized across the AF by the FASOR system. Minutes will be maintained for five years and then shredded.

4.1.3.12. Medical Group CC is the ISDR reviewer.

4.1.3.13. Additional requirements regarding how CRB meetings shall be conducted by the CRB Chairperson are described in the AF FAP Standards.

4.2. The Clinical Case Staffing (CCS).

4.2.1. The CCS is the forum for clinical management of family maltreatment cases via review of the current status, plan and recommendation for each new or open family maltreatment case.

4.2.2. The CCS provides oversight of family maltreatment cases including non-emergent risk management and safety planning.

4.2.3. The CCS is chaired by the FAO. Members of the CCS include all Family Advocacy staff, except the DAVA. State CPS representatives will be invited to participate on child maltreatment cases. Other medical and mental health providers may be invited on a case-by-case basis.

4.2.4. Where there is an active or recent mental health or ADAPT case (within six months of referral) involving the victim or alleged offender, the FAO or FATM will review the MH/ADAPT record(s) and the provider will be invited to discuss the case or provide input.

4.2.5. Personnel not affiliated with the MTF may only attend to provide information and will not be present for discussion of the client's personal health information per *Health Insurance Portability and Accountability Act of 1996* (*HIPAA*).

4.2.6. The CCS will review all referrals to FAP and will review each open record at least quarterly. Child sexual maltreatment records are reviewed monthly.

4.2.7. Regardless of the ISD from the CRB, the FAP case manager will follow up with the AD member's CC(s) to advise him/her of the CCS recommendations.

4.2.8. Recommendations from the CCS will be documented in the FAP and outpatient medical record AHLTA, and conveyed to the sponsor and partner as appropriate. Case

managers will ensure the victim and offender's personal health information is protected IAW the *HIPAA*.

4.2.9. The CCS will be conducted IAW AF FAP Standards.

4.2.10. **(Added-LITTLEROCK)** The purpose of the clinical case staffing (CCS) is to clinically consult about the assessment and ongoing case management of interventions with families having allegations of maltreatment. This includes risk assessment and ongoing safety planning. The CCS discussions will be documented in the client's FAP record. The CCS is a clinical meeting whose composition is IAW FAP standard M-1.A. The FAO will chair the CCS. There will be at least two credentialed providers in attendance.

4.3. Child Sexual Maltreatment Response Team (CSMRT) members.

4.3.1. CSMRT members are appointed by their CC and approved by the FAC. Membership includes the FAO, who serves as the chair, and representatives from AFOSI and JA. The CSMRT is activated immediately and manages the initial response to allegations of child sexual maltreatment. The goal of this team is to minimize risk and trauma to the victim and family and ensure coordinated decision making and case management. The CSMRT:

4.3.1.1. Members must be trained by FAP prior to serving on the CSMRT. Team activation must be reported and documented in the FAC minutes.

4.3.1.2. Reviews the allegation and coordinates a course of action. Determines how organizations will proceed in making required notifications, conducting interviews, scheduling medical exams, arranging for the safety of the victim and all family members, and conducting psychosocial assessments.

4.3.1.3. Ensures documentation of the CSMRT is placed in the client's FAP record.

4.4. High Risk for Violence Response Team (HRVRT) members.

4.4.1. The HRVRT will be activated when there is a threat of immediate and serious harm to family members or FAP staff.

4.4.2. HRVRT is activated at the discretion of the FAO. Members are appointed by their CC and approved by the FAC. Membership includes the FAO, FAP clinician working with the family, sponsor's SQ/CC, JA, SFS representative, Mental Health provider, AFOSI Detachment representative, DAVA, and representatives from other agencies having legal, investigative, or protective responsibilities, as appropriate.

4.4.3. Members must be trained prior to serving on the HRVRT. Team activation must be reported to and documented in the FAC minutes. The HRVRT:

4.4.3.1. Addresses safety issues and risk factors.

4.4.3.2. Develops a coordinated plan for immediate implementation to manage risk to the individual presenting the potential threat, the suspected or intended victims and the community at large.

4.4.3.3. Ensures documentation of the HRVRT is placed in the client's FAP record.

4.5. Intervention.

4.5.1. Each allegation of family maltreatment will receive an immediate risk assessment followed by individual psychosocial assessments with each family member. If the incident meets criteria for maltreatment, an intervention plan will be developed with the family. Regardless of incident status, referrals will be made to address any needs identified in the assessment process.

4.5.2. When domestic abuse or child maltreatment occurs between an AD member and an unmarried intimate partner who is not a military beneficiary; a FAP provider will assess the AD member, assess the unmarried intimate partner and all children, provide safety planning, and refer non-beneficiaries to local resources for any needed services.

4.5.3. Information and referral to the Victim/Witness Assistance Program (VWAP) is provided to victims IAW Chapter 7, AFI 51-201, Administration of Military Justice, and local JA policy.

4.5.4. FAP staff refer adult victims to DAVA services. These services may be in partnership with civilian providers. If the victim is not an eligible beneficiary, the victim is assessed by the FAP provider and then referred to local resources.

4.5.5. Law enforcement, emergency personnel, and squadron/unit commanders are responsible for managing acute situations where there is risk to the safety of a military member or family member. FAP staff will not accompany command or emergency personnel to unsecured home environments in emergent situations.

4.5.6. Policies, procedures, and intervention and safety plans will be developed to ensure the safety of victims and/or potential victims, alleged offenders, and other family members.

4.5.6.1. **(Added-LITTLEROCK)** During normal duty hours, allegations of family maltreatment will be referred to FAP at (501) 987-7377. In addition, when allegations involve children, the referring individual or organization will be encouraged to call the appropriate Department of Human Services (DHS) child abuse hotline (800 482-5964). The FAO will follow-up with DHS to ensure the referral was made. After duty hours, family maltreatment that occurs on base will be reported to security forces. SFS will notify the mental health flight on-call provider. The on-call provider will make recommendations relative to safety and will inform the FAP staff of the incident the following duty day. An assessment of the victim and offender can be provided by a community emergency room (ER). The FAO will request a signed release of information from the person who received services at the ER so that documentation of assessment can be obtained. The DHS will report to FAP any cases involving active duty families at off-base locations IAW the MOU between LRAFB and DHS. When referrals are received involving active duty members assigned to other military installations, the LRAFB FAP staff will notify the FAP staff at that installation and assist as needed. The DHS and FAP offices will work together to ensure the safety of the child(ren). DHS can authorize medical evaluation over the objection of the parents and may ask to have the child seen by a physician. Responsibility for removal and return of children lies solely with DHS, as they maintain jurisdiction over child placement issues.

4.5.6.2. **(Added-LITTLEROCK)** In cases where there is severe injury, when a child is removed from the parental home, the FAO will immediately report the suspected abuse to the 19 MDG/CC. If misconduct is suspected, the FAO will also notify AFOSI and JA.

4.5.6.3. **(Added-LITTLEROCK)** If a death occurs as a result of suspected family maltreatment, the FAO will immediately notify 19 MDG/CC, 19 AW/CC, AFOSI, HQ AFMOA/SGHW and HQ AMC within 24 hours by telephone or facsimile and will provide the required follow-up reports. The High interest worksheet available on family advocacy system of records (FASOR) will be sent by encrypted email to AF FAP and the MAJCOM within 24 hours of notification of death. Telephonic verification of receipt of the worksheet will be made by the local FAP staff to both AF FAP and the MAJCOM during the same duty day. If misconduct is suspected, the FAO will also notify JA.

4.5.6.4. **(Added-LITTLEROCK)** The 19 MDG/CC will report severe cases of abuse or neglect to the 19 AW/CC. The FAO will ensure notification to the sponsor's commander or first sergeant, SFS and AFOSI in all family maltreatment cases. The FAO will immediately notify AFOSI in cases of child maltreatment involving serious bodily harm or sexual abuse.

4.5.6.5. **(Added-LITTLEROCK)** In cases where a rights advisement is indicated (alleged sexual abuse or serious bodily harm), the FAO will delay interview of the alleged offender until after law enforcement has completed their investigative interviews. If SFS, AFOSI, or members of the alleged offender’s command has been involved with a case in disciplinary or investigative capacity, the FAO will consult with JA to determine whether Article 31, UCMJ, rights advisement is required prior to interviewing an alleged offender.

4.5.7. Unit CCs, SFS, JA, and other authoritative agencies will be consulted, as required, in making necessary protective interventions.

4.5.8. FAP staff evaluates the effectiveness of interventions, programs, and activities, at least quarterly.

4.5.9. FAP providers ensure a range of services are available to meet the intervention needs of victims, offenders, and family members IAW AF FAP Standards.

4.5.10. Due to prohibitions on clinical intervention of pedophiles, FAP providers, (AD, civil service and/or contract), will not provide clinical intervention to sexual offenders to modify deviant sexual arousal patterns. These clients will be referred for such clinical intervention to specialists in the community. FAP and MTF personnel may provide other services to sex offenders as long as services do not focus on deviant arousal patterns.

4.5.11. Child and Domestic Abuse Fatality Review.

4.5.11.1. The AF Child and Domestic Abuse Fatality Review Team will convene annually, at minimum, to review fatalities and develop the annual report for submission to ODUSD (P&R/MC&FP) IAW DoDI 6400.06.

4.5.11.2. Fatality reviews will be conducted annually on homicides resulting from family maltreatment and family maltreatment related suicides. AF FAP is responsible for coordinating the Air Force Multidisciplinary Fatality Review Team.

4.5.11.3. The AF Multidisciplinary Fatality Review Team will be chaired by the Chief, AF FAP or designee and will include senior representatives from, Air Force Personnel Center, AF Security Forces, AF Chief of Chaplains, Military Victim Advocate, Office of Special Investigations, Forensic Child Abuse Pediatric Specialist, Psychiatry/Family Medicine Consultant, Office of the Chief Master Sergeant of the Air Force, JA, and AF FAP.

4.6. Domestic Abuse Victim Advocates (DAVAs).

4.6.1. DAVAs should be available to AF victims of domestic abuse 24/hrs a day 7 days a week. Where installation FAP resources cannot sustain a DAVA, the FAO will ensure domestic abuse advocate services are provided through MOU(s) with local civilian domestic abuse advocate services.

4.6.2. During non-duty hours, AF DAVA services will be accessed through the Mental Health provider on call.

4.6.3. AF DAVAs will provide supportive services to victims as described in DoD guidance and the AF FAP standards.

4.7. Domestic Abuse Reporting Options. Adult victims of domestic abuse have two reporting options: unrestricted reporting and Restricted Reporting (RR). Regardless of whether the victim elects restricted or unrestricted reporting, confidentiality of medical information will be maintained IAW the *HIPAA*.

4.7.1. Unrestricted Reporting for Domestic Abuse. Unrestricted reporting is a process allowing a victim of domestic abuse to report an incident using chain of command, law enforcement or AFOSI Detachment, and Family Advocacy for clinical intervention. Victims of domestic abuse who choose to pursue an official command or criminal investigation of an incident should use these reporting channels. Upon notification of a reported domestic abuse incident, DAVA (where available) and FAP clinical services will be offered to the victim. At the victim's request, the medical provider, in coordination with criminal investigators, will conduct a forensic medical examination. Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

4.7.2. Restricted Reporting (RR) for Domestic Abuse.

4.7.2.1. RR is a process allowing an adult victim of domestic abuse, who is eligible to receive military medical treatment (including civilians and contractors who are eligible to receive military healthcare outside the CONUS on a reimbursable basis) the option of reporting an incident of domestic abuse to specified individuals for the purpose of receiving medical care, supportive services, and/or advocacy and information without initiating the investigative process or notification to the victim's or alleged offender's CC.

4.7.2.1.1. When sexual assault occurs between spouses or unmarried intimates it is domestic violence and will be managed by FAP.

4.7.2.1.2. Once FAP assumes case management of domestic abuse sexual assault cases, no information about the case is shared with the SARC without the client's consent.

4.7.2.2. When an adult victim elects RR, and discloses an abuse allegation to a DAVA, or healthcare provider (including FAP staff), the domestic abuse allegation may not be disclosed to command or civilian or military investigative or law enforcement agencies except as provided in the exceptions to this RR policy or mandated by state law.

4.7.2.3. Victims who make a domestic abuse RR inquiry to *Military One Source*, NPSP staff, or the SARC will be referred to a FAP provider, who will assist the victim with the reporting process.

4.7.2.4. If the victim discloses a domestic abuse allegation in the presence of the alleged offender, the RR option does not apply.

4.7.2.5. For purposes of command responsibility and in the interest of gathering accurate data, information concerning RRs of domestic abuse, without personal identifiers, will be reported by the FAO at the next FAC meeting. This will inform installation leadership as to the number and type of domestic abuse incidents within the command and enhance the CC's ability to provide a safe environment. If the installation leadership wants to be notified of DA RRs sooner than the next FAC, the FAO will supply the required information as requested.

4.7.2.6. The medical provider will initiate appropriate care and treatment and will report the domestic abuse only to a DAVA or FAP. At the victim's request, the medical provider will conduct/arrange any forensic medical examination deemed appropriate. The forensic component includes gathering information from the victim for the medical forensic history, an examination, documentation of biological and physical findings, collection of evidence from the victim, and follow-up, as needed, to document additional evidence. The medical provider will transfer the forensic evidence, via proper evidence chain of custody procedures, to an AFOSI Detachment agent using a control number in lieu of personal identifying information.

4.7.2.6.1. All RRs that have physical evidence associated with them will be assigned a Restricted Report Control Number (RRCN) by a FAP provider. The RRCN will be developed using a two-digit year, two-digit month, the first four letters of the installation name, a three-digit numerical sequence, and followed by "R-FAP." For example, "0709RAND001R FAP" represents the incidence occurred in 2007, during September, at Randolph AFB, is the first report of this sequence, and is a restricted report.

4.7.2.6.2. DAVAs or FAP providers have no responsibility for the collection of physical evidence when a restricted report has been made. DAVAs or FAP providers will not collect or receive physical evidence of domestic violence from a victim.

4.7.2.6.3. The local AFOSI detachment is responsible for taking custody of the physical evidence from Healthcare Personnel and will log, store and preserve the evidence IAW AFOSI procedures.

4.7.2.6.4. If prior to the one-year anniversary date a victim changes the reporting preference to an unrestricted report, the FAP shall notify the AFOSI, who shall then process the physical evidence IAW AFOSI procedures.

4.7.2.6.5. FAP will notify the victim 30 days prior to the expiration of the one-year evidence storage period. The FAP will appropriately document the efforts to obtain a decision from the victim or efforts to locate the victim. The FAP is authorized to complete any documentation required from AFOSI for the destruction of evidence on behalf of the victim. The evidence will be destroyed at the one-year anniversary date unless:

4.7.2.6.5.1. The victim decides to make an unrestricted report.

4.7.2.6.5.2. The victim does not request the return of any personal effects or clothing maintained as part of the collection of evidence.

4.7.2.6.5.3. The victim does not advise the FAP of his or her decision after being notified of the upcoming one-year anniversary.

4.7.2.6.5.4. The victim cannot be located.

4.7.2.7. If the DAVA has the first contact with the victim, he/she will notify the FAO as soon as possible. The DAVA will provide information about victim reporting options and available VA services.

4.7.2.8. The victim will acknowledge in writing his/her understanding that RR will limit the government's ability to prosecute the alleged offender in a domestic abuse incident by signing the USAF Family Advocacy Victim Reporting Preference Statement (**Attachment 5**) after all available reporting options, exceptions and limitations are explained to the victim by the FAP staff member.

4.7.2.9. Documentation of a RR is maintained in a Family Advocacy Restricted Report Maltreatment Record. If the Victim Reporting Preference Statement is completed by someone other than a FAP provider, a copy will be submitted to FAP for the Family Advocacy Restricted Report Maltreatment Record. The victim will receive a FAP intake assessment and will be advised of clinical and support services available on and off the installation.

4.7.2.10. The AF RR policy is in addition to the current protections afforded privileged communications under the Uniformed Code of Military Justice (UCMJ), and does not alter or affect those protections.

4.7.3. Exceptions to Confidentiality, RR, and Limitations on Use:

4.7.3.1. In cases in which a victim elects RR, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

4.7.3.1.1. Named individuals when disclosure is authorized by the victim in writing.

4.7.3.1.2. Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

4.7.3.2. A present or past risk for danger does not necessarily equate to a serious and imminent threat in a case. FAP must use the totality of the facts and apply professional judgment as a result. In assessing the risk of imminent harm to the victim, and the

potential for escalation of violence the FAP clinician and /or DAVA should weigh the existence and frequency of the following risk factors:

4.7.3.2.1. Victimization patterns have increased in severity or frequency.

4.7.3.2.2. Alleged offender threatened or attempts to kill the victim or his/her children.

4.7.3.2.3. Alleged offender threatened or attempted suicide.

4.7.3.2.4. Alleged offender strangled the victim.

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

4.7.3.2.6. Victim sustained serious injury during the abusive incidents.

4.7.3.2.7. Police had prior contact with the alleged offender regarding domestic abuse.

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

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

4.7.3.2.10. Alleged offender stalked the victim.

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

4.7.3.2.12. Alleged offender abuses alcohol or drugs.

4.7.3.2.13. Alleged offender forced sex on the victim.

4.7.3.2.14. Alleged offender has abused victim during current pregnancy.

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

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

4.7.3.2.17. Alleged offender use of psychoactive drugs, such as amphetamines or cocaine.

4.7.3.3. FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the DAVA or FAP has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.

4.7.3.4. Disability Retirement Boards and officials when disclosure by a healthcare provider is required for fitness for duty for disability retirement determinations, limited to only that information necessary to process the disability retirement determination.

4.7.3.5. Supervisors of the DAVA, FAP, or medical provider when disclosure is required for the purposes of supervision of direct victim treatment or services.

4.7.3.6. Military or civilian courts of competent jurisdiction when a military, federal, or state judge issues a subpoena or order for the covered communications to be presented to the court or to other officials or entities, when the judge orders such disclosure.

4.7.3.7. To other officials or entities when required by federal or state statute or applicable U. S. international agreement.

4.7.3.8. Healthcare providers may also convey to the victim's CC, if applicable, information on any possible adverse duty impact related to an AD victim's medical condition and prognosis. Such circumstances, however, do not otherwise warrant an exception to policy and therefore, the specific details of the domestic abuse incident will still be treated as covered communication and may not be disclosed.

4.7.3.9. If the DAVA or FAP provider believes that disclosure is required, pursuant to one of the exceptions, the DAVA or FAP provider shall first consult with his or her supervisor and JA prior to disclosure. When there is uncertainty or disagreement on whether an exception applies, the matter will be referred to the installation CC for resolution.

Note: When the exception to RR relates to an imminent risk of harm to a victim or other, the FAP will act to ensure the safety of those involved, disclosing the minimal amount of information necessary to allow for an informed coordinated response to the perceived threat, will document the rationale for and extent of the disclosure and will consult with his/her supervisor and JA at the earliest opportunity.

4.7.3.10. The DAVA or FAP provider must make every reasonable effort to provide the affected victim advance notice of the intention to disclose a covered communication with a description of the information to be disclosed, the basis for disclosure, and the individual, group, or agency to which it will be disclosed. The disclosure will be limited to information necessary to satisfy the purpose of the disclosure in the event the disclosure is made under the authority of one of the stated exceptions. Further disclosure will not be made unless the domestic abuse victim authorizes the disclosure in writing.

4.7.3.11. In the event that information about a domestic abuse incident is disclosed to the CC or FAP from a source independent of the RR avenues, law enforcement or AFOSI Detachment shall also be notified. FAP shall intervene with the family and conduct assessments and provide treatment. Additionally, a victim's disclosure of his or her domestic abuse to persons other than those covered by this policy may result in an investigation of the allegations by law enforcement and clinical intervention from FAP. Consistent with current policy, CCs acquiring information under these circumstances about a domestic abuse incident shall immediately notify law enforcement and FAP.

Chapter 5

DISPOSITION OF PERSONNEL

5.1. Special Duty. FAP involvement alone does not require any duty restriction. For information about how to assign personnel receiving FAP assistance while performing duties requiring either the Sensitive Duty Programs, security clearance, access to classified information, or unescorted entry into restricted areas refer to DoDR5210.42_AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program*, and AFI 31-501, *Personnel Security Program Management*.

5.2. Review of Duty Assignment. CCs must review the duty assignment status of all military members whose current duties may make it difficult for them to receive Family Advocacy intervention. Military members considered fit for duty may continue in their primary or control Air Force Specialty Code (AFSC) while involved in FAP intervention, unless precluded under AFI 36-2101, *Classifying Military Personnel*. If precluded, the CC may assign members under their secondary or tertiary AFSC during the FAP intervention process.

5.3. Promotion and Retention of Personnel. A member's involvement in the FAP will not be the sole basis for denying or withholding promotion, retention, or special duty assignments.

5.4. Assignment Availability. Family Maltreatment. AD members receiving intervention services for family maltreatment who are sufficiently emotionally, psychologically, and physiologically stable can be assigned to any location that offers appropriate services. If maltreatment occurs in a family with Permanent Change of Station (PCS) orders, the unit CC should suspend the assignment until evaluations are completed to ensure availability of services at the gaining base. AD members having an open maltreatment record at the time they receive PCS orders for an overseas assignment should be processed as a family with SNs for FAP services from the gaining MTF.

5.5. Prescribed Forms.

The following forms are prescribed:

AF Form 4399, *Victim Reporting Preference Statement*

AF Form 4400, *New Parent Support Program, How Can We Help - Father*

AF Form 4401, *New Parent Support Program, How Can We Help – Mother*

AF Form 4402, Family Advocacy Informed Consent

AF Form 4403, *New Parent Support Program, Family Information*

AF Form 4404, *Family Advocacy Program Referral Form*

AF Form 4405, *Family Advocacy Program Client Information Form*

5.6. Adopted Forms.

AF Form 847, *Recommendation for Change of Publication*, 27 March 2006

BRUCE B. GREEN, Lieutenant General, USAF, MC, CFS
Surgeon General

(LITTLEROCK)

MICHAEL A. MINIHAN, Colonel, USAF
Installation Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 33-3, *Information Management*, 28 March 2006, IC1, 20 September 2007

AFI 31-501, *Personnel Security Program Management*, 27 January 2005

AFI 33-364, *Records Disposition--Procedures and Responsibilities*, 22 December 2006

AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted*), 7 March 2006

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

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*, 28 December 2001

AFI 51-201, *Administration of Military Justice*, Chapter 7, 21 December 2007

AFI 71-101, Volume 1, *Criminal Investigations*, 1 December 1999

AFMAN 33-363, *Management of Records*, 1 March 2008

Air Force Records Information Management System, Records Disposition Schedule

United States Air Force Family Advocacy Program Standards

DoDD 5015.2, *DoD Records Management Program*, 6 March 2000

DoDD 5400.07, *Department of Defense Freedom of Information Act Program*, 2 January 2008

DoDD 5400.11, *DoD Privacy Program, 8 May 2007*

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

DoDD 8000.01, *Management of the Department of Defense Information Enterprise, 10 February 2009*

DoDD 8320.02, *Data Sharing in a Net-Centric Department of Defense*, 2 December 2004

DoDI 6400.3, *Family Advocacy Command Assistance Team*, 3 February 1989

DoDI 6400.05, *New Parent Support Program*, 20 December 2005

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

DoDI 7750.07, *Department of Defense Forms Management Program*, 20 April 2007

DoDI 8910.01, *Information Collection and Reporting*, 6 March 2007

DoDR5210.42_AFMAN 10-3902,*Nuclear Weapons Personnel Reliability Program*, 13 November 2006

Public Law 101-647, *Crime Control Act of 1990*, 29 November 1990

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

Title 10 United States Code, Section 8013, *Secretary of the Air Force*

Abbreviations and Acronyms

AD—Active Duty

ADAPT— Alcohol and Drug Abuse Prevention and Treatment

ADC— Area Defense Counsel

AFI—Air Force instruction

AFIA—Air Force Inspection Agency

AFMAN—Air Force Manual

AFMOA—Air Force Medical Operations Agency

AFOSI—Air Force Office of Special Investigations

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

A&FRC— Airmen and Family Readiness Center

AFRIMS—Air Force Records Information Management System

AFSC—Air Force Specialty Code

AHLTA—Armed Forces Health Longitudinal Technology Application

CAIB—Community Action Information Board

CCF—First Sergeants

CCM—Command Chief Master Sergeant

CCS—Clinical Case Staffing

CDC—Child Development Center

CHCS—Composite Health Care System

CMD—Command

CN—Chief Nurse

CPS—Child Protective Services

CRB—Central Registry Board

CSMRT—Child Sexual Maltreatment Response Team

DAVA—Domestic Abuse Victim Advocate

DCII—Defense Clearance and Investigations Index

DHP—Defense Health Program

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DoDEA— Department of Defense Education Activity

FAC—Family Advocacy Committee

FACAT—Family Advocacy Command Assistance Team

FAIS— Family Advocacy Intervention Specialist

FAN—Family Advocacy Nurse

FAO—Family Advocacy Officer

FAOM—Family Advocacy Outreach Manager

FAP—Family Advocacy Program

FAAS— Family Advocacy Automation Systems

FAPAP— Family Advocacy Program Action Plan

FASOR—Family Advocacy System of Records

FAST—Family Advocacy Strength-based Therapy

FATM—Family Advocacy Treatment Manager

FNS—Family Needs Screener

HQ— Headquarters

HRVRT—High Risk for Violence Response Team

HIPAA—Health Insurance Portability and Accountability Act

HSI—Health Services Inspection

ID—Installation Directive

IDS—Integrated Delivery System

ISD—Incident Status Determination

ISDR—Incident Status Determination Review

ISSA—Inter-Service Support Agreement

JA—Judge Advocate

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

MAJCOM—Major Command

MHO—Mental Health Officer

MMHC—MAJCOM Mental Health Consultant

MOU—Memorandum of Understanding

MSG—Mission Support Group

MTF—Military Treatment Facility

NPSP—New Parent Support Program

OPR—Office of Primary Responsibility

OPAL—Outreach Prevention Automated Log

OPMC—Outreach Prevention Management Council

OSD—Office of the Secretary Defense

PA—Privacy Act

PL—Public Law

PCS—Permanent Change of Station

RDS—Records Disposition Schedule

RVUs—Relative Value Units

RR—Restricted Reporting

RMC—Referral Management Center

RN—Registered Nurse

SARC—Sexual Assault Response Coordinator

SECAF—Secretary of the Air Force

SNCO—Senior Non-commissioned Officers

SBS—Shaken Baby Syndrome

SFS— Security Forces Squadron

SQ—Squadron

SG—Surgeon General

SN—Special Needs

TSC—TRICARE Service Center

US—United States

USAF—United States Air Force

USC—United States Code

VA—Victim Advocate, Victim Advocacy

VWAP—Victim Witness Assistance Program

Terms

Civilian—When used in reference to FAP staff applies to GS/NSPS and contract employees.

Domestic Abuse Victim Advocate—A staff member who provides victim advocacy services to victims of family violence.

FAP Standards—Specific guidance provided by HQ AF FAP to provide detailed directions for implementation of the AF Family Advocacy Program.

Family Advocacy Automation Systems—Combination of Family Advocacy Systems of Records (FASOR) and FAP Network (FAPNet) to implement, monitor, and manage the Program.

Health Care Provider—Someone who provides direct health care services to military health system beneficiaries in military medical treatment facilities.

Intervention—An activity, process, event, or system that is designed to correct a problem, change a situation or improve a condition. Professional FAP staff plan and develop a broad range of intervention strategies from preventing maltreatment to direct clinical treatment.

Maltreatment—A general term encompassing child abuse or neglect and spouse abuse or neglect.

Maltreatment Clinical Intervention— Direct clinical services to families identified as experiencing maltreatment. Also called "tertiary prevention" in some references.

Outreach—Activities in support of maltreatment prevention. Usually provided by the Outreach Program Manager and take the form of primary and secondary prevention activities. Does not include tertiary prevention (usually referred to as maltreatment intervention).

Prevention—Activities with and for families undertaken prior to the report of abuse. May be primary prevention (activities for all families) or secondary prevention (activities for families identified to be at risk for maltreatment).

Met Criteria—The status of a child or partner maltreatment report or incident. This term is a social rather than legal definition and means the "preponderance of evidence" in a report or incident indicates the abuse did occur

Did Not Meet Criteria—The status of a child or partner maltreatment incident wherein the "preponderance of the evidence" does **NOT** indicate abuse occurred.

Victim Advocate—An employee of the Department of Defense, a civilian working under contract for the Department of Defense, or a local community VA service agency with a formal MOU with an installation, whose role is to provide comprehensive assistance and liaison to and for victims of domestic abuse and sexual assault, and to educate personnel on the installation regarding the most effective responses to domestic abuse on behalf of victims and at-risk family members.

Victim Advocacy Services— Services that are offered to victims of domestic abuse with the goal of increasing victim safety and autonomy. Services shall include, but not necessarily be limited to, responding to victims' emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children both in the civilian and military communities, and providing victims with ongoing support and referrals.

Attachment 1 (LITTLEROCK)

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 33-332, *Air Force Privacy Program,* 16 May 2011

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

AFMAN 33-363, *Management of Records,* 1 March 2008

Air Force Family Advocacy Program Standards, https://www.airforcefap.af.mil

DoDD 6400.1, *Family Advocacy Program*

Title 10 United States Code (U.S.C.) § 8013

Abbreviations and Acronyms

ADM - Active Duty Member

AF - Air Force

AFB - Air Force Base

AFI - Air Force Instruction

AFMC - Air Force Materiel Command

AFOSI - Air Force Office of Special Investigations

CAIB - Community Action Information Board

CC - Commander

CCC - Command Chief Master Sergeant

CCS - Clinical Case Staffing

CRB - Central Registry Board

CSB - Child Services Board

CSMRT - Child Sexual Maltreatment Response Team

CV - Vice Wing Commander

DCII - Defense Clearance and Investigations Index

DOD - Department of Defense

FAC - Family Advocacy Committee

FAN - Family Advocacy Nurse

FAO - Family Advocacy Officer

FAOM - Family Advocacy Outreach Manager

FAP - Family Advocacy Program

FAPA - Family Advocacy Program Assistant

FAPAP - Family Advocacy Program Action Plan

FATM - Family Advocacy Treatment Manager

FMCMT - Family Maltreatment Case Management Team

HIPAA – Health Insurance Portability and Accountability

HRVRT - High Risk for Violence Response Team

IAW - In Accordance With

IDS - Integrated Delivery System

ISDR - Incident Status Determination Review

JA - Judge Advocate

LRAFB - Little Rock Air Force Base

MDG - Medical Group

MOA – Memorandum of Agreement

MOU – Memorandum of Understanding

MTF - Medical Treatment Facility

NPSP - New Parent Support Program

SFS - Security Forces Squadron

SG - Surgeon General

UCMJ - Uniform Code of Military Justice

Terms

Central Registry – A central management information system maintained by each branch of Service for identifying and recording information on incidents of child and spouse maltreatment. The Air Force Family Advocacy Central Registry is located at Brooks City-Base Texas.

Child Services Board – A generic term to describe civilian social services mandated by law with child protection responsibilities. It may also be referred to as "Child Protective Services."

Child Sexual Maltreatment Response Team – An ad hoc committee that meets at the call of the FAO in response to an allegation of child sexual maltreatment.

Family Advocacy Committee – The policy-making, coordinating, recommending and overseeing body for the installation FAP.

Family Advocacy Officer – A social worker, licensed for independent practice and privileged in the MTF, designated to manage, monitor and provide staff supervision of the Family Advocacy Program at the base level.

Family Advocacy Program – A program designed to address prevention, identification, clinical assessment, treatment, supportive services and follow-up evaluation for family maltreatment.

Family Advocacy Program Standards – Specific guidance provided by AFMSA/SGOF to provide detailed directions for implementation of the Family Advocacy Program within the USAF. The AF FAP Standards are located at: https://www.airforcefap.af.mil

High Risk for Violence Response Team – A multidisciplinary team established by the FAC at each installation to manage potentially dangerous situations involving FAP clients

Integrated Delivery System – A multidisciplinary team of helping professionals representing six base agencies, collaborating to provide seamless prevention and quality of life services to Air Force families and the community.

Intervention – An activity, process, event, or system that is designed to correct a problem, change a situation or improve a condition. Professional FAP staff plan and develop a broad range of intervention strategies from preventing maltreatment to direct clinical treatment.

Local Agencies – Civilian agencies located in a geographic proximity to a military installation. These include community, county, state and federal facilities or services, other than those available on the installation.

Maltreatment – A general term encompassing child abuse or neglect and intimate partner abuse or neglect.

Maltreatment Clinical Intervention – Direct clinical services to families identified as experiencing maltreatment. It is also called "tertiary prevention" in some references.

Memorandum of Understanding – An umbrella agreement that defines areas of mutual understanding between two or more parties.

Outreach – Activities in support of maltreatment prevention. Usually provided by the Outreach Program Manager and take the form of primary and secondary prevention activities. This does not include tertiary prevention (usually referred to as maltreatment intervention).

Prevention – Activities with and for families undertaken prior to the report of abuse. May be primary prevention (activities for all families) or secondary prevention (activities for families identified to be at risk for maltreatment).

Attachment 2

MEMORANDUM OF UNDERSTANDING BETWEEN (INSTALLATION) AND (VICTIM ADVOCACY SERVICES AGENCY)

1. PURPOSE: To establish a written agreement between (INSTALLATION) and (VICTIM ADVOCACY SERVICES AGENCY) defining procedures for the coordination of emergency shelter, safe housing, medical services, support, and referral services for victims of domestic violence who are eligible for military medical treatment.

2. GENERAL: This Memorandum of Understanding (MOU) does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU provides guidance and documents an agreement for general support between (INSTALLATION) and (VICTIM ADVOCACY SERVICES AGENCY).

3. RESPONSIBILITIES:

A. The (INSTALLATION) agrees to the following provisions:

(1) When responding to or investigating domestic violence cases or providing medical or other services for domestic violence victims, personnel from Security Forces Squadron (SFS), Air Force Office of Special Investigations (AFOSI) Detachment, Family Advocacy Program (FAP) personnel, and military treatment facility (MTF) personnel shall provide victims of domestic violence with basic referral information for (VICTIM ADVOCACY SERVICES AGENCY), including telephone/hotline number and a general description of the shelter, support and victim advocacy services offered by that organization.

(2) When a victim of domestic violence determines that he/she would like to seek shelter at (VICTIM ADVOCACY SERVICES AGENCY) or meet with (VICTIM ADVOCACY SERVICES AGENCY) staff regarding other victim advocacy services, transportation to the shelter shall be arranged, when necessary, from the SFS or local law enforcement.

(3) (INSTALLATION) will work with FAP to publicize resources available through the (VICTIM ADVOCACY SERVICES AGENCY) and how victims can access those services.

(4) FAP will provide training to (VICTIM ADVOCACY SERVICES AGENCY) staff, as needed, on the resources available to victims of domestic violence through FAP and through other programs and agencies located on (INSTALLATION).

(5) Access will be provided to (INSTALLATION) for (VICTIM ADVOCACY SERVICES AGENCY) staff providing services to military victims of domestic violence.

B. (DOMESTIC VIOLENCE SHELTER) agrees to the following provisions:

(1) When (VICTIM ADVOCACY SERVICES AGENCY) receives a referral from (INSTALLATION) at the request of a victim, or when (VICTIM ADVOCACY SERVICES AGENCY) identifies a victim of domestic violence as an individual eligible for military medical treatment, (VICTIM ADVOCACY SERVICES AGENCY) will provide the same services to that victim as it provides to all other clients, IAW the victim's wishes and needs. Services provided by (VICTIM ADVOCACY SERVICES AGENCY) include: [A detailed list of specific services 0offered by the shelter can be inserted here.]

(2) When (VICTIM ADVOCACY SERVICES AGENCY) receives a referral from (INSTALLATION) or when (VICTIM ADVOCACY SERVICES AGENCY) identifies a victim of domestic violence as an individual eligible for military medical treatment, (VICTIM ADVOCACY SERVICES AGENCY) staff shall provide that victim with information regarding FAP and other resources available to victims of domestic violence on (INSTALLATION). (VICTIM ADVOCACY SERVICES AGENCY) staff shall also inform victims that they are not excused from work related responsibilities, or, if an active duty service member, from duty or from complying with unit recall notification policies while staying at (VICTIM ADVOCACY SERVICES AGENCY).

(3) (VICTIM ADVOCACY SERVICES AGENCY) staff will work with FAP to train base staff, including, but not limited to, personnel from the SFS, AFOSI, FAP and MTF, on resources available through the (VICTIM ADVOCACY SERVICES AGENCY) and how victims can access those services.

4. PRIVACY INTERESTS:

A. The (**VICTIM ADVOCACY SERVICES AGENCY**) shall not disclose the victim's identity and/or specifics about the victim's circumstances to (INSTALLATION) personnel, including, but not limited to, FAP staff , SFS, or AFOSI Detachment without the written consent of the victim, unless otherwise required to do so by state or federal law. A victim must sign an authorization for the Release of Information prior to the exchange of any information regarding that victim. Once the "Release of Information Form" has been signed, information shall be exchanged for the purposes of referral, treatment and intervention planning and coordination efforts.

B. The victim's identify and/or specifics about the victim's circumstances shall not be disclosed by (INSTALLATION) personnel, including, but not limited to, FAP staff, SFS, or AFOSI Detachment to the (**VICTIM ADVOCACY SERVICES AGENCY**) without the written consent of the victim, unless otherwise required to do so by state or federal law. A victim must sign a "Release of Information Form" prior to the exchange of any information regarding that victim. Once the "Release of Information Form" has been signed, information shall be exchanged for the purposes of referral, treatment and intervention planning and coordination efforts.

C. Copies of original signed "Release of Information Forms" shall be kept on file with the initiating organization and a copy will be transmitted to the receiving party.

D. (**VICTIM ADVOCACY SERVICES AGENCY**) shall provide non-identifying statistical information to (INSTALLATION) regarding the victims to whom it provides services on a (PERIODIC) basis.

5. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

A. This MOU shall be reviewed bi-annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with sixty (60) days notice to the other party.

B. Effective execution of this agreement can be achieved only through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings or complaints that may arise that are not specifically addressed in this MOU.

C. Personnel from the (INSTALLATION) and (VICTIM ADVOCACY SERVICES AGENCY) shall meet, as necessary and appropriate, to share information regarding individual cases after having received signed "Release of Information Forms" from the victims and to generally discuss and review quality of services provided to victims.

Attachment 3

MEMORANDUM OF UNDERSTANDING BETWEEN (INSTALLATION) STAFF JUDGE ADVOCATE AND (COUNTY/CITY) DISTRICT ATTORNEY'S OFFICE

1. PURPOSE: To establish written procedures concerning the exchange of information, case investigation and prosecution, and coordination of efforts and assets between the (INSTALLATION) Judge Advocate (JA) and the (COUNTY/CITY) District Attorney (DA) in domestic violence cases involving active duty (AD) service members assigned to the (INSTALLATION) and their family members.

2. GENERAL: This Memorandum of Understanding (MOU) does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) JA and the (COUNTY/CITY) DA. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. See *United States v. Caceres*, 440 U. S. 741 (1979).

A. [Insert paragraph here defining jurisdiction for both the (INSTALLATION) JA and (COUNTY/CITY) DA.]

3. RESPONSIBILITIES:

A. The (COUNTY/CITY) DA agrees to perform the following actions:

(1) When the victim in a domestic violence incident has been identified as an AD service member assigned to (INSTALLATION) or a family member of one, the (COUNTY/CITY) DA shall provide the victim with basic information, acquired from the (INSTALLATION) JA (below), about (INSTALLATION) resources available to domestic violence victims.

(2) When investigating or prosecuting domestic violence cases, the (COUNTY/CITY) DA shall determine whether the alleged offender is an AD service member assigned to INSTALLATION). If the alleged offender is an AD member assigned to (INSTALLATION), the (COUNTY/CITY) DA shall contact the (INSTALLATION) JA to inform the assigned to the (INSTALLATION) JA of the pending investigation or prosecution. Upon request, the (COUNTY/CITY) DA shall forward copies of relevant police reports, civil protection orders, and any orders specifying pre-trial conditions to the (INSTALLATION) JA.

(3) When investigating a domestic violence case involving an AD service member assigned to (INSTALLATION) who is alleged to be the offender, the (COUNTY/CITY) DA shall consult with the (INSTALLATION) JA with respect to prosecution of the individual under the appropriate state law or under the Uniform Code of Military Justice (UCMJ).

(4) During the course of the (COUNTY/CITY) DA's investigation or prosecution of a crime of domestic violence allegedly committed by an AD service member assigned to (INSTALLATION), the (COUNTY/CITY) DA shall keep the (INSTALLATION) JA informed of the status of the case through regular contacts. The (COUNTY/CITY) DA shall notify the

(INSTALLATION) JA specifically of any changes in confinement status or pre-trial release conditions.

(5) When, after consultation, the (INSTALLATION) JA and the (COUNTY/CITY) DA have determined that the alleged offender will be subject to procedures under the UCMJ, the (COUNTY/CITY) DA shall cooperate during the investigation and disciplinary action to the greatest extent possible by sharing information and facilitating the interviewing of witnesses.

(6) As new attorneys begin working in the (COUNTY/CITY) DA Office, their immediate supervisor will provide them with copies of this MOU and basic instructions for executing the provisions of this MOU.

B. The (INSTALLATION) JA agrees to perform the following actions:

(1) The (INSTALLATION) JA shall provide the (COUNTY/CITY) DA with basic information, in the form of quick reference cards or brochures, about (INSTALLATION) resources available to domestic violence victims.

(2) When investigating a domestic violence case involving an AD service member assigned to (INSTALLATION) who is alleged to be the offender, the (INSTALLATION) JA shall, in cases where the state has jurisdiction, consult with the (COUNTY/CITY) DA to determine whether the individual will be prosecuted under the appropriate state law or whether the command will pursue disciplinary action under the UCMJ.

(3) Upon request, the (INSTALLATION) JA shall forward copies of relevant police incident reports and military protection orders to the (COUNTY/CITY) DA.

(4) When, after consultation, the (COUNTY/CITY) DA and the (INSTALLATION) JA have decided that the alleged offender will be prosecuted under state law, the (INSTALLATION) JA shall cooperate during the investigation and prosecution to the greatest extent possible by sharing information and facilitating the interviewing of witnesses.

(5) As new personnel begin duty with the (INSTALLATION) JA, their immediate supervisor will provide them with copies of this MOU and basic information on executing the provisions of this MOU.

4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement within sixty (60) days notice to the other party.

B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that

communication will be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.

C. Personnel from the (INSTALLATION) JA and from the (COUNTY/CITY) DA's office shall meet, as necessary and appropriate, to discuss open-cases involving AD service members assigned to the (INSTALLATION) and to review and revise provisions of this MOU.

Attachment 4

MEMORANDUM OF UNDERSTANDING BETWEEN (INSTALLATION) LAW ENFORCEMENT OFFICE AND (CITY, COUNTY, OR STATE) LAW ENFORCEMENT AGENCY

1. PURPOSE: To establish written procedures concerning the exchange of information, case investigation, cases involving civilian alleged offenders, jurisdiction, and coordination of efforts and assets between the (INSTALLATION) Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency in domestic violence cases involving active duty (AD) service members assigned to the (INSTALLATION) and their family members.

2. GENERAL: This Memorandum of Understanding (MOU) does not create additional jurisdiction or limit or modify existing jurisdiction vested in the parties. This MOU is intended exclusively to provide guidance and documents an agreement for general support between the (INSTALLATION) Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. See *United States v. Caceres*, 440 U.S. 741 (1979).

A. [Insert paragraph here defining response and investigation jurisdiction for the (INSTALLATION) Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency.]

3. RESPONSIBILITIES:

A. The (CITY, COUNTY, or STATE) Law Enforcement Agency agrees to perform the following actions:

(1) When responding to or investigating domestic violence cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency will ascertain whether the alleged offender is an AD service member assigned to (INSTALLATION). If the alleged offender is an AD service member assigned to (INSTALLATION), the responding officer(s) will note on the top of the incident/investigation report "Copy to the (INSTALLATION) Law Enforcement Office" and the designated records personnel will ensure the copy is forwarded.

(2) When responding to or investigating domestic violence cases, the (CITY, COUNTY OR STATE) Law Enforcement Agency will ascertain whether the victim is an AD service member assigned to (INSTALLATION). If the victim is an AD service member assigned to the (INSTALLATION), the responding officer(s) will seek the victim's consent to forward a copy of the incident/investigation report to the (INSTALLATION) Law Enforcement Office so that it can be provided to the victim's (INSTALLATION) commander. If the victim so consents, the responding officer(s) will note on the top of the incident/investigation report "Copy to the (INSTALLATION) Law Enforcement Office" and the designated records personnel will ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall note in the body of the incident/investigation report that the victim did not consent to forwarding the report to the (INSTALLATION) Law Enforcement Office and shall not direct records personnel to forward the report.

(3) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent civil protection order (CPO) issued by a court of competent jurisdiction, the responding officer(s) will ascertain whether the alleged offender is an AD service member assigned to (INSTALLATION). If the alleged offender is an AD service member assigned to (INSTALLATION), the responding officer(s) will note on top of the CPO "Copy to the (INSTALLATION) Law Enforcement Office" and the designated records personnel will ensure the copy is forwarded. [This paragraph may not be necessary if the (INSTALLATION) has an MOU with the (CITY, COUNTY, or STATE) local court specifying that the (CITY, COUNTY, or STATE) local court will forward copies of such CPOs to the assigned to the (INSTALLATION).]

(4) When the (CITY, COUNTY, or STATE) Law Enforcement Agency receives a copy of a temporary or permanent CPO, the responding officer(s) will ascertain whether the victim is an AD service member assigned to (INSTALLATION). If the victim is an AD service member assigned to (INSTALLATION), the responding officer(s) will seek the victim's consent to forward a copy of the CPO to the (INSTALLATION) Law Enforcement Office. If the victim so consents, the responding officer(s) will note on the top of the CPO "Copy to the (INSTALLATION) Law Enforcement Office" and the designated records personnel will ensure the copy is forwarded. If the victim does not consent, the responding officer(s) shall not request that a copy of the CPO be forwarded to the (INSTALLATION) Law Enforcement Office.

(5) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall designate an employee from records who will be directly responsible for forwarded copies of incident/investigation reports and CPOs to the (INSTALLATION) Law Enforcement Office when directed to do so by notations at the top of the reports or CPOs. The employee shall also be responsible for receiving and processing military protection orders (MPOs) forwarded from the (INSTALLATION) Law Enforcement Office.

(6) When the (CITY, COUNTY, or STATE) Law Enforcement Agency becomes aware of a violation of a term or provision of an MPO, the responding officer(s) shall notify the designated representative from the (INSTALLATION) Law Enforcement Office of the violation.

(7) The (CITY, COUNTY, or STATE) Law Enforcement Agency shall provide the (INSTALLATION) Law Enforcement Office with an area for (INSTALLATION) Law Enforcement Investigators to conduct interviews of AD service members assigned to (INSTALLATION) and their family members who are involved in domestic violence incidents.

(8) The (CITY, COUNTY, or STATE) Law Enforcement Agency will, when appropriate, conduct joint investigations with the (INSTALLATION) Law Enforcement Office if incidents of domestic violence involve AD service members assigned to (INSTALLATION) and their family members.

(9) When the victim in a domestic violence incident has been identified as an AD service member assigned to (INSTALLATION) or a family member of one, the (CITY, COUNTY, or STATE) Law Enforcement Agency responding officer(s) shall provide the victim with basic

information, acquired from the (INSTALLATION) Law Enforcement Office (below), about (INSTALLATION) resources available to domestic violence victims.

(10) As new law enforcement officers begin duty with the (CITY, COUNTY, or STATE) Law Enforcement Agency, their immediate supervisor will provide them with copies of this MOU and basic instructions for effectuating the provisions of this MOU.

B. The (INSTALLATION) Law Enforcement Office agrees to perform the following actions:

(1) The (INSTALLATION) Law Enforcement Office shall designate an individual to act as liaison to the (CITY, COUNTY, or STATE) Law Enforcement Agency and to receive copies of incident/investigation reports stemming from an incident occurring off of the (INSTALLATION) and CPOs involving AD service members assigned to (INSTALLATION) and their family members.

(2) Upon receipt of a copy of an incident/investigation report stemming from incidents occurring off of the (INSTALLATION) or a CPO involving an AD service member assigned to (INSTALLATION) and his/her family member, the (INSTALLATION) Law Enforcement Office shall immediately notify the AD service member's (INSTALLATION) Command.

(3) When the (INSTALLATION) Law Enforcement Office receives a copy of an MPO from an AD service member's (INSTALLATION) Command, and if that AD service member assigned to (INSTALLATION) is living off of the (INSTALLATION), the (INSTALLATION) Law Enforcement office shall forward a copy of the MPO to the (CITY, COUNTY, or STATE) Law Enforcement Agency with jurisdiction over the area in which the AD service member resides.

(4) The (INSTALLATION) Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Police Department with an area for Police Department officers or investigators to conduct interviews of AD service members assigned to (INSTALLATION) and their family members who are involved in domestic violence incidents.

(5) The (INSTALLATION) Law Enforcement Office will, when appropriate, conduct joint investigations with the (CITY, COUNTY, or STATE) Law Enforcement Agency if incidents of domestic violence involve AD service members assigned to (INSTALLATION) and their family members.

(6) The (INSTALLATION) Law Enforcement Office will assist the (CITY, COUNTY, or STATE) Law Enforcement Agency when investigating cases that occurred off the (INSTALLATION) by providing information such as AHLTAs, service records, and incident/investigation reports from incidents occurring under the jurisdiction of the (INSTALLATION) Law Enforcement Office IAW the provisions of the *Privacy Act*, 5 USC 552a.

(7) The (INSTALLATION) Law Enforcement Office shall provide the (CITY, COUNTY, or STATE) Law Enforcement Agency with basic information, in the form of quick reference cards or brochures, about (INSTALLATION) resources available to domestic violence victims.

(8) [Insert a paragraph here stating proper (INSTALLATION) procedure for responding to domestic violence incidents occurring on (INSTALLATION) involving civilian alleged offenders.]

(9) As new personnel begin duty with (INSTALLATION) Law Enforcement Office, their immediate supervisor will provide them with copies of this MOU and basic instructions on effectuating the provisions of this MOU.

4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

A. This MOU shall be reviewed annually and shall remain in full force and effect until specifically abrogated by one of the parties to this agreement with sixty (60) days notice to the other party.

B. Effective execution of this agreement can only be achieved through continuing communication and dialogue between the parties. It is the intent of this MOU that channels of communication will be used to resolve questions, misunderstandings, or complaints that may arise that are not specifically addressed in this MOU.

C. Personnel from the (INSTALLATION) Law Enforcement Office and from the (CITY, COUNTY, or STATE) Law Enforcement Agency shall meet, as necessary and appropriate, to discuss open cases involving AD service members assigned to (INSTALLATION) and to share information regarding reciprocal investigations.

Attachment 5

USAF FAMILY ADVOCACY VICTIM REPORTING PREFERENCE STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.

PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the abuse response and/or reporting process and comply will the procedures set up to effectively manage abuse incidents.

ROUTINE USE(S): None

DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care, safety planning, and support required by the procedures of domestic abuse prevention and response programs.

1. Reporting process and options discussed with the Domestic Abuse Victim Advocate (DAVA) or Family Advocacy Provider:

I, _____, had the opportunity to talk with a DAVA or Family Advocacy Provider before selecting a reporting option.

2. The following applies to Unrestricted Reporting:

I understand that law enforcement, my or the offender's chain of command will be notified of my report that I am a victim of domestic abuse and a law enforcement investigation will occur. I understand that I can receive medical treatment, advocacy services, support, and counseling. I also understand that I can request to be separated from the offender, that a military protective order can be issued to enforce that separation, and that I can also pursue a civilian order of protection through the local courts.

_____ _____

Initial Date

3. The following applies to Restricted Reporting:

a. I understand that I can confidentially receive medical treatment, advocacy services, support, and counseling. Law enforcement and command will NOT be notified. My report will NOT initiate an investigation; therefore, no action will be taken against the offender as the result of my report.

b. I understand that there are exceptions to "Restricted Reporting" (see exceptions in paragraph 4). If an exception applies, limited details of my allegation may be revealed to satisfy the exception. Further disclosure will not be made unless I authorize the disclosure in writing.

c. I understand that if I do not choose a reporting option at this time, the commander (or designated persons within the chain of command) and law enforcement will be notified.

d. I understand that state laws, local laws or international agreements may limit some or all of the restricted reporting protections explained to me. In (state/country) _____, medical authorities must report the abuse to_____ (if applicable).

e. I understand that the DAVA or Family Advocacy Provider will provide aggregate and non-identifying information to command officials. This information will give commanders a clearer picture as to the number and type of domestic abuse incidents within their command, and enhance the commanders' ability to provide an environment that is safe and contributes to the well-being and mission-readiness of all.

f. I understand that if I make a "Restricted Report", after 1 year any evidence collected will be destroyed and no longer available for any future investigation or prosecution efforts.

g. I understand that if I talk about my abuse to anyone other than the Health Care Provider (HCP), DAVA, or Family Advocacy Provider, it may be reported to command and law enforcement which could lead to an investigation.

h. I understand that Restricted Reporting does not extend to offenders who seek services.

i. I understand that the Family Advocacy Provider, DAVA, or HCP, and their supervisors, may discuss the details of my case to ensure effective delivery of services when receiving supervision.

j. I understand that I may change my mind and report the abuse at a later time as an "Unrestricted Report", law enforcement and command will be notified. I also understand delayed reporting may limit the ability to prosecute the alleged offender. If the case goes to a judicial proceeding, my DAVA and others providing care may be called to testify about any information I disclosed.

_____ _____

Initial Date

4. EXCEPTIONS to Restricted Reporting:

a. Named individuals when disclosure is authorized by the victim in writing.

b. Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

c. FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the DAVA or HCP has a reasonable belief that child

abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.

d. Disability Retirement Boards and officials when disclosure by a HCP is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.

e. Supervisors of the DAVA or HCP when disclosure is required for the supervision of direct victim treatment or services.

f. Military or civilian courts of competent jurisdiction when a Military, Federal, or State judge issues a subpoena for the covered communications to be presented to the court or to other officials or entities when the judge orders such disclosure; or to other officials or entities when required by Federal or State statute or applicable U. S. international agreement.

5. Choose a reporting option:

_____ Unrestricted Report: I elect unrestricted reporting and have decided to report that I am a victim of domestic abuse to law enforcement, command, or other military authorities for investigation of the incident.

_____ Restricted Report: I elect restricted reporting and have decided to confidentially report that I am a victim of domestic abuse. Command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions above applies. I understand the information I provide will not start an investigation or be used to punish the alleged offender with respect to this report. **I further understand that choosing a restricted report will limit the government's ability to prosecute the alleged offender in this domestic abuse incident and will also limit FAP and command's ability to provide the most comprehensive safety plan.**

Restricted Reporting Case Number:_____

_____

_____

Signature of Victim Signature of DAVA or FAP Provider

_____

_____

YYYYMMDD

YYYYMMDD

6. I have reconsidered my previous selection of "Restricted Reporting", and I would like to make an "Unrestricted Report" of my abuse to authorities for possible investigation.

_____

_____
Signature of Victim

Signature of DAVA or FAP Provider

_____

_____
YYYYMMDD

YYYYMMDD

Attachment 6 (Added-LITTLEROCK)

POTENTIAL INDICATORS OF CHILD MALTREATMENT AND NEGLECT

A6.1. (LITTLEROCK) Physical Maltreatment:

A6.1.1. Bruises and Welts: On the face, lips, mouth or large area of the torso in different areas in different stages of healing; in unusual pattern; reflective of the instrument used to inflict them.

A6.2. (LITTLEROCK) Burns:

A6.2.1. **(LITTLEROCK)** From cigarettes or cigars; immersion in a hot liquid; rope burns on the arms, legs or neck; patterned burns that show the shape of the object used to inflict them (iron or grill).

A6.3. (LITTLEROCK) Fractures:

A6.3.1. **(LITTLEROCK)** In various stages of healing; multiple fractures; any fractures in a child under 2 years old.

A6.4. (LITTLEROCK) Lacerations and Abrasions:

A6.4.1. **(LITTLEROCK)** To the mouth, lips, gums, eyes or external genitalia; human bite marks on any part of the body.

A6.5. (LITTLEROCK) Sexual Maltreatment:

A6.5.1. **(LITTLEROCK)** Has torn, stained or bloody clothing.

A6.5.2. **(LITTLEROCK)** Experiences pain or itching in the genital area.

A6.5.3. **(LITTLEROCK)** Has bruises or bleeding in the external area of the genitals, vagina or anal area.

A6.5.4. **(LITTLEROCK)** Has a sexually transmitted disease.

A6.5.5. **(LITTLEROCK)** Has swollen or red cervix or vulva.

A6.5.6. **(LITTLEROCK)** Is pregnant.

A6.5.7. **(LITTLEROCK)** Fondling.

A6.6. (LITTLEROCK) Emotional Maltreatment:

A6.6.1. **(LITTLEROCK)** Dramatic behavioral changes: antisocial behavior, disruptive, destructive, bedwetting (after trained), compulsively seeking affection.

A6.6.2. **(LITTLEROCK)** Lack of self-confidence.

A6.6.3. **(LITTLEROCK)** Unusual fears: fear of going home, being left alone, or specific objects.

A6.6.4. **(LITTLEROCK)** Inability to bond.

A6.6.5. **(LITTLEROCK)** Poor relationship with peers.

A6.7. (LITTLEROCK) Neglect:

A6.7.1. **(LITTLEROCK)** Consistently dirty, unwashed, hungry, or inappropriately dressed.

A6.7.2. **(LITTLEROCK)** Without supervision for extended periods of time or when engaged in dangerous activities.

A6.7.3. **(LITTLEROCK)** Constantly tired or listless.

A6.7.4. **(LITTLEROCK)** Has unattended physical problems or lack of routine medical care.

A6.7.5. **(LITTLEROCK)** Is exploited, overworked or kept from attending school.

A6.7.6. **(LITTLEROCK)** Has been abandoned.

Attachment 7 (Added-LITTLEROCK)

CHILD SEXUAL MALTREATMENT RESPONSE TEAM (CSMRT)

A7.1. (LITTLEROCK) Child Sexual Maltreatment: Child sexual maltreatment includes but is not limited to:

A7.1.1. **(LITTLEROCK)** Exploitation, photographing, taping, peeping, exchanging, swapping, or otherwise using children for personal empowerment, monetary gain, or sexual gratification. Forcing or exposing children to watch or participate in sexually explicit material or activities.

A7.1.2. **(LITTLEROCK)** Molestation-touching, fondling or physical internal penetration, digital-oral-genital, genital-genital or object insertion, anal-oral, or anal insertion.

A7.2. (LITTLEROCK) CSMRT is a multidisciplinary team designed to effectively manage child sexual maltreatment referrals.

A7.2.1. **(LITTLEROCK) Responsibilities**

A7.2.1.1. **(LITTLEROCK)** The FAO or Family Advocacy Treatment Manager (FATM) facilitates coordination of cases, provides case management, and coordinates services to families.

A7.2.1.2. **(LITTLEROCK)** AFOSI provides investigative expertise to the CSMRT and coordinates all civilian and military investigative needs for a case.

A7.2.1.3. **(LITTLEROCK)** 19 AW/JA provides legal expertise to the CSMRT, coordinates legal activities, and provides legal advice to the CSMRT, CRB; and military commanders on cases. The CRB staffs every allegation of child sexual maltreatment not deemed No Assessment Warranted (NAW), No Reasonable Suspicion (NRS) case and makes case status determination. When appropriate, representatives of other agencies having law enforcement and child protection responsibilities may assist the team

A7.2.1.4. **(LITTLEROCK)** Pediatrician completes medical examination as needed for the specific case. He or she provides documentation that may or may not be consistent with the allegations of sexual maltreatment. The pediatrician does not sit on the CSMRT, so that he or she can conduct an examination without bias.

A7.3. (LITTLEROCK) Procedures: The CSMRT will be notified immediately when allegations of child sexual maltreatment occur. If this occurs during non-duty hours, the on-call Mental Health Worker and AFOSI are notified of the incident. The on-call Mental Health Worker should assess the situation for the victim's risk and safety, but would not conduct a thorough evaluation or interview of the alleged maltreatment. The next duty day the on-call Mental Health Worker notifies respective FAP for coordination of the referral.

A7.4. (LITTLEROCK) Following notification of child sexual maltreatment suspicion, the CSMRT will meet in a timely manner not to exceed 72 hours. The purpose of the initial meeting will be to assess the allegation, coordinate a course of action, and attend to the well being of the victim(s), his or her family, and the alleged offender. CSMRT members will maintain all case information in accordance with the Privacy Act of 1974.

A7.4.1. **(LITTLEROCK)** The AFOSI initiates the investigation (if necessary), coordinating with civilian authorities to determine the facts and circumstances of the alleged offense that will either corroborate or refute the allegation. AFOSI will ensure the alleged victim is interviewed, if there is an investigation. DHS or FAP may assist (determined by AFOSI) by providing an interviewer.

A7.4.2. **(LITTLEROCK)** The FAO, FAO Alternate, or FATM will conduct a thorough safety and risk assessment and provide recommendations regarding care. The FAO, FAO Alternate, or FATM will also provide clinical interviews as required. The FAO will be responsible to ensure proper notification to base authorities and to ensure that proper documentation was completed for all activities regarding the investigation.

A7.4.3. **(LITTLEROCK)** 19 AW/JA will provide legal guidance and assistance to team members and non- offending parents regarding procedures and disclosure of information.

A7.5. (LITTLEROCK) The CSMRT will designate an individual to have the following responsibilities:

A7.5.1. **(LITTLEROCK)** Inform the non-accused (non-offending) parents of the following: nature of the allegation, steps in the investigation process, points of contact for the investigation, case management and treatment, and appropriate responses to and interaction with the victim.

A7.5.2. **(LITTLEROCK)** Assess the abilities of the non-accused parents to protect themselves, victim, and other family members; to cope emotionally with the crisis and with other immediate needs, i.e., housing, financial, and child care; and to assist with the investigation process.

A7.5.3. **(LITTLEROCK)** Coordinate resources to address identified immediate needs.

A7.5.4. **(LITTLEROCK)** Design the initial interventions, which encourage the development of working relationships with the parents and further enhance ongoing services to the victim and family.

A7.6. (LITTLEROCK) When allegations of extra-familial sexual maltreatment occur in DoD-sanctioned youth or childcare activities, the CSMRT will need to interface with the Family Advocacy Command Assistance Team (FACAT).

Attachment 8 (Added-LITTLEROCK)

HIGH RISK FOR VIOLENCE RESPONSE TEAM (HRVRT)

A8.1. (LITTLEROCK) Purpose: To respond to members of a family unit who are in imminent danger of being harmed by other family members. Family members are defined as legal beneficiaries of active duty military members. Whenever a FAP client is in imminent danger of being harmed, whether or not the situation meets the criteria for activating the HRVRT, FAP staff should be actively involved in the management of that situation. This may include notification and request response of SFS, providing input regarding safety issues, and advocating for the client's welfare.

A8.1.1. **(LITTLEROCK)** Ensure the safety of staff members who may be in imminent danger of being harmed by a Family Advocacy client or ex-client.

A8.1.2. **(LITTLEROCK)** Assess the level of danger, then develop and implement a course of action to manage the risk of violence.

A8.2. (LITTLEROCK) Responsibilities: The FAO activates the HRVRT telephonically to coordinate meeting upon notification of a potential HRVRT case. The FAO will ensure that key base leadership (FAO's chain of command and FAC Chairperson) are briefed on HRVRT activation as appropriate. The FAO will be briefed at the weekly Mental Health Clinic (MHC) meeting regarding all clients with potential high risk for violence staffing through the High Risk/High Interest List. FAP clients who appear on the High Interest List at the MH initially may have an HRVRT initiated, if appropriate.

A8.2.1. **(LITTLEROCK)** On-call Mental Health providers notified of potential family violence or potential for violence towards any FAP staff will notify the respective FAP office the next duty day to ensure continuity of care.

A8.2.2. **(LITTLEROCK)** The AFOSI provides investigative expertise to the HRVRT and coordinates all civilian and military investigation needs for a case.

A8.2.3. **(LITTLEROCK)** 19 AW/JA provides legal expertise to the HRVRT, coordinates legal activities, and provides legal advice to the HRVRT, Central Registry Board (CRB), and military commanders on cases.

A8.2.4. **(LITTLEROCK)** Mental Health providers in coordination with FAO will ensure high-risk cases are reviewed weekly at MHC staff meetings. High-risk cases will be documented in the MHC staff minutes. The cases will be removed from the High Risk/High Interest List, once they no longer meet the criteria for the HRVRT.

A8.2.5. **(LITTLEROCK)** The FAP staff will update the High Risk/High Interest List and MHC staff at the weekly MH staff meeting of any significant changes in the disposition of the case.

A8.3. (LITTLEROCK) Procedures: Upon notification of suspicions of potential threat of harm to a family member(s) by situation, activation and consultation of the HRVRT is strongly advised. FAO will report any findings to the FAC Chairperson and the CRB, when there is a threat of immediate harm to a person in the FAP system.

A8.3.1. **(LITTLEROCK)** Following notification of a high risk for violence response situation, the HRVRT members will meet in a timely manner not to exceed 72 hours. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk for violence. Safety issues and potential triggers are evaluated. The HRVRT members will maintain all case information in accordance with the Privacy Act of 1974.

A8.3.2. **(LITTLEROCK)** 19 AW/JA will provide legal guidance and assistance to team members and military commanders regarding procedures and disclosure of information.

A8.3.3. **(LITTLEROCK)** When a high-risk for violence situation involves a member of the family unit from another Uniformed Service, FAP staff will provide input to the Service's FAP and other units as appropriate to affect Joint Service Community Safety Planning. The Uniformed Service's representative will be invited to participate on the HRVRT.