

**BY ORDER OF THE COMMANDER
TINKER AIR FORCE BASE**

**TINKER AIR FORCE BASE INSTRUCTION
40-301**



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Medical Command**

FAMILY ADVOCACY PROGRAM

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This supplement provides guidance for implementing the Tinker AFB Family Advocacy Program (FAP). It explains policies and procedures IAW AFI 40-301, *Family Advocacy* and DoDD 6400.1 *Family Advocacy Program* for identification, protection, treatment and prevention of family maltreatment. This instruction mandates reporting all incidents of suspected family maltreatment by all base organizational units, active duty members and DoD civilian employees. It ensures appropriate exchange of information among specified organizations and defines the roles of base agencies in preventing and responding to potential family maltreatment. All items in this instruction pertain to all active duty members and DoD civilians assigned to Tinker AFB regardless of service branch affiliation. It applies to Air Force Reserve and Air National Guard (ANG) units, except where noted otherwise. This instruction may not be supplemented. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Changes of Publications*; route AF Form 847s form the field through publications/forms managers. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123 (will convert to 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-af61a/afrims/afrims/>

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: the revision from a base instruction to a supplement, clarification of background checks and the addition of domestic violence restricted reporting and victim advocacy services.

1. Mission Statement: The Family Advocacy Program (FAP) builds mission readiness by creating a strong resilient community. Through prevention and treatment services, the FAP emphasizes community support of active duty military and their families. Retirees and DoD civilians may be served on an emergency basis via crisis intervention and referrals, and are offered prevention programs on a space available basis. Tinker AFB acknowledges the importance of a coordinated and consistent approach in reducing family maltreatment and affirms its commitment to providing every resource in building a healthy community.

2. Responsibilities:

2.1. The Installation Commander:

2.1.1. Is responsible for implementation and management of the base FAP.

2.1.2. **(Added)** The 72 ABW Commander may designate the Vice Wing Commander or Mission Support Group Commander to serve as the installation commander's representative to the Family Advocacy Committee (FAC).

2.1.3. Establishes the Family Advocacy Committee FAC composed of the MTF Commander or MTF Deputy Commander as Chairperson, Installation Commander or designee, Family Advocacy Officer (FAO), Family Advocacy Outreach Manager (FAOM), Family Support Center Director, Staff Judge Advocate or designee, Chief of Security Forces or designee, AFOSI Det 114/CC or designee, Wing Chaplain, Family Member Support Flight Chief, Command Chief Master Sergeant, senior leadership representatives at a squadron level or above from 552 ACW, 3 CCG and others as may be determined beneficial by the FAC Chair. It is advantageous to appoint a senior representative from the tenant naval wing at Tinker to the FAC for USN-specific oversight. Specific responsibilities of each FAC member are outlined in AFI 40-301 and should be reviewed by members annually.

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

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

2.2. The Family Advocacy Committee (FAC):

2.2.1. Establishes policy and procedures for the development and implementation of the FAP. Ensures the FAP provides all services IAW AFMOA Program Standards, AF and DoD regulatory guidance.

2.2.2. **(Added)** FAP issues not resolved at the FAC level will be elevated to the Community Action Information Board (CAIB).

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

2.2.4. Coordinates activities of individual organizations having functional responsibilities in support of the FAP. Ensures effective sharing of resources/information among base agencies that support the FAP. Emphasizes continuity of care across all branches of service and unit affiliations.

2.2.5. Ensures annual training is provided to all FAC members on roles, responsibilities and the overall FAP mission.

2.2.6. Monitors training programs for personnel having responsibilities in support of the FAP. Ensures annual training is provided by FAP to medical personnel, legal office, security forces, OSI, family support center staff, chapel and Forced Support Squadron (FSS), including family child care providers and program volunteers. Ensures these personnel are trained on early identification and referral procedures.

2.2.7. Establishes a cooperative working relationship with local community agencies. Reviews any existing Memoranda of Understanding (MOUs) between the FAP and local agencies at a minimum of every two years. Ensures MOUs and Memoranda of Agreement (MOAs) reflect that all agencies meet the professional standards for their relevant field(s) and that they adhere to applicable laws regarding spouse and child maltreatment. Ensures, at a minimum, there is a current MOU between the installation and the local child protection service at all times.

2.2.8. Reviews and approves any inter-service support agreement(s) (ISSAs), when applicable, every two years to ensure effective, cooperative service agreements exist among all branches served at TAFB FAP.

2.2.9. Approves nominations for the Central Registry Board (CRB), High Risk for Violence Response Team (HRVRT) and Child Sexual Maltreatment Response Team (CSMRT), ensuring a coordinated response to high risk cases.

2.2.10. Reviews unusually sensitive cases or those requiring special intervention as recommended by the FAO and/or CRB. Ensures written policy/procedures exist for local response to child sexual maltreatment and any family member death due to maltreatment IAW AF guidance.

2.2.11. Ensures all represented agencies develop policies/procedures to internally define roles, responsibilities in reporting, investigation and disposition of suspected maltreatment incidents. Special attention will be given to child maltreatment incidents occurring in DoD sanctioned activities, including DoD Dependent Schools, incidents resulting in death and child sexual abuse incidents.

2.2.12. Ensures program evaluation is conducted by FAP IAW AF FAP Standard A-13. Reviews available data on families to identify at-risk groups requiring prevention services and to detect trends. Uses findings to ensure responsive programs are implemented.

2.2.13. **(Added)** Develops and maintains a directory of community resources.

2.3. **The Medical Group Commander:**

2.3.1. Serves as chair of the installation FAC.

2.3.2. Ensures that the 72d Medical Group (MDG) instructions and published guidelines exist to provide yearly training and help medical personnel in implementing the FAP.

2.3.3. Establishes a FAP education program to provide training at least once a year to MDG personnel.

2.3.4. **(Added)** Utilizes FAP as the base liaison for reporting suspected child maltreatment to the Department of Human Services (DHS) and for notifications to 72 ABW SFS, AFOSI and the active duty member's commander and/or first sergeant.

2.3.5. **(Added)** Ensures a same-day screening evaluation is accomplished, as requested by the FAO, when suspected family maltreatment results in actual or suspected physical injury.

2.3.6. **(Added)** Ensures documentation is completed in Armed Forces Health Longitudinal Technology Application (AHLTA) identifying pertinent information when maltreatment is suspected or alleged, including a complete description of the injury or condition and a detailed history of events and explanations of the event. Ensures that Family Advocacy has access to the information.

2.3.7. **(Added)** Refers victims for forensic physical examinations at an appropriate off-base facility when suspected maltreatment cases involve serious physical injuries or sexual maltreatment. Will also ensure the gaining civilian facility is notified that maltreatment is suspected.

2.3.8. **(Added)** When FAP patients are referred to off-base hospitals or providers, ensures support of the FAP staff with doctor-to-doctor referrals in order to expedite receipt of the results of medical evaluations.

2.3.9. **(Added)** Ensures adult victims of domestic violence or domestic abuse are advised that they may have the option of restricted reporting, with the availability of treatment without notification or involvement of command.

2.3.10. **(Added)** If victim elects the restricted reporting option, command or law enforcement will still be notified if, based on the FAP assessment, there is a good faith belief that there is a serious and imminent threat to the health or safety of the victim or another person. Restricted reporting is only available for adult victims who have not had contact or involvement with command or with on or off base law enforcement relating to the current incident.

2.3.10.1. **(Added)** The point-of-entry for restricted reporting is through health care providers credentialed by the 72 MDG (including FAP providers), the Sexual Assault Response Coordinator, domestic violence victim advocates or supervisors of victim advocates

2.3.11. **(Added)** Ensures the Tricare Operations and Patient Administration (TOPA) flight provides a monthly listing to the FAP of obstetric patients and pediatric patients under the age of three years old who are referred off-base to ensure the New Parent Support Program (NPSP) is able to offer services.

2.3.12. Ensures all FAP volunteers receive proper screening, training and supervision.

2.4. **(Added) Family Advocacy Officer (FAO):**

2.4.1. Attends the CRB as the FAP representative.

2.4.2. Ensures timely evaluation of all referrals to the FAP.

2.4.3. Ensures notification of AFOSI and service member's commander of all suspected incidents of family maltreatment and other criminal behavior.

2.4.4. Ensures notification of child protective services of all child abuse incidents.

2.4.5. Ensures the FAP activities comply with Federal, State and local laws.

2.4.6. Maintains family advocacy case records according to Air Force standards.

2.4.7. Screens or assigns a designee to screen the medical, FAP and Central Registry records of all applicants being considered for employment or volunteer work with children.

2.4.7.1. Ensures signed releases of information accompany all requests for background checks.

2.4.7.2. Will provide consultation but does not make decisions regarding hiring of employees, approval of Family Child Care (FCC) providers or volunteer suitability.

2.4.7.3. When requested, accomplishes background checks on child development center work applicants, base chapel volunteers and civilian staff whose duties include frequent and ongoing contact with children. Releases findings of substantiated or “meets criteria” child maltreatment, without identifying the nature or severity of the child maltreatment.

2.4.7.4. When requested, accomplishes background checks on FCC applicants and all of their family members over the age of 12 years who reside in the home. Releases findings of substantiated or “meets criteria” child and adult partner maltreatment, without identifying the nature or severity of the maltreatment.

2.4.7.5. When requested, accomplishes background checks on civilian employment applicants who will have frequent and ongoing contact with children during the course of their employment. Will release findings of substantiated or “meets criteria” child maltreatment without identifying the nature or severity of the maltreatment.

2.4.7.6. IAW Air Force FAP Standards ensures FAP staff does *not* screen Mental Health Clinic or Alcohol and Drug Abuse Prevention and Treatment records for background checks.

2.5. (Added) Wing Staff Judge Advocate:

2.5.1. Serves (or appoints an attorney to serve) as a member of the FAC, CRB, HRVRT and the CSMRT.

2.5.2. Provides consultation to the FAC in the development of MOUs.

2.5.3. Provides consultation services to FAP management teams.

2.5.4. Provides information about legal rights of family members with exceptional medical or educational needs.

2.5.5. Serves as the OPR for the Air Force Victim/Witness Assistance Program.

2.6. (Added) Security Forces Squadron Commander (or Designee):

2.6.1. Serves as a member of the FAC, CRB and HRVRT. Ensures the 72 SFS CRB representatives brings or provides pertinent information from incident reports and any available off-base police reports to the CRB to assist in incident status determinations.

2.6.2. Ensures law enforcement personnel receive annual training on domestic violence and child maltreatment issues and procedures.

2.6.3. Coordinates investigations of family maltreatment with AFOSI. Investigates all incidents of family maltreatment not investigated by AFOSI.

2.6.4. 72 SFS responding to reported incidents of suspected family maltreatment or neglect, first ensure the safety of all individuals involved and are encouraged to consult with the FAO (on-call Mental Health Provider after duty hours) to receive assistance in dealing with allegedly abusive or neglectful families.

2.6.5. 72 SFS notify the member's commander or first sergeant and FAP staff or on-call Mental Health provider of all cases involving suspected or established family maltreatment that come to their attention. Additionally, they ensure relevant details of their response appear in the daily "blotter" with names of all notified clearly listed. The daily blotter is routinely shared with designated FAP staff, and police reports are made available to the FAO. The FAP staff will notify 72 SFS in cases of imminent danger or suspected danger that would benefit from response from the 72 SFS.

2.7. (Added) Force Support Squadron Commander/Director:

2.7.1. Appoint the FSS Commander or designee to serve on the FAC.

2.7.2. Ensure staff who work directly with children receive FAP training when hired and annually thereafter.

2.7.3. Ensure suspected incidents of sexual maltreatment and child abuse/neglect occurring in "out-of-home" care settings, such as childcare centers, recreation programs or family day care, are reported to the FAP and AFOSI immediately.

2.7.4. Create effective policy, in coordination with the FAC, for screening applicants seeking positions working with children and youth.

2.7.5. Provide and manage nondiscriminatory recreation activities and club programs, including special needs group projects, for children with exceptional medical or educational needs and for handicapped children requiring these services.

2.8. (Added) Director of the Airman and Family Readiness Center (or Designee):

2.8.1. Serve as a member of the FAC.

2.8.2. Provide assistance to clients seeking help with family problems that may lead to maltreatment.

2.8.3. Ensure all staff members receive FAP training when hired and annually thereafter.

2.8.4. Refer all suspected family maltreatment incidents to the FAP.

2.9. (Added) Squadron Commanders, First Sergeants and Supervisors (Military or Civilian).

2.9.1. Be familiar with FAP procedures and policies.

2.9.2. Must refer unit members to the FAP if they suspect family maltreatment has occurred.

2.9.3. Coordinate with the FAP, 72 MDG personnel and Chaplain to provide a safe environment for victims.

2.9.4. Exercise command authority over the active duty member to provide a “cooling off” period or issue a no contact order when appropriate.

2.9.5. Disseminate information about prevention programs to their unit members and include prevention staff briefings in commander’s calls or other forums where possible.

2.9.6. Allow units the use of duty time for participation in prevention programs where no significant mission impact would occur, foster volunteerism in prevention efforts and refer high risk families to the FAP for discussion of services available before maltreatment is likely to occur.

2.9.7. **(Added)** Contacts FAP on any incident or report of family maltreatment or neglect, including unmarried intimate partners.

2.10. **(Added)** Wing Chaplain:

2.10.1. Serve as a member of the FAC, encourage chapel organizations to participate in programs supporting special FAP activities and projects and provides supportive ministries as needed.

2.10.2. Encourage individuals who, within the context of the pastoral relationship, identify potentially abusive situations to self-refer to FAP.

2.11. **(Added)** Sexual Assault Response Coordinator (SARC):

2.11.1. Assist FAP with assessing jurisdiction of sexual maltreatment clients.

2.11.2. Share client resources with FAP when deemed to be in the best interest of the client.

2.12. **(Added) Domestic Abuse Victim Advocate (DAVA):** (Added) Provide full range of advocacy services including safety planning, assistance with obtaining orders of protection, escort service to medical appointments and guidance on restricted reporting for domestic violence/domestic abuse.

2.13. **(Added) The Public Affairs Office:** Distribute FAP information as needed through the installation newspaper, media and other channels when appropriate and after approval by the chairperson of the base FAC.

2.14. **(Added) The Base Photo Lab:** Provide a photographer when requested by AFOSI, 72 SFS or 72 MDG to record evidence of child/partner maltreatment.

2.15. **(Added)** Integrated Delivery System (IDS):

2.15.1. Ensure programs are developed to reduce the factors known to contribute to family maltreatment.

2.15.2. Work cooperatively with FAP to share information and services with the Tinker AFB community. Participate in base-wide events designed to support family maltreatment prevention efforts.

3. Procedures:

3.1. Reporting Procedures:

3.1.1. **(Added)** All agencies, departments or individuals (Active Duty and civilians affiliated with Tinker AFB) are required to report all incidents or reports of family

maltreatment or neglect, including unmarried intimate partners, where at least one partner or former partner is active duty military, which could potentially present a risk or harm to a child and/or adult on or off base.

3.1.2. Report directly to the FAP (734-4390), 72 SFS (734-5007) and/or AFOSI (734-7822) immediately upon identification. After hours, call Command Post (739-2171) to reach Mental Health after hours on call provider.

3.1.3. The FAP staff reports child maltreatment to the Department of Human Services and ensures the Squadron Commander/First Sergeant or equivalent of the active duty member is notified upon receipt of referral.

3.2. **Central Registry Board (CRB):**

3.2.1. Composition of the CRB is the 72d Air Base Wing Vice Commander (chair), FAO or Alternate FAO, AFOSI representative, Staff Judge Advocate representative, Security Forces representative (preferably from SF Investigations), Command Chief Master Sergeant as well as unit commanders or designees of alleged victim and/or offender of their unit.

3.2.2. **(Added)** AFOSI agents serving on the CRB are non-voting members.

3.2.3. Review information related and pertinent to maltreatment issues.

3.2.4. Make incident status determinations within 60 days of referral.

3.2.5. Ensure unit commanders of each AD member involved in a maltreatment incident receive a determination letter from the CRB on each incident stating the incident status determination.

3.3. **The Child Sexual Maltreatment Response Team (CSMRT):**

3.3.1. The CSMRT is responsible for overseeing the child sexual maltreatment component of the FAP and ensures that a collaborative effort is made in regard to any allegations of child sexual maltreatment.

3.3.2. Meets at the call of the FAO or alternate, either in person or by teleconference and includes the FAO or Mental Health Flight Commander as chair, the FATM assigned to the case, AFOSI and a Judge Advocate representative. Representatives from relevant agencies may be included on a case-by-case basis at the call of the FAO. When the alleged offender is an employee of a DoD sanctioned activity, the 72 FSS/CC or designee will attend and the case manager assigned in the Department of Human Services will be invited to participate.

3.3.3. When the alleged offender is an employee of a DoD sanctioned activity, the CSMRT will always convene in person.

3.3.4. Report immediately to the FAC chair in the event there is a possibility of multiple victims so, if needed, the deployment of the Family Advocacy Command Assistance Team (FACAT) may be requested.

3.4. **High Risk for Violence Response Team (HRVRT):**

3.4.1. Oversee and coordinate a base-wide response to identify high risk cases. High risk cases are defined as those in which the potential for continued family maltreatment

remains high, and/or in which there is an identified threat for further violence against a family member or staff member of any organization because of their participation in FAP activities.

3.4.2. Composition of the HRVRT is the FAO as chair, the Family Advocacy Treatment Manager (FATM) assigned to the case, the specific squadron commander(s) assigned, AFOSI, a Judge Advocate representative, Security Forces (SF), Operational Flight Commander and Mental Health Clinic provider. Appointed representatives should be those individuals who have the authority to commit necessary resources in an emergency situation, regardless of the time of day.

3.4.3. Due to the possibility for significant media interest in potentially violent incidents that may affect more than the family, the Chief of Public Affairs or the on-call Public Affairs officer will be notified whenever the HRVRT team is activated. Identifying information will not be disclosed.

4. Adopted Form AFIMT 847, Recommendation for Change of Publication

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

Department of Defense Directive (DoDD) 6400.1, *Family Advocacy Program*, 23 August 2004;
23 August 2004

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

AFMAN 33-363, *Management of Records*, 01 March 2008

Abbreviations and Acronyms

AD—Active Duty

AFOSI—Air Force Office of Special Investigation

AHLTA—Armed Forces Health Longitudinal Technology Application

CAIB—Community Action Information Board

CRB—Central Registry Board

CSMRT—Child Sexual Maltreatment Response Team

DHS—Department of Human Services

DoD—Department of Defense

DAVA—Domestic Abuse Victim Advocate

FAC—Family Advocacy Committee

FAO—Family Advocacy Officer

FATM—Family Advocacy Treatment Manager

FCC—Family Child Care

HRVRT—High Risk Violence Response Team

IDS—Integrated Delivery System

ISSA—Inter Service Support Agreement

MDG—Medical Group

MHC—Mental Health Clinic

MOU—Memorandum Of Understanding

SARC—Sexual Assault Response Coordinator

TOPA—Tricare Operations and Patient Administration

USAF—United States Air Force

USN—United States Navy