

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 40-301

16 NOVEMBER 2015

Incorporating Change 1, 12 October 2017

Medical Command

FAMILY ADVOCACY PROGRAM



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AFMOA/SGHW

Certified by: AF/SG3/5
(Maj Gen Dorothy A. Hogg)

Supersedes: AFI40-301, 30 November
2009

Pages: 73

This instruction implements Department of Defense Instruction (DODI) 6400.1, *Family Advocacy Program (FAP)*, 13 February 2015; Department of Defense Instruction (DODI) 6400.03, *Family Advocacy Command Assistance Team*, 25 April 2014; DODI 6400.05, *New Parent Support Program (NPSP)*, 13 June 2012; DODI 6400.06, *Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel*, 21 August 2007, DODI 1402.5, *Criminal History Background Checks On Individuals In Child Care Services*, 19 January 1993, and DOD 6400.1-M-1, *Manual For Child Maltreatment And Domestic Abuse Incident Reporting System*, July 2005, *Incorporating Change 1*, 20 September 2011. This instruction describes the responsibilities of Air Force personnel to implement the 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 AF B, Privacy Act Request File applies. This instruction applies to all DOD military, Air Force (AF) civilian personnel, and their dependents who are entitled to receive medical care in an AF military treatment facility (MTF) as specified in Air Force Instruction (AFI) 41-210, *Tricare Operations and Patient Administration Functions*, 6 June 2012. This instruction applies to active component installations (excluding the Air Reserve Component which includes Air Force Reserves and Air National Guard, unless these members are activated on title 10 or title 32 orders and have military medical benefits.). It additionally specifies urgent response, safety planning and care coordination for individuals who are not eligible for military medical care, yet may be involved in alleged maltreatment involving any DOD personnel. This publication may be incorporated into Air Force contracts, when appropriate, consistent with DODD 6400.1. This instruction requires collecting and maintaining information IAW Air Force Records Information Management System (AFRIMS); AFI 31-501, *Personnel Security Program Management*, 27 January 2005; AFI 36-2101, *Classifying Military*

Personnel (Officer and Enlisted), 25 June 2013; DODI 5210.42, *Nuclear Weapons Personnel Reliability Program*, 16 July 2012; DODR5210.42 AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program*, 13 November 2006; AFI 51-201, *Administration of Military Justice*, **Chapter 7**, 6 June 2012; DODD 5400.07, *Department of Defense Freedom of Information Act (FOIA) Program*, 2 January 2008; DODD 5400.11, *Department of Defense Privacy Program*, 29 October 2014; AFI 33-332, *The Air Force Privacy and Civil Liberties Program*, 12 January 2014; the Information Management elements of DODD 8000.01, *Management of the Department of Defense Information Enterprise*, 10 February 2009; DODI 7750.07, *Department of Defense Forms Management Program*, 10 October 2014; DODI 8910.01, *Information Collection and Reporting*, 19 May 2014; and Public Law (PL) 104-191, *Health Insurance Portability and Accountability Act of 1996*, 18 March 1996. Air Force Manual (AFMAN) 33-363, *Management of Records*, 1 March 2008, AFRIMS, establishes the requirement to use the guidelines for managing all records (regardless of media); defines methods and the format for record storage, file procedures, converting paper records to other media or vice versa; and outlines the minimum to comply with records management legal and policy requirements. AFMAN 33-363 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 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*, 22 September 2009. This publication may be supplemented at any level, but all direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. Ensure that 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 in the Air Force Records Information Management System (AFRIMS). The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, 25 September 2013, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. 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.

SUMMARY OF CHANGES

This interim change revises AFI 40-301 by (1) expounding on the FAP prevention programs and services; (2) clarifying the MTF providers' referral requirement of active component parents to NPSP and documentation in client's medical record; (3) revising the word front-line to read frontline; (4) modifying the senior member (E-7 and above) reference to reflect senior

representative (NCO or equivalent and above); (5) amending the CRB tier guidance from T-0 to T-1; (6) correcting an invalid paragraph reference in line four of paragraph 2.2.9.3.19; (7) requiring CCS to recommend Change Step intervention for adult male domestic abusers; (8) requiring use of IPPI-RAT in domestic abuse assessments; (9) requiring use of ISS for all met criteria incidents to rate severity; (10) requiring a CCIR for high interest adult sexual assault case situations; (11) removing requirement for Wing CC to review FA minutes quarterly; (12) providing guidance for DAVA's attendance at the CCS; (13) using DAVA as a FAP first responder whenever possible for prompt support to adult victims and non-offending caregivers and; (14) clarifying guidance for managing child safety and utilizing emergency placement care in OCONUS locations. A margin bar (|) indicates newly revised material.

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Chapter 1

ROLES AND RESPONSIBILITIES

1.1. The Headquarters of the USAF (HAF). HAF agencies and personnel support the FAP IAW DODD 6400.1, DOD 6400.1-M-1, DODI 6400.05, DODI 6400.06, and other FAP policy. The Secretary of the AF delegates management of the FAP to The Air Force Surgeon General (AF/SG), who implements DOD and AF requirements as described below:

1.1.1. The AF/SG provides policy guidance, supports personnel requirements and resources needed to implement the FAP, and is involved in strategic planning.

1.1.1.1. The AF/SG assigns an active component clinical social worker as the AF Chief, FAP

1.1.1.2. The AF/SG assigns operational management responsibility of the FAP to the AF Chief, FAP Branch, under oversight of Air Force Medical Operations Agency (AFMOA).

1.1.1.3. The AF/SG or designee appoints a forensic pediatrician and an expert medical consultant to participate in the AF FAP Fatality Review process.

1.2. The AF Chief, FAP Branch.

1.2.1. Develops and implements policy and guidance and maintains overall operational responsibility for all the FAP procedures.

1.2.2. Develops and manages the FAP budget.

1.2.3. Develops AF FAP Self-Assessment Checklist (SAC) IAW AFI 90-201, for use at the installation FAP to monitor the quality of installation FAP services.

1.2.4. Maintains a central registry of all reported domestic abuse and child maltreatment incidents that meet criteria for maltreatment at the installation Central Registry Board (CRB).

1.2.4.1. The FAP staff conduct central registry background checks when a maltreatment referral is received, to determine if the family has a history of family maltreatment, and IAW guidance for any position (paid or volunteer) working with children. This includes appropriated and non-appropriated funded positions in child and youth programs and certain positions in the MTF that are deemed to have frequent and regular contact with children. Checks of the Central Registry for any other purpose are not authorized.

1.2.4.2. IAW DOD 6400.1-M-1, background checks are not authorized for special duty assignments (e.g., recruiters or training instructors). (T-0). The FAP staff will not conduct Central Registry checks for security clearances, criminal investigations, clients requesting or receiving prevention (New Parent Support Program (NPSP)/Family Advocacy Strength-based Therapy (FAST)) services, Exceptional Family Member Program (EFMP) assignment coordination process including overseas clearances and facility determination inquiries, or Privacy Act or Freedom of Information Act (FOIA) requests. Central Registry checks for Sexual Assault Prevention and Response Office (SAPRO) staff or volunteers are not authorized. (T-1).

1.2.4.3. Minors entered into the Central Registry as alleged child sexual abuse offenders can petition to be removed from the Central Registry at 18 years of age. The AF Chief,

FAP Branch, makes the final decision regarding removal after reviewing all facts of the case (e.g., age the incident occurred, if subsequent acts of misconduct have occurred, completion of treatment, etc.).

1.2.5. Provides direction, training, and guidance to personnel involved in the FAP. (T-0).

1.2.5.1. Ensures DOD personnel and contractors in the NPSP receive training on:

1.2.5.1.1. Identifying and reporting suspected child maltreatment and domestic abuse.

1.2.5.1.2. Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT).

1.2.5.1.3. Sudden Unexplained Infant Death (SUID).

1.2.5.1.4. Safe sleeping environments.

1.2.5.1.5. Postpartum depression and other mental health issues impacting maternal child health.

1.2.5.1.6. Promoting appropriate parenting skills and parent child communication skills.

1.2.5.1.7. Strategies to engage and support the active component member's parenting role, especially during separations due to deployment and other military operations.

1.2.5.1.8. Methods for screening for, assessing and addressing protective and risk factors associated with child abuse and neglect using a strengths-based family centered developmental approach.

1.2.5.2. Supports the FAP staff in the delivery of required trainings as listed in DODI 6400.06, para 7.

1.2.6. Provides the FAP data to DOD as requested or required.

1.2.7. Serves as subject matter expert consultant on domestic abuse, child maltreatment, and on AF FAP procedures to HAF and DOD agencies, Office of the Secretary of Defense (OSD), and other officials.

1.2.8. Contributes to the development of DOD FAP policy.

1.2.9. Convenes annual AF Multidisciplinary Child and Domestic Abuse Fatality Review IAW DODI 6400.06.

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

1.2.11. Ensures prevention and outreach personnel receive training on:

1.2.11.1. Coaching fundamentals, Motivational Interviewing, adult learning, associated risk and protective factors.

1.2.11.2. Social work prevention in child abuse and partner violence prevention; training and/or certification as required in Shaken Baby Syndrome/Abusive Head Trauma.

1.2.11.3. Couple relationship enhancement, parenting skills, self-regulation with emphasis on, anger management; and prevention science training targeting optimal family performance.

1.3. The AF Chief of Chaplains (AF/HC). Is a consultant to the AF Chief, FAP Branch and appoints a senior chaplain to participate in the annual AF FAP Fatality Review process.

1.4. The AF Judge Advocate General (TJAG). Is a consultant to the AF Chief, FAP Branch and appoints a senior JA to participate in the annual AF FAP Fatality Review process. TJAG ensures installation legal offices comply with requirements for legal offices outlined in DODI 6400.06.

1.5. The Air Force Office of Special Investigation (AFOSI). Provides information on all domestic abuse and/or child maltreatment-related deaths to support timely completion of DD Form 2901, IAW DODI 6400.6, upon request of AF Chief, FAP Branch and/or AF Clinical Director, FAP Branch.

1.5.1. The AFOSI is a consultant to the AF Chief, FAP Branch and appoints a senior investigator to participate in the annual AF FAP Fatality Review process.

1.6. The AF Director of Security Forces (AF/A7S). Is a consultant to the AF Chief, FAP Branch and appoints a senior SFS member to participate in the annual AF FAP Fatality Review process.

1.7. The Deputy Chief of Staff, Air Force Personnel Center (AFPC). Provides consultation to the AF Chief, FAP Branch and appoints a senior officer to participate in the annual AF FAP Fatality Review process.

1.8. Major Commands (MAJCOM).

1.8.1. Each MAJCOM/CC:

1.8.1.1. Ensures each installation in the command establishes and maintains the FAP IAW DOD and AF policies.

1.8.1.1.1. Implements and ensures compliance.

1.8.1.1.2. Has point of contact for all MH concerns within the Command.

1.8.1.1.3. Identifies and corrects service delivery issues.

1.8.1.1.4. Develops and coordinates prevention with AF FAP.

1.8.1.1.5. Provides assistance and guidance to base level FAP.

1.8.2. The MAJCOM Behavioral Health Consultant:

1.8.2.1. Consults with the AF Chief, FAP Branch or designee when addressing domestic abuse and child maltreatment issues on behalf of the MAJCOM/SG.

1.8.2.2. Ensures high interest incidents (e.g., death due to maltreatment, suicide related to maltreatment, unexplained child death, or sexual abuse by a DOD-sanctioned caregiver) of suspected domestic abuse or child maltreatment are reported to the AF Chief, FAP Branch within 24 hours of MTF/MAJCOM notification.

1.9. Installation Commander (CC).

1.9.1. Retains overall responsibility for the installation FAP. (T-0). Designates the MTF/CC to administer and monitor the installation FAP IAW AF policies. (T-1).

1.9.2. Establishes an installation Family Advocacy Committee (FAC) and appoints the MTF/CC as Chair. The Installation CC may chair the FAC if desired. (T-0).

1.9.2.1. The FAC may be an independent forum to address installation implementation of the FAP or may be a subcommittee of the installation Community Action Information Board (CAIB). When the FAC is subsumed as a subcommittee under CAIB, the CAIB Chair will ensure that all AF requirements for the FAC are met. (T-1).

1.9.2.2. Installation CC serves as a member of FAC or delegates responsibility to a key member of their senior staff (e.g., Installation vice CC or a Group CC). The Installation CC will review FAC minutes semi-annually. (T-0).

1.9.3. Ensures the command post, or other similar installation level emergency notification agent, promptly notifies the Family Advocacy Officer (FAO) of any death incidents related to suspected domestic abuse or child maltreatment, including maltreatment-related suicides and unexplained child deaths to allow family safety planning pending autopsy results. (T-0).

1.9.4. Appoints the Installation Vice CC as the CRB Chair and the Mission Support Group Commander (MSG/CC) as the alternate. (T-1). Chairmanship of the CRB may not be delegated to lower than group level commander. MTF/CC is excluded due to role as Incident Status Determination Review (ISDR) reviewer. (T-1).

1.9.5. In collaboration with the Child Sexual Maltreatment Response Team (CSMRT), considers requesting Family Advocacy Command Assistance Team (FACAT) assistance from OSD, when needed to address allegations of multi-victim child sexual maltreatment in DOD-sanctioned activities. (T-0).

1.9.6. Requires the Installation CC, Vice CC, Group CCs, Command Chief Master Sergeant and joint-base service equivalents to receive FAP senior leader briefing within 60 days of assumption of position by the FAOM or FAIS, and annually thereafter. (T-0).

1.9.7. Requires new squadron commanders (SQ/CCs), First Sergeants (CCFs), and joint-service base equivalent leaders to receive family maltreatment training from FAP within 90 days of assumption of position, and annually thereafter. Tenant units will be offered the opportunity to receive training. (T-0).

1.9.8. Ensures SQ/CCs, CCFs, and joint-service equivalent senior leaders are aware of the availability of NPSP in promoting protective factors and reducing risk factors associated with child abuse and neglect. (T-0).

1.9.9. In joint-service areas, establishes a joint FAC with a joint NPSP subcommittee to plan, administer, and evaluate coordination processes. (T-0).

1.9.10. **(Added)** Installation CC will ensure FAP is the designated functional organization for Special Emphasis Months' education, observances, and activities led by the Prevention Program to inform and underscore the impact of Domestic Abuse, Teen Dating Violence and Child Abuse and Neglect, and will focus on practical and evidence-informed strength-focused supports that reduce risk and build behavioral health and safety. (T-0).

1.9.11. **(Added)** Installation CC will ensure FAP Prevention Outreach Managers and Intervention Specialists, are identified to Group and Squadron senior leaders as the designated staff for secondary/selective prevention services for active component and eligible family members who are known to have early indicators of risk for family maltreatment or in

need of family relationship support; and will ensure at risk active component and family members are aware of FAP's self-referral process or referral by CCF through FAP First Sergeant Consultation services. (T-0).

1.10. Family Advocacy Committee (FAC).

1.10.1. Monitors the installation FAP to ensure implementation is IAW DOD guidance. (T-0).

1.10.2. Coordinates local policies, agreements, and procedures with base agencies and community partners to address safety of victims of domestic abuse and child maltreatment, of alleged offenders, of other family members and of the community at large. (T-0).

1.10.2.1. Ensures execution of required Memorandum of Understanding (MOU) outlining responsibilities. MOU requires child protective services to inquire on every investigation whether the member of the household is active component. MOUs must be reviewed triennially from the effective date of the signed document. Example DAVA, law enforcement, and legal MOU provisions are contained in Attachments 2, 3, and 4. (T-0).

1.10.3. Ensures implementation of a screening process for provision of NPSP services where available.

1.10.4. The FAC meets at least semi-annually. Additional meetings may be held at the call of the Chair. The FAC includes these members, two-thirds of whom must be in attendance to form the quorum necessary to convene the meeting. (T-0).

1.10.4.1. Installation CC (or designee, other than MTF/CC).

1.10.4.2. MTF/CC (typically the Chair, unless Installation CC elects to Chair) or Deputy MTF/CC as alternate.

1.10.4.3. FAO.

1.10.4.4. Family Advocacy Outreach Manager (FAOM) or Family Advocacy Intervention Specialist (FAIS), where no FAOM is assigned.

1.10.4.5. Domestic Abuse Victim Advocate (DAVA), where available.

1.10.4.6. Director, Airman and Family Readiness Center (or joint-service equivalent) (or designee).

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

1.10.4.8. SFS/CC (or designee).

1.10.4.9. AFOSI Detachment/CC (or designee).

1.10.4.10. Wing Chaplain (or designee).

1.10.4.11. Command Chief Master Sergeant.

1.10.4.12. Department of Defense Education Activity (DODEA) designated representative (AF bases with DOD schools).

1.10.4.13. The FAC may add other members as appropriate, such as representatives from civilian agencies and/or community service organizations who have a direct role in

supporting military families at risk of, or experiencing, domestic abuse or child maltreatment. (T-1).

1.10.5. The FAC ensures installation support of interagency collaborations and written agreements where needed to ensure prompt and appropriate response to military families at risk of, or experiencing, domestic abuse or child maltreatment. (T-0).

1.10.6. The FAC Chair, assisted by the FAO, ensures all appointed FAC members are trained by the FAP on domestic abuse and child maltreatment and the FAC roles prior to serving on the FAC. (T-0).

1.10.7. The FAC Chair, assisted by any administrative support available, maintains minutes of the FAC meetings that reflect attendance, issues discussed, and decisions made. The FAC Chair ensures timely forwarding of the FAC minutes to the Installation CC for review after each meeting. (T-0).

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

1.11.1. Assumes responsibility for the implementation of the FAP under Installation CC oversight. (T-1).

1.11.2. Chairs the installation FAC (when not incorporated into the CAIB). (T-1).

1.11.3. Appoints a clinical social worker, privileged in the MTF, to serve as the FAO. Another mental health (MH) flight provider may fill this position if privileged in the MTF and appropriately trained. (T-0). Designates a MH provider to serve as alternate FAO to ensure continuity and coverage. Ensures any appointed FAO or alternate participates in AFMOA-sponsored FAO-trainings when provided. (T-0).

1.11.4. Ensures that the CRB is the only meeting outside the MTF that the FAO is directed to attend where the FAP client identification or individual case discussions take place, IAW Health Insurance Portability and Accountability Act (HIPAA), and to protect the privacy of the FAP clients. Consults with the Installation CC or the FAC members as needed to intervene when the FAO or other FAP provider is asked to participate in any forum where there is potential for a FAP member to inappropriately disclose Protected Health Information (PHI) or sensitive client-specific information. (T-0).

1.11.5. With the Chief, Medical Staff (SGH), ensures medical personnel notify the FAP of all suspected incidents of domestic abuse and child maltreatment, and provides timely care for any injuries, with documentation to support future assessments of maltreatment. (T-0).

1.11.6. Where a Family Advocacy Nurse (FAN) is assigned, must ensure policies and procedures are established to offer screening to eligible beneficiaries in the NPSP target population (expectant, and/or with children birth to three years of age), whether they receive medical care at the MTF or in the community. (T-0). Must ensure all MTF providers refer eligible Service Member and beneficiary parents to NPSP. (T-0).

1.11.7. Ensures the FAP has facilities to ensure staff and patient safety, including duress system, a secure point of entry and safety for home visitation services. (T-0).

1.11.8. Ensures suspected domestic abuse and child maltreatment victims receive prompt medical and dental assessment when requested by the FAO. (T-0). With the FAO, ensures

alleged victims are not left unattended with potential offenders pending medical assessment, treatment, or safety planning. (T-1).

1.11.9. Serves as ISDR authority and confirms compliance with all procedures for ISDR. (T-0).

1.11.10. Will support implementation of FAP prevention programs and services; in Prevention/Outreach Program, family violence education and prevention training; risk reduction and strength-based relationship skill-development, resource finding and service linking for individual, parent, couple and family; and Family Advocacy Safety Education Seminar (FASES) or its equivalent service; in NPSP, which includes screening of all expectant families and those with children ages 0-3 years; and FAST. (T-0).

1.11.11. Will ensure MTF supports FAOM and FAIS in facilitating and coordinating annual training requirement on domestic abuse and child maltreatment for MTF healthcare providers, professional staff, and support staff including administrative and intake support staff, through FAP designated in-person and automation training formats. (T-1).

1.11.12. Appoints the FAOM as the FAP representative to the Integrated Delivery System (IDS) and other interagency collaborative forums to advise on risk and protective factors in addressing domestic abuse and child maltreatment. When there is no FAOM assigned, the FAIS will be appointed. (T-1).

1.12. Family Advocacy Officer (FAO).

1.12.1. Manages the installation FAP IAW DOD and AF FAP guidance. (T-0).

1.12.2. Will ensure prevention is integrated into all FAP components; FAOM is the FAP Prevention program manager, coordinator, and facilitator for FAP prevention and outreach program, activity, and services; where no FAOM is assigned, the FAIS provides prevention and outreach. (T-0). Where no FAOM or FAIS is assigned, the Family Advocacy Program Assistant (FAPA) and/or DAVA will support FAP primary prevention activity under the direction and guidance of the FAO. (T-0). The FAOM and FAIS will coordinate Prevention/Outreach Program support or collaborative activity, approved through the FAO, and document in Outreach Prevention Automated Log (OPAL). (T-1). The FAO will ensure component specific prevention is documented in FAP component specific data systems. (T-1).

1.12.3. Ensures appropriate triage, assessment, and management of maltreatment referrals. (T-0).

1.12.4. Ensures all maltreatment referrals are presented at the Clinical Case Staffing (CCS). (T-0).

1.12.5. Ensures all adult victims of domestic abuse have 24/7 access to a DAVA or information on how to connect with a civilian advocacy agency.

1.12.6. Ensures all appropriate referrals are presented to the CRB. (T-0).

1.12.7. Ensures all members are notified by the appropriate authorities (e.g., SQ/CC, CCF, FAO or the FAP Case Manager) of CRB results, and that families understand the options and requirements for ISDR. (T-0).

1.12.8. Formalizes a process for notifying the MTF/CC and AF FAP (AFMOA/SGHW) of all domestic abuse and child maltreatment-associated deaths as well as all unexplained child deaths that occur on or off the installation. (T-0).

1.12.9. Attends FAO CRB boot camp prior to, or within six months of, assuming FAO duties. (T-0).

1.12.10. Ensures immediate notification to active component DOD member's CC, SF, and AFOSI Detachment, (or equivalent DOD entities where appropriate) of all suspected unrestricted reports of domestic abuse. (T-0).

1.12.10.1. IAW 2014 National Defense Authorization Act, Section 1743, will ensure encrypted email notification to the Installation CC, to active component DOD alleged offender's CC and active component DOD victim's CC of all unrestricted adult partner sexual abuse allegations. (T-0). The unit CC must forward the encrypted email notification to the first officer in the grade of O-6 and the first general officer or flag officer in the victim's and alleged offender's chain of command not later than eight days after the unrestricted partner sexual abuse allegation has been made. (T-0). The notification email shall include:

1.12.10.1.1. Time/Date/Location of alleged incident.

1.12.10.1.2. Type of offense alleged.

1.12.10.1.3. Service affiliation assigned unit and location of the victim.

1.12.10.1.4. Service affiliation assigned unit and location of the alleged offender including whether the alleged offender has been temporarily transferred or removed from an assigned billet or ordered to pretrial confinement or otherwise restricted, if applicable.

1.12.10.1.5. The notifications will not include victim personally identifiable information (PII), victim photographs, or additional incident information that could reasonably lead to personal identification of the victim or the subject for both Unrestricted Reports and independent investigations.

1.12.10.1.6. Post incident actions taken: Date referred to FAP, OSI or equivalent Military Investigative Organization and SF. Receipt and processing status of a request for expedited victim transfer, if applicable. Issuance of any military protective orders in connection with the incident. 1.12.10.1.7. A copy of the encrypted email notification to CC, with instructions to forward, will be printed and placed in the FAP maltreatment record.

1.12.10.2. Ensures immediate notification to active component DOD member's CC and SF of every civilian and MPO (due to family maltreatment). (T-0).

1.12.10.3. **(Added)** Will manage the Commander's (or equivalent) Critical Information Requirement (CCIR). (T-0). The CCIR provides timely information to the Secretary of the Air Force, Under Secretary of the Air Force, Chief of Staff of the Air Force, Vice Chief of Staff of the Air Force, AF/CVS, and if necessary the Chairman of the Joint Chiefs of Staff when a sexually based, alleged, or confirmed crime meets specific criteria. This is a separate report from the Eight-day Report listed above and may be accomplished at the same time of the Eight-day Report if the criteria required for a CCIR

is known, or later, as the criteria becomes apparent. A CCIR must be provided to the installation Command Post for submission as an OPREP-3 IAW AFI 10-206, *Operational Reporting*, and the current CSAF OPREP-3 Reporting Matrix, Rule 3D. (T-0). The installation or host wing commander will not complete CCIRs for restricted reports. (T-0).

1.12.10.3.1. **(Added)** The installation commander or host wing commander will ensure the CCIR is prepared and submitted. (T-0).

1.12.10.3.1.1. **(Added)** Will ensure the CCIR is accomplished when criteria is met. (T-0). This may occur at the same time as the Eight-day Report if the criteria required for a CCIR is known, or later, as the criteria becomes apparent.

1.12.10.3.1.2. **(Added)** The installation commander will utilize the CCIR template provided at Attachment 6, Commander's Critical Information Requirement (CCIR) Template for Sexual Assault (T-1). The installation or host wing commander will ensure the CCIR does not deviate from the information provided in the template. (T-1).

1.12.10.3.1.3. **(Added)** The installation commander will provide the CCIR, via an unclassified, yet encrypted, email, to the installation command post for submission as an OPREP-3 IAW AFI 10-206, Operational Reporting, and the current CSAF OPREP-3 Reporting Matrix. (T-1).

1.12.10.4. **(Added)** Installation or host wing commander will ensure the CCIR is completed for any adult sexual assault incidents involving the following: (T-1).

1.12.10.4.1. **(Added)** An O-6 Commander (or equivalent) and above, SARC, SAPR VA, Volunteer Victim Advocate (VVA), or any SAPR staff member. (T-1).

1.12.10.4.2. **(Added)** Warrants higher level command awareness. (T-1).

1.12.10.4.3. **(Added)** An overturned conviction of a sexually based crime. (T-1).

1.12.10.4.4. **(Added)** Media attention. (T-1).

1.12.10.4.5. **(Added)** Congressional involvement. (T-1).

1.12.11. Ensures immediate notification to active component DOD member's CC, SFS, and AFOSI Detachment (or equivalent DOD entities where appropriate) and the civilian Child Protective Services (CPS) agency(ies) with local jurisdiction of all suspected child maltreatment incidents. (T-0).

1.12.12. In cases of death due to suspected domestic abuse or child maltreatment or any unexplained child death, ensures notification of the AFOSI Detachment and SFS, referral of the family to the FAP for assessment and/or supportive services, and notification to MAJCOM. Provides AF FAP (AFMOA/SGHW) a completed high-interest worksheet within 24 hours of notification of death. (T-0).

1.12.13. Ensures that high risk FAP clients are placed on the Mental Health Flight High Interest Log and activates the High Risk for Violence Response Team (HRVRT) as appropriate to ensure a coordinated response to high risk situations. (T-0).

- 1.12.14. Ensures risk management for NPSP clients, to include support by clinical social workers and NPSP case staffing meetings held monthly at a minimum, with participation by social work and nursing staff members. (T-1).
- 1.12.15. Coordinates the CRB and chairs the CCS, CSMRT, HRVRT, Outreach Prevention Management Council (OPMC), and NPSP Case Staffing. (T-0).
- 1.12.16. Serves as a member of the FAC. (T-0).
- 1.12.17. Serves as consultant on domestic abuse and child maltreatment to installation units and agencies. (T-0).
- 1.12.18. Serves as consultant on all suspected child maltreatment in DOD-sanctioned activities. (T-0).
- 1.12.19. Ensures the FAOM provides annual training to include: (T-0).
- 1.12.19.1. DOD definitions and the dynamics of domestic abuse and child maltreatment
 - 1.12.19.2. Identification of suspected abuse
 - 1.12.19.3. Reporting protocols and restricted reporting
 - 1.12.19.4. Prevention strategies to CCs and SNCOs, healthcare providers, Integrated Delivery System (IDS) member agencies, Air Reserve Component Representatives, Sexual Assault Response Coordinators (SARCs), Sexual Assault Prevention and Response Victim Advocates (SAPR VA), appropriate social support staff, and others as described in AF or DOD guidance.
 - 1.12.19.5. Availability of NPSP in promoting protective factors and reducing risk factors associated with child abuse and neglect. (T-0).
 - 1.12.19.6. **(Added)** FAP secondary/selective prevention program interventions to at-risk population, primary prevention to community, and provides designated family violence education and prevention annual training IAW DOD and FAP guidance. (T-0).
 - 1.12.19.7. **(Added)** Delivery of secondary/selective prevention risk reduction intervention services for individuals, couples, parents, and families, and has the designated assessment, intervention, and program materials needed to perform FAP approved evidence-based and informed practice. (T-0).
- 1.12.20. Ensures the Family Advocacy Nurse (FAN)
- 1.12.20.1. Establishes and maintains an effective NPSP screening process for all members of the NPSP target population (prenatal families and families with 0-3 year old children) and offers home visitation to families at risk for maltreatment. (T-0).
 - 1.12.20.2. Provides home-based nursing services including education, support, anticipatory guidance re: growth and development, nutrition, parenting, attachment/bonding, individual and family health related issues, family violence dynamics, problem solving, family communication skills and bereavement. (T-0).
 - 1.12.20.3. Is utilized according to the following FAN workload priorities
 - 1.12.20.3.1. Home visits to NPSP High Need clients
 - 1.12.20.3.2. Home visits and other contacts with Low Need NPSP clients

- 1.12.20.3.3. Support to the FAP maltreatment clients (T-0).
- 1.12.20.3.4. Teaching a class or facilitating groups is not a FAN priority but may be considered if time allows. (T-1).
- 1.12.20.4. Interfaces with the MTF Chief Nurse regarding standards of nursing practice, integration into the MTF, and Peer Review process. (T-1). FAN Peer Review process is facilitated within the FAPNet system. (T-1).
- 1.12.20.5. Participates in the Outreach Prevention Management Council (OPMC), the Clinical Case Staffing (CCS) and the NPSP Case Staffing. (T-1).
- 1.12.20.6. Attends the CCS to provide input related to resources for families served in the maltreatment program where there is an expectant family member and/or children between birth to three years of age. (T-1).
- 1.12.21. Ensures that FAN interventions for families served in the maltreatment program are based on appropriateness of referrals and available FAN resources, balancing the impact on current NPSP caseload, FAN workload priorities, and the need for nursing intervention.
 - 1.12.21.1. When the FAN provides services for families served in the maltreatment program, ensures that the FAN does not take an investigative role, or act as a case manager or primary provider in a maltreatment case.
 - 1.12.21.2. Ensures that FAN services are provided for families in the maltreatment program only when safety can be assured. (T-1).
 - 1.12.21.3. Ensures that, for maltreatment families being supported by FAN services, FAN interventions are clearly identified in the maltreatment intervention plan, with specific desired outcomes. (T-1).
 - 1.12.21.4. Ensures that when FAN services are provided for families in the maltreatment program, the maltreatment case is not closed as resolved until all goals are met, including those for FAN services. (T-1).
 - 1.12.21.5. Ensures that the FAN documents nursing interventions in the FAP maltreatment record using FASOR. This documentation does not require a co-signature by the case manager, and nursing service documentation in the maltreatment record does not require a corresponding AHLTA note. (T-1).
- 1.12.22. Ensures the Prevention/Outreach Program administrative requirements for program management, measurement, and program evaluation are completed. FAOM and FAIS completes planning, documentation, OPMC minutes, outcome measures, metrics, and program evaluation with administrative support of the Family Advocacy Program Assistant (FAPA). (T-0).
- 1.12.23. Ensures all requests for release of information from FAP records includes a consult with SJA in order to reduce risk of harm to victims. (T-1).
- 1.12.24. For OCONUS locations, formalizes an installation-specific Emergency Placement Care process to manage child safety and make emergency separation arrangements in coordination with JA, SF, support agencies, MAJCOM Behavioral Health Consultant, AF FAP and AFPC. (See Recommended Guidelines in Attachment 5)

1.12.24.1. FAOM, or FAIS where no FAOM is assigned, provides a Senior Leader FAP briefing to Installation CC, Vice CC, MSG/CC, Command Chief Master Sergeant, and joint-base service equivalents within 60 days of each fiscal year; new leaders arriving beyond the first 60 days, are briefed within 60 days of assumed command date, and annually thereafter within 60 days of each fiscal year. (T-0).

1.12.25. Ensures FAP providers consistently consult commanders regarding fitness for duty of individuals with career-impacting conditions (e.g., offenders of domestic violence, child abuse, or chronic neglect).

1.12.26. Ensures that command and SF are notified of every civilian and military protective order (due to family maltreatment) when made aware of them.

1.13. Group CCs, Sq CCs, CCFs, SNCOs and Frontline Supervisors (Group, squadron or similar military department unit; first level of command on G-series orders).

1.13.1. New Sq CCs, CCFs, and joint-service equivalent leaders will receive a New Leader Orientation, deskside, on family maltreatment, protocols, prevention, and victim advocacy, from the FAP FAOM and DAVA within 90 days of leader's assumed command date, followed by Leader Training no later than 30 September and annually each fiscal year thereafter; Group CCs, SNCOs, Frontline supervisors and joint-service equivalents will be provided domestic abuse, child maltreatment, protocols, prevention awareness, and training information brief annually, no later than 30 September. (T-0).

1.13.2. Commanders shall refer any incident of domestic abuse reported or discovered independent of law enforcement to military law enforcement or the appropriate criminal investigative organization for possible investigation in accordance with DoD Instruction 5505.03, "Initiation of Investigations by Military Criminal Investigative Organizations." Commanders shall report all suspicions of child maltreatment immediately to the FAP office responsible to serve the unit. (T-0).

1.13.3. Direct suspected active component domestic abuse and/or child maltreatment offenders to the FAP for comprehensive assessment. When the CRB determines that the maltreatment incident "met criteria," directs the active component alleged offender to complete all the FAP treatment recommended by the CCS. (T-0).

1.13.4. Complete CRB computer-based training annually and participate in the CRB for incidents involving their squadron/unit members. (T-0).

1.13.5. When documenting reasons for administrative separation of unit members, identify any domestic abuse or child maltreatment committed by the member as an offender in a "met criteria" case. Ensure family members are aware of AF Transitional Compensation for abused dependents in cases of domestic abuse or child maltreatment where the member is separated from military service, so that family members who permanently separate from the abuser can qualify for this financial assistance. (T-0).

1.13.6. Pursue training and consultation with base legal office on collateral misconduct to ensure an appropriate Command response that encourages domestic abuse reporting and continued cooperation, while avoiding those actions that may further traumatize the victim (e.g., active component victim underage drinking when physically assaulted by partner). (T-0).

1.13.7. FAOM will function as FAP consultant to leader or active component member consultation on early signs of risks for potential abuse, maltreatment, or need for service member prevention program intervention; provides leader, squadron, MTF, or agency strategies on FAP prevention, strength-based behavioral health support, fitness and skill, or Resource Finding and Service Linking. (T-0).

1.13.8. The Command Chief Master Sergeant (CCM), joint-service equivalent where applicable, will function as consultants to the Outreach Prevention Management Council (OPMC), to support, confer, and assist in coordination and facilitation of prevention services development and implementation, and of engagement strategies, initiatives, and FAP prevention activities. (T-0). Will promote squadron referrals to FAP prevention-health services for early identification and program intervention. (T-0). CCM and joint-service equivalent will attend the quarterly OPMC meeting as requested and support key issues in service delivery to active component member and families. (T-0).

1.14. Wing Chaplain.

1.14.1. Serves as a member of the FAC. (T-1).

1.14.2. Ensures all chapel staff and volunteers receive the FAP training on identification and reporting procedures for suspected domestic abuse and child maltreatment when hired and annually thereafter. (T-0).

1.14.3. Ensures implementation of DOD policy for installation background checks and screening of applicants seeking chapel employment or volunteer positions working with children and youth. (T-0).

1.14.4. Ensures a chaplain is a member of the OPMC and participates as a consultant in the development or implementation of prevention initiatives and strategies. (T-0).

1.15. Staff Judge Advocate (SJA).

1.15.1. Serves, or designates an attorney to serve, on the installation FAC. (T-0).

1.15.2. Appoints an attorney to serve on the CRB, CSMRT, and HRVRT. (T-1).

1.15.3. Provides consultation to the FAC in the development of MOUs and Inter-Service Support Agreements (ISSAs). (T-0).

1.15.4. Provides consultation services to the FAP in cases of domestic abuse restricted reporting and state reporting requirements for intimate partner abuse. (T-0).

1.15.5. Trains group and squadron CCs on AF Transitional Compensation for abused dependents and advises commanders to document such abuse as one of the reasons for administrative separation, if the member is an offender in a met criteria case of domestic abuse or child maltreatment, and so family members who permanently separate from the abuser can qualify for this financial assistance. (T-0).

1.15.6. Advises commanders on AF policy regarding collateral misconduct so when active component victims of domestic abuse report maltreatment, prompting an investigation of the incident, commanders respond appropriately in order to encourage domestic abuse reporting and continued cooperation, while avoiding those actions that may further traumatize the victim (e.g., active component victim underage drinking when physically assaulted by partner). (T-0).

1.15.7. Assesses the need to establish MOUs between the installation legal office and local (state, city, county) district attorney's office applicable to domestic abuse and child maltreatment cases involving military personnel assigned to the installation and their family members or unmarried intimate partners. (Example district attorney MOU provisions are contained in Attachment 3). (T-0).

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

1.15.8.1. Ensures VWAP personnel responsible for responding to domestic abuse and child maltreatment incidents attend the FAP training on the identification and reporting protocols for suspected abuse/maltreatment. (T-0).

1.15.9. Provides consultation to the FAP on questions of engagement with local organizations, concerns related to serving on community agency boards, and the appropriate management of funds or contributions provided by agencies. (T-0).

1.15.10. The base legal office will collaborate monthly with the installation FAP to provide all command actions for domestic violence cases in which congressional reporting is required. Reporting is required for cases where the active component offender (including Guard and Reserve personnel on active duty status) "met-criteria" for Adult Physical Abuse Severity Level 3 (severe physical); Adult Physical Abuse Severity Level 2 (moderate physical); or Adult Sexual Abuse (all severity levels). (T-0).

1.16. Installation SFS/CC.

1.16.1. Will serve or designate a representative (NCO or equivalent and above) to serve on the FAC. (T-0).

1.16.2. Will serve or nominates a representative (NCO or equivalent and above) to the CRB and HRVRT. (T-0). SFS representative on the CRB will serve as liaison between local law enforcement and the installation, securing civilian and military police reports and other relevant information for the CRB process. (T-0). Will ensure preliminary investigative findings related to domestic abuse and child maltreatment cases SF investigates are provided to the CRB to meet the 60-day deadline from initial referral to CRB incident status determination. (T-0).

1.16.2.1. Ensures SFS personnel search the Defense Incident-Based Reporting System (DIBRS) and its internal database for historical data pertaining to all reported incidents of domestic abuse and child maltreatment and provides this information to the FAP (and CRB when indicated). (T-0).

1.16.3. Ensures SFS personnel responsible for responding to domestic abuse and child maltreatment incidents attend annual FAP training on the identification and reporting protocols for suspected abuse/maltreatment. (T-0).

1.16.4. Ensures the FAP receives notification within 24 hours of all reports of suspected domestic abuse and child maltreatment received by law enforcement. (T-0).

1.16.5. Coordinates with investigative agencies and the FAP on domestic abuse and child maltreatment incidents under investigation. (T-0).

1.16.6. Supports investigative interviews of alleged offenders in child maltreatment cases occurring in DOD-sanctioned activities and brings findings to the CRB. (T-0).

1.16.7. Works with local AFOSI Detachment and base legal office to establish MOU(s) between installation law enforcement units and local (city, county, state) law enforcement agencies in domestic abuse or child maltreatment cases involving military personnel and their family members or unmarried intimate partners. (Example law enforcement agency MOU provisions are contained in Attachment 4). (T-0).

1.17. Installation AFOSI Detachment/CC.

1.17.1. Will serve or designate a representative (NCO or equivalent and above) to serve on the installation FAC, CSMRT and HRVRT. (T-0).

1.17.2. Serves or designates a representative to serve on the installation CRB as a non-voting member. The Detachment CC ensures preliminary investigative findings related to domestic abuse and child maltreatment cases AFOSI investigates are provided to the CRB to meet the 60-day deadline from initial referral to CRB incident status determination. In the event AFOSI's criminal investigation is ongoing, the CRB representative will use judgment to determine the extent to which information may be shared without damaging investigative efforts. (T-0).

1.17.3. Reports all allegations of domestic abuse or child maltreatment to the FAP within 24 hours of receipt, unless immediate notification is precluded by specific investigative/operational necessities. Until the FAP is notified, AFOSI must address safety concerns for all family members or unmarried intimate partners. (T-0).

1.17.4. Ensures the FAP is authorized access to family members or unmarried intimate partners at the earliest opportunity possible in incidents of partner or child maltreatment or of sexual maltreatment of a child by a DOD-sanctioned child care provider, balancing the risks of hindering a criminal investigation with the need to complete risk assessments, safety plans, and the FAP intake interviews in preparation for the CRB and intervention planning with the family. (T-1).

1.17.5. Searches the Defense Clearance Investigations Index (DCII) and its internal database for historical data pertaining to all reported incidents of domestic abuse and child maltreatment, and provides this information to the FAP and CRB. (T-0).

1.17.6. Investigates aggravated assaults involving grievous bodily harm, sexual assaults, and all incidents of child sexual abuse within their jurisdiction. (T-0).

1.17.7. Coordinates and monitors domestic abuse and child maltreatment investigations conducted by civilian agencies, when there is a DOD interest, and provides information to CRB for incident determinations, and/or to the FAP to support care of family members. (T-0).

1.17.8. Ensures all agents attend annual FAP training on the identification, reporting, and dynamics of domestic abuse and child maltreatment when hired and annually, thereafter. (T-0).

1.17.9. Works with SFS and base legal office to establish MOU(s) between installation law enforcement (SFS and AFOSI Detachment) and local (city, county, state) law enforcement agencies in domestic abuse and/or child maltreatment cases involving military personnel and

their family members or unmarried intimate partner. AFOSI Detachment/CC will coordinate with AFOSI HQ and AFOSI/JA prior to entering into MOUs. Even sample MOUs require coordination prior to implementation. (Example law enforcement agency MOU provisions are contained in Attachment 4). (T-0).

1.18. Installation Force Support SQ/CC.

1.18.1. Appoints the Director, A&FRC (or joint-service equivalent), or designee, to serve on the FAC. (T-0).

1.18.2. Ensures all A&FRC staff, joint-service equivalents, other support agency staff, and volunteers who work directly with children/youth receive training through the FAP to include identification, reporting procedures, and dynamics of domestic abuse and child maltreatment when hired and annually thereafter. (T-0).

1.18.3. Ensures staffs working with families with children ages birth to three years are aware of the NPSP to include program services, eligibility, and referral procedures. (T-0).

1.18.4. Ensures reports of suspected incidents of child maltreatment occurring in a DOD-sanctioned activity are immediately reported to the FAP, (e.g., family child care, child development and youth centers, or recreation programs). (T-0).

1.18.5. Ensures installation background checks and screening of applicants seeking employment or volunteer positions working with children and youth are completed IAW current DOD guidance. (T-0).

1.18.6. Consults with base legal office 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. (T-0).

1.18.7. **(Added)** Will ensure installation agency (e.g., Child Development Center, Youth Center, Medical Treatment Facility, etc.) staff working with children age 3 to 17, and active component member, couples, or parents with indicators of risk for domestic abuse or child maltreatment are aware of secondary/selective specialty support services, eligibility, referral process, and resource finding and service linking through FAP Prevention and Outreach Program Services. (T-0).

1.19. Installation Public Affairs Office. (T-1).

1.19.1. Distributes the FAP news releases to installation newspapers and other news media.

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

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

1.19.4. Ensures representative is on the OPMC and attends quarterly meeting as consultant in the development or implementation of prevention initiatives, public awareness, and strategies. (T-0).

1.20. Commander Referral and Reported Abuse. Commanders shall refer any incident of domestic abuse reported or discovered independent of law enforcement to military law enforcement or the appropriate criminal investigative organization for possible investigation in accordance with DoD Instruction 5505.03, "Initiation of Investigations by Military Criminal Investigative Organizations." (T-0).

1.21. 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, the FAP staff, and civilian authorities. (T-1).

1.22. Air National Guard (ANG) Wing Director of Psychological Health (WDPH). The ANG's Wing Director of Psychological Health may coordinate services between ANG personnel, the FAP staff, and civilian authorities. (T-1).

Chapter 2

PROGRAM STRUCTURE AND ADMINISTRATION OVERVIEW

2.1. AF FAP. The FAP personnel develop, implement, and evaluate programs and policies to prevent and treat domestic abuse and child maltreatment. (T-0). The FAP personnel provide expert training and consultation services to its key customers, including active component members, their families, and other eligible beneficiaries, unit leaders, and other helping agencies. (T-0). AF FAP personnel collect, maintain, analyze, and report data on domestic abuse and child maltreatment. In concert with installation and community agencies, the AF FAP personnel provide a continuum of services designed to build community health and resilience by reducing domestic abuse and child maltreatment and promote family, community, and mission readiness. (T-0).

2.1.1. Provides services to AFRC. (T-0).

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 41-210, including reservists and their families. Collaboration between the 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 AFRC does not maintain a separate Reserve FAP. Efforts to minimize domestic abuse and child maltreatment and its effect on mission readiness to Reserve forces are limited to preventive education, identification, emergency intervention, and referrals, when indicated. Allegations of domestic abuse and child maltreatment involving reserve airmen and/or their families (when not eligible for care in a MTF) are routinely managed by civilian agencies in conjunction with civilian law enforcement organizations.

2.1.2. Provides Services to Air National Guard (ANG) when ANG members are activated in Title 10 or Title 32 status and are not in the dual status Technician Program. All referrals for suspected domestic abuse and child maltreatment will be handled like any active component maltreatment referral, including presentation to CRB. When a member who is suspected of domestic abuse and/or child maltreatment is in the Technician Program, the victims should be provided advocacy to address immediate safety issues and assisted with referrals to the community for ongoing services. These incidents are not to be taken to the Central Registry Board for disposition; however, command should be notified and kept abreast of any serious safety or fitness for duty concerns. The FAP will offer victim advocacy and safety planning to the victim.

2.1.3. Develops and implement FAP initiatives in support of MAJCOMs via coordination with MAJCOM Behavioral Health Consultants.

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

2.2.1. The FAP Prevention is the focal point for the FAP outreach and prevention services. The Prevention and Outreach Program is an assets-based support program that provides primary prevention and public awareness on maltreatment and support to the community, and secondary prevention services to clients with indicators of risk associated with partner violence or child maltreatment.

2.2.1.1. All prevention program interventions including consultation and coaching, training, and skill development, will be provided using evidence-informed programs and approaches for supporting protective factors as determined by AF FAP. FAOM provides a secondary prevention assessment and activity plan for programs and services targeting individual, couple, or group psychosocial skill development. Training, consultation, coaching, including couple relationship and family management, parenting of age 3 and above, stress and anger management and other proactive problem-solving and strength-based services are also offered. (T-0).

2.2.1.1.1. The FAOM manages the Prevention and Outreach Program and practices within the parameters and scope of prevention. Primary prevention includes consultation and training to leadership healthcare providers within the MTF, helping agencies, behavioral health marketing-education and special emphasis month events. The FAO will have final approval for behavioral health education marketing, messaging and campaign plans. (T-0).

2.2.1.2. The FAOM and/or FAIS will support self-referral, agency, squadron, and provider referral of clients meeting eligibility for secondary prevention services with early intervention to deter or mitigate risk. (T-1). Eligibility for Prevention/Outreach Program secondary prevention is defined as active component and family member beneficiaries with risk factors for domestic abuse or child maltreatment. Adult clients reported for alleged domestic abuse or child maltreatment will be referred by the Family Advocacy Treatment Manager (FATM), to the Family Advocacy Safety Education Seminar (FASES), or its equivalent program, after the intake assessment and before CRB determinations. (T-1). After completion of FASES, the client may be referred to secondary prevention services to augment treatment, but not in lieu of treatment. Clients that recidivate within the first year after attending FASES, may be re-referred to FASES or its equivalent services of the Prevention/Outreach Program for additional support toward readiness for change and/or other support services offered through FAP prevention. FATMs and FAOMs will screen and coordinate these maltreatment clients to identify levels of hostility, levels of risk, and for the appropriateness and safety of the clients for secondary prevention services through the Prevention and Outreach Program. (T-1).

2.2.1.3. Secondary Prevention is delivered using a prevention assessment, intervention training and activity plan, and AF FAP approved evidence-based/informed programs and measures as the primary intervention tool. Prescribed standardized Pre and Post-tests are utilized by all Prevention and Outreach Program providers in the evaluation of secondary prevention and outreach services outcomes. A standard system of scoring and analysis of data will be in place for secondary prevention with guidelines for facilitating and documenting this process. A metric for marketing-education and other prevention activities will be established and followed for analysis of outcomes. During the course of

prevention/outreach services, any indication of domestic abuse, child maltreatment, or imminent danger to self or others will be reported/referred to the FAO. (T-1).

2.2.1.4. Documentation of primary and secondary prevention services, Behavioral Health Education and Social Marketing, and Family Violence Education and Prevention Training are entered and maintained in the Outreach Prevention Automated Log (OPAL) or designated dashboard. Anyone can access or refer a member for secondary prevention services. Referrals will be accepted congruent with eligibility requirements. (T-1).

2.2.1.5. Commanders will support active component member with indicators of risk through early identification and intervention and by recommending active component member participation in FAP Prevention and Outreach services. (T-1). The rules of confidentiality will be observed in concert with the FAP protocol as appropriate. (T-1).

2.2.1.6. Prevention Program Services Integration with Installation Functions:

2.2.1.6.1. The FAP coordinates with and supports IDS initiatives. The FAOM/FAIS is assigned as the official FAP representative to the IDS. The FAP data requests or reports will be released only after review and expressed approval and signature of the FAO. (T-1).

2.2.1.6.2. The FAOM and FAIS provide annual Family Violence Education and Prevention Training with support of the Domestic Abuse Victim Advocate (DAVA). Training will include dynamics of domestic abuse and child maltreatment, identification and referral procedures, and an overview of the coordinated community response model and other key military and community resources to Sq/CCs, CCFs, and joint-base equivalents. A senior leader briefing will also be provided to the Installation CC, Vice CC, Group CCs, Command Chief Master Sergeant and joint-base service equivalents. Key maltreatment information will be provided to frontline supervisors. Tenant units will be offered the opportunity to receive training. (T-0).

2.2.1.6.3. IAW DODI 6400.06, periodic and mandatory training to key agencies will be provided by the FAOM/FAIS and DAVA on key policies and procedures regarding the role of the victim advocate and the advocacy services available through the FAP. To the extent possible, education and awareness activities will also target family members. (T-0).

2.2.1.6.4. The FAP Prevention/Outreach Program is OPR for Family Violence Education and Prevention Training. The FAOM Manager will provide annual Family Violence Education and Prevention Training to Group CCs, Sq CCs, CCFs, frontline supervisors and joint-base equivalents, support agencies including MTF healthcare provider professional and support staff (as defined by DOD), JA, SFS, AFOSI, A&FRC, Child Development Center (CDC), Family Child Care Providers, Youth Center, DODEA, FAC, IDS, SARC, Newcomer Orientation Program and other key personnel IAW DODI 6400.6. (T-0). A senior leader FAP briefing will be provided to the Installation CC, Vice CC, MSG/CC, Command Chief Master Sergeant and joint-base service equivalents. (T-0).

2.2.2. The New Parent Support Program (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. The Family Advocacy Nurse (FAN) with support from the FAP team and the FAC, delivers NPSP services to community members eligible for care in the MTF, under the oversight of the FAO. (T-0).

2.2.2.1. Families are eligible for NPSP when:

2.2.2.1.1. A parent is eligible for military medical care. For families where only one parent is eligible for military medical care, NPSP services will only be provided to the eligible parent. The eligible parent must complete NPSP paperwork, and only his/her information will be entered into FAPNet. The eligible parent must be present at all contacts with the family. (T-0).

2.2.2.1.2. Individual/family is pregnant, has a pregnant partner, and/or has a child under the age of 3 years. (T-0).

2.2.2.1.3. There is no open “met criteria” maltreatment incident, or pending maltreatment allegation. (T-0).

2.2.2.1.4. Maltreatment cases should not be closed as long as there is more than minimal risk for maltreatment, unless the client is refusing services. It is not appropriate to close a maltreatment record and immediately open an NPSP record. Consideration should be made to assigning a social worker as case manager for NPSP cases opened for families with a recent maltreatment case, to ensure appropriate level of care. (T-1).

2.2.2.2. The FAO, in collaboration with the referring practitioner, may consider an initial referral for Failure to Thrive (FTT) as a prevention referral to NPSP if the condition is new and the following efforts have not yet been tried with the family:

2.2.2.2.1. Increase frequency of pediatric appointments and weight checks

2.2.2.2.2. Referral to a nutritionist

2.2.2.2.3. Referral to NPSP

2.2.2.2.4. The FAO can assign such referrals to the FAN for supportive services in NPSP and should also consider assigning a social worker to augment the Family Service Plan. Due to the fragile nature of children diagnosed as FTT, it is important that FTT clients are managed as priority clients on a prevention case load. Close communication between the FAP staff and the child’s pediatric provider must be initiated and sustained, the case should be regularly staffed, and case managers must notify the FAO immediately if clients do not keep NPSP appointments and/or do not adhere to the Family Service Plan. A maltreatment referral will be made should the pediatric provider and/or the FAP staff suspect the child has become or is at risk of becoming malnourished due to parental or caregiver neglect. (T-1).

2.2.2.3. NPSP services are always voluntary on the part of the client/prospective client. Services provided use a strengths-based family centered developmental approach that promotes protective factors associated with the reduction of risk for child abuse and neglect (nurturing and attachment, knowledge of parenting and child development,

concrete supports in times of need, social connections, parental resilience, and social and emotional competence of children). Services are provided in a manner sensitive to cultural differences. Involvement of both parents in NPSP services is promoted, when applicable. (T-0).

2.2.2.4. Key components of the NPSP include:

2.2.2.4.1. Marketing and outreach to the target population and referral sources. (T-0).

2.2.2.4.2. Establishment of an effective screening process based on empirically determined protective and risk factors associated with child abuse and neglect and risk factors for domestic abuse, using the AF Family Needs Screener (FNS), to identify expectant and new parents whose life circumstances may place them at risk. (T-0).

2.2.2.4.2.1. The FNS will be scored within 3 duty days of completion by the client. (T-1).

2.2.2.4.2.2. FNSs with High Need scores and FNSs with Low Need scores identified as having areas of potential concern (completed by single active component member, written comments on FNS, 10 or more items not completed, and/or referral information indicating family members are at risk) will be reviewed by the FAN/FATM/FAIS immediately, to determine intervention. (T-1).

2.2.2.4.2.3. The FNS is scored and entered into the FAPNet automated system. (T-0).

2.2.2.5. The FAN/FATM/FAIS will contact prospective NPSP participants with High Need FNS scores and/or other areas of potential concern and offer services within 45 calendar days of FNS completion or sooner if indicated by screener or referral information. (T-1).

2.2.2.6. Low Need NPSP families may receive up to 2 home visits. The FAN/FATM/FAIS will conduct an NPSP assessment for these families, to include assessment for child and partner maltreatment risk factors, protective factors and abuse dynamics within the family. Education related to SBS/AHT, SUID and safe sleeping environment will be provided to participating parents at the home visits. (T-1).

2.2.2.7. The cases of all families who screen as High Need on the FNS and/or receive home visits will be staffed within 45 days of the first home visit at the NPSP team Case Staffing meeting, chaired by the FAO and occurring at least monthly. (T-1).

2.2.2.7.1. NPSP Case Staffing Attendees:

2.2.2.7.1.1. FAO (or Alternate FAO)

2.2.2.7.1.2. All FANs

2.2.2.7.1.3. All FATMs, FAISs, FAOMs, and FAPAs

2.2.2.7.1.4. Medical personnel who may add value to the case discussion may be invited, at the FAO's discretion. Non-medical personnel (including the DAVA) will not attend, due to client privacy/HIPAA protection.

2.2.2.7.2. Clients to be presented at NPSP Case Staffing: (T-1).

2.2.2.7.2.1. High Need families (after first home visit, within 45 days of first home visit)

2.2.2.7.2.1.1. At least annually for review (12 months from last case staffing)

2.2.2.7.2.1.2. With occurrence of special circumstances, stressors impacting the family, change in risk and/or protective factors for maltreatment

2.2.2.7.2.1.3. High Need Enrolled families proposed for closure.

2.2.2.7.2.1.4. Families who are screened as High Need and do not accept home visitation services (High Need Pending, High Need Refused), to inform the team of family status and risk factors and seek input related to strategies for engaging the family in home visitation services if appropriate.

2.2.2.7.2.2. Low Need families

2.2.2.7.2.2.1. Low Need families that receive a home visit (after first home visits, within 45 days of first home visit)

2.2.2.7.2.2.2. With status changes (Low to High Need)

2.2.2.7.3. Discussion related to clients presented at the NPSP Case Staffing will include: (T-1).

2.2.2.7.3.1. Reason for referral to NPSP

2.2.2.7.3.2. FNS score and results of other inventories if completed

2.2.2.7.3.3. Clinical assessment to include: presence of child and partner maltreatment risk factors, factors that are protective against child maltreatment (nurturing and attachment, knowledge of parenting and child growth and development, parental resilience, social connections, concrete supports for parents and social and emotional competence of children), and the balance of risk and protective factors.

2.2.2.7.3.4. Assignment of NPSP case manager (FAN, FATM, FAIS, FAO)

2.2.2.7.3.5. Plan of care for the family and referrals made

2.2.2.7.4. Documentation of NPSP Case Staffing meetings will include: (T-1).

2.2.2.7.4.1. Case Staffing Agenda: generated by FAPNet automated system. Each attending FAP team member will sign the agenda. The FAO will initial each case discussed on the agenda. Master copy of the agenda will be maintained for 2 years. No meeting minutes are produced for the NPSP Case Staffing meeting.

2.2.2.7.4.2. Case Staffing SF600: Documented by NPSP case manager in each individual family's NPSP record, in the FAPNet automated system.

2.2.2.8. If review of AHLTA or interview with an NPSP client reveals that they are currently receiving services in ADAPT and/or the Mental Health Clinic (MHC), the NPSP provider will discuss with the client the need to consult with the other provider(s) and then make contact with that provider, for the purpose of continuity of care. All open NPSP cases for clients who are also being seen by another MH provider (in ADAPT or the MHC) will be staffed at the Multidisciplinary Clinical Case Conference (MCCC). The NPSP provider will protect the confidentiality of other family members. (T-1).

2.2.2.9. All families assessed as being High Need will be offered intensive home visitation services, which include:

2.2.2.9.1. Home visits conducted at least twice monthly. (T-0).

2.2.2.9.2. Initial Family Assessment (completed within 60 days of High Need Enrollment home visit). (T-1).

2.2.2.9.3. Family Service Plan (completed within 60 days of High Need Enrollment home visit). (T-1).

2.2.2.9.4. Initial and ongoing assessment for the presence and balance of child and partner maltreatment risk and protective factors, and abuse dynamics within the family. (T-0).

2.2.2.9.5. Referrals, as appropriate, for community services. (T-0).

2.2.2.9.6. Provision of prevention education to all clients enrolled in the program in the following areas: SBS/AHT, SUID, and safe sleeping environment. This education is to be provided to both parents whenever possible and as follows:

2.2.2.9.6.1. SBS/AHT: At least prenatally, as soon after birth as possible, and when infant is 2 months of age and 4 months of age. For parents with children outside this age range, SBS/AHT education will be provided at least twice. SBS/AHT education will be provided more frequently than noted above, if clinically indicated. (T-1).

2.2.2.9.6.2. SUID and safe sleeping environment: At least prenatally, as soon after birth as possible and periodically as clinically indicated. (T-1).

2.2.2.9.7. All High Need NPSP families receiving home visits will be asked to participate in completion of assessment measures to assess and evaluate clinical interventions. Mandatory assessments: FNS, Ages and Stages Questionnaires (ASQs). Additional measurements will be used when needs are identified on the FNS or via clinical assessment.

2.2.2.9.7.1. Significant scores on measurement tools will be addressed by the administering clinician via discussion with the client(s), consultation with the FAP team and/or other medical providers involved in the client's care, adjustment of the Family Service Plan, and/or referrals for additional services. (T-1).

2.2.2.10. High Need Enrolled NPSP cases are closed when one or more of the following occur:

2.2.2.10.1. Participants have met agreed upon goals. (T-1).

- 2.2.2.10.2. Youngest child in family reaches 3rd birthday. (T-0).
- 2.2.2.10.3. Participants no longer eligible for military medical care. (T-0).
- 2.2.2.10.4. Participants decline further services. (T-0).
- 2.2.2.10.5. Participants PCS to another installation. (T-1).
- 2.2.2.10.6. NPSP staff is unable to contact participants after multiple attempts. (T-1).
- 2.2.2.10.7. No face to face contact has occurred for more than 60 days. (T-1).
- 2.2.2.10.8. Participants are involved in a “met criteria” maltreatment case. (T-0).
 - 2.2.2.10.8. 1. Should a maltreatment allegation occur while a family is receiving NPSP services, the NPSP record will remain open until a determination is made by the CRB. The NPSP case will be closed if the incident “Meets Criteria.” If the incident “Does Not Meet Criteria,” NPSP services may continue. (T-0).
- 2.2.2.11. The NPSP team consists of the FAO, FAN, FATM, FAIS, FAOM, FAPA and/or MH Technician, where available. At some small locations, less than a full FAP team is authorized. If a FAN position is not assigned to the FAP, full implementation of the NPSP Model is not required; screening will not be performed, direct clinical NPSP services will not be provided to families in the target population, and the FAPNet NPSP automated documentation system will not be used for documentation. (T-1).
- 2.2.2.12. NPSP services will be documented in the FAPNet NPSP automated documentation system in a manner that ensures continuity and quality of care and facilitates compliance with DOD metric outcome reporting requirements. (T-0).
 - 2.2.2.12.1. The quality of NPSP documentation will be sufficient to allow NPSP staff to: (T-1).
 - 2.2.2.12.1.1. Evaluate the range, depth, and outcomes of NPSP intervention services.
 - 2.2.2.12.1.2. Provide services to NPSP participants that are based on specific client assessment, data collection and integration of the assessment data into the Family Service Plan.
 - 2.2.2.12.1.3. Facilitate continuity of care for participating families.
 - 2.2.2.12.2. Documentation of NPSP services for High Need Enrolled families will include: ongoing assessments, family progress, and effectiveness of interventions. (T-0).
 - 2.2.2.12.3. The NPSP record will be established in the name(s) of all adults receiving home visits. (T-1).
 - 2.2.2.12.4. The NPSP record for High Need Enrolled NPSP clients will include at a minimum: (T-1).
 - 2.2.2.12.4.1. Privacy Act (DD Form 2005) and the FAP Informed Consent Prevention (AF Form 4402) signed by each adult receiving home visits.

2.2.2.12.4.2. NPSP Family Information Form (AF Form 4403), How Can We Help Form- Mother (AF Form 4401), How Can We Help Form- Father (AF Form 4400) and assessment instruments administered.

2.2.2.12.4.3. Automated NPSP Initial Assessment Form, Case Staffing Form and Family Service Plan.

2.2.2.12.4.4. Summary of prevention intervention services documented on a SF600, completed for each home visit or contact with family members. Documentation includes any significant change in clinical assessment for the Family Service Plan.

2.2.2.12.4.5. Discharge summary.

2.2.2.12.4.6. Other relevant significant documentation.

2.2.2.12.5. NPSP interventions will not be documented in participant's outpatient medical record with the following exceptions: (T-1).

2.2.2.12.5.1. NPSP staff will follow specific MTF policies and guidelines for referring significant clinical observations to the appropriate service provider for medical treatment, and for communicating relevant information to referring MTF providers. (T-1). NPSP staff will document actions taken to refer/communicate significant clinical observations to the appropriate service provider in the NPSP record. (T-1).

2.2.2.12.5.2. NPSP services for active component members on Sensitive Duty Program status will be recorded IAW AFI 36-2104 and MTF guidance (applies only to the active component member)

2.2.2.12.6. When a NPSP client requests a restricted report of domestic violence, two records will be open on the client in the FAP office as follows: (T-1).

2.2.2.12.6.1. The NPSP record will be maintained by the NPSP case manager until or unless a CRB determination of "met criteria" is made or the NPSP record closes for another reason.

2.2.2.12.6.2. A Restricted report maltreatment record will be established when the client is determined to be eligible for services under a restricted report.

2.2.2.12.6.3. Both records will indicate the existence of the other record. The case will be staffed by both NPSP case manager and maltreatment case manager monthly. The first staffing will be the NPSP Case Staffing where the request for a restricted report is discussed. If the client is offered a restricted report, the case will be staffed at the CCS monthly. Documentation of the monthly staffing will be placed in both records. The safety of the home environment for home visitors will be regularly assessed.

2.2.2.12.7. NPSP records will be maintained under a double lock system for 2 years after case closure and then shredded. (T-1).

2.2.2.12.8. Closed NPSP records will only be transferred to another FAP upon receipt of a written request that includes a release of information consent from each participating family member. (T-1).

2.2.2.12.9. If a maltreatment allegation occurs while a family is receiving NPSP services, the NPSP record will remain open until a determination is made by the CRB. (T-1).

2.2.2.12.9.1. If the FATM/FAIS is the NPSP case manager, and there is an allegation of maltreatment, the FATM/FAIS will: document in FASOR any visits prior to CRB determination, utilize a blank SF600 note in FAPNet NPSP to indicate that a client contact has taken place and that specifics of the contact are located in FASOR.

2.2.2.12.9.2. If the FAN is the NPSP case manager and there is an allegation of maltreatment, the FAN will: continue to document client contacts in FAPNet NPSP, and write a brief SF600 note in FAPNet NPSP indicating that a maltreatment allegation has been made.

2.2.2.12.9.3. The NPSP case will be closed if the incident “Meets Criteria.” If the incident “Does Not Meet Criteria,” NPSP services may continue with documentation in the NPSP record.

2.2.2.12.10. A review process will be established to ensure quality of clinical NPSP services and documentation in the NPSP record, IAW AFI 44-119. The FAO and FAN will consult with the MTF Chief Nurse to ensure that a nursing professional reviews the quality of nursing intervention in the NPSP. A FAN Peer Review checklist that may be used for this is included in the FAPNet NPSP automated system.

2.2.2.12.11. The FAO will ensure that at least 10% of each NPSP case manager’s High Need records are reviewed on a quarterly basis using the FAPNet NPSP automated system record review process. (T-1).

2.2.2.12.12. NPSP records will be maintained in accordance with DOD guidance. (T-0).

2.2.3. FAST services provide psychosocial assessments and short-term therapy to families at risk for domestic abuse or child maltreatment where there is no open maltreatment record and the family is not eligible for NPSP. (T-1).

2.2.3.1. FAST services to eligible families will include psychosocial assessment of identified clients, including assessment of risk for family maltreatment. (T-1).

2.2.3.1.1. Assessment will include risk factors or dynamics indicative of maltreatment. (T-1).

2.2.3.1.2. An intervention plan is developed in collaboration with the family members receiving FAST services. (T-1).

2.2.3.1.3. Provide information and referral services, crisis intervention, brief/short-term therapy, and/or supportive interventions focused on agreed upon goals and objectives and evaluation of FAST services effectiveness. (T-1).

2.2.3.2. Clinical consultation for the FAP providers of open FAST cases will occur as needed at the CCS or one-on-one with the FAO. (T-1).

2.2.3.2.1. The FAP providers open and close FAST cases upon agreement with the client. There is no requirement to staff a FAST case at the CCS. However, it is strongly recommended that FAST cases remaining open six-months or longer be staffed at CCS to ensure FAST services are the most appropriate for this client. (T-1).

2.2.3.2.2. FAST services may be provided in the client's home or in the FAP office, depending on the needs or preference of the client. The FAP staff will consider safety issues when making home visits. (T-1).

2.2.4. Maltreatment Intervention.

2.2.4.1. The FAP clinical providers offer comprehensive family assessments, safety and intervention planning, and case management to all eligible beneficiaries where there is an alleged incident of domestic abuse or child maltreatment. (T-0).

2.2.4.2. The FAP providers recommend and offer clinical treatment to eligible beneficiaries where a referral meets standardized criteria. (T-0).

2.2.4.3. The FAP providers coordinate with command, law enforcement agencies, victim advocates, local child protective services, and other helping agencies to deter recurrence of domestic abuse or child maltreatment in families served. (T-0).

2.2.4.4. The FAP Providers will inform child sexual assault or other sexually related offense victims and non-offending parents of the availability of a Special Victims Counsel (SVC) as soon as the member or dependent seeks assistance.

2.2.4.5. The FAP providers collaborate with other medical and mental health professionals, community service providers, and the following FAP management teams to provide optimal care and service coordination to their clients. (T-0).

2.2.4.5.1. The FAP Incident Management Teams.

2.2.4.5.1.1. CRB. The CRB is the Incident Determination Committee (IDC) (formerly known in DOD as Case Review Committee) for the FAP, and consists of a multidisciplinary team. The CRB makes administrative determinations for suspected domestic abuse and child maltreatment meeting DOD/AF definitions, determinations which require entry into the AF Central Registry database. These decisions are known as incident status determinations (ISDs). (T-0).

2.2.4.5.1.2. The FAC approves the members and alternates of the CRB, who are appointed in writing by their commander. (T-0). The Installation Vice CC chairs the CRB. In his/her absence, the CRB may be chaired by the MSG/CC. The alternate CRB Chair must be at least a group CC. (T-0). The CRB members are: CRB Chair, JA, CCC, SFS, AFOSI, and the FAO. SQ/CCs are members for incidents involving members of their squadron. Active component or civilian Commander of active component alleged offender, victim and sponsor or his/her alternate only attend CRB for his/her squadron's incidents. The SQ/CC may appoint a section commander or CCF as his/her alternate. The CCF is welcome to accompany the CC at the CRB. If both victim and alleged offender are military members, and in different squadrons, both CCs are invited to CRB and each squadron gets a vote. CRB training certificates, obtained upon completion of

CRB web training, will serve as verification of training and, for squadron representatives, verification of their appointment. (T-0).

2.2.4.5.1.2.1. If additional information is required, the CRB Chair may allow a guest to attend. Active component members and/or family members involved in the alleged incident (including attorneys representing them) are not permitted to attend the CRB. Guests who have information pertaining to a specific incident may be invited to share their information and participate in the discussion of that incident but they do not vote (e.g., Child Protective Services, Civilian Law Enforcement, or victim's physician). The FAP treatment managers and intervention specialists may observe the CRB during orientation to their job but will not attend the CRB to participate in case discussions. (T-0).

2.2.4.5.1.2.2. A quorum is required for the CRB to convene. The AFOSI Detachment representative will attend the CRB only when preliminary investigative findings are available on an incident being presented to the CRB. AFOSI will not be counted in the CRB quorum. AFOSI representatives must accomplish the initial (and annual) CRB computer-based training prior to attending the CRB. (T-1).

2.2.4.5.1.2.3. All members will accomplish initial and annual CRB web-based training located on the AF FAP website prior to serving on the CRB. (T-0).

2.2.4.5.1.2.4. Makes an ISD on each allegation of maltreatment within 60-days of referral, using the incident and victim impact information and the Family Advocacy Systems of Records (FASOR) automated decision tree algorithm. (T-0).

2.2.4.5.1.2.4.1. The CRB members will only discuss information related and pertinent to maltreatment issues such as the current allegation(s), and the elements each definition requires (e.g., the act and impact information). (T-0).

2.2.4.5.1.2.4.2. The CRB will not wait for a case to be adjudicated in order to make a determination. However, the CRB may need to wait until the FAP assessment or at least the police/OSI investigation is complete in order to have those results available. (T-0).

2.2.4.5.1.2.4.3. Should new information become available after the CRB has made a determination that could potentially change that determination, the FAO has discretion to place the incident back on the CRB agenda. Prior to placing an incident back on the CRB agenda, the FAO should consult with the CRB Chair to take into account the following:

2.2.4.5.1.2.4.3.1. Acquittal in a criminal case is not justification for an ISDR. (T-0).

2.2.4.5.1.2.4.3.2. The level of proof for criminal prosecution is beyond reasonable doubt. (T-0).

2.2.4.5.1.2.4.3.3. The level of proof required for a met criteria CRB determination is preponderance of available information. (T-0).

2.2.4.5.1.2.5. Ensures involved adult family members receive notification of CRB ISDs. The FAP generates a letter with the CRB determination that is signed by the Chair at the CRB and given to the unit commander to present to the service member. A copy of the letter marked //Original Signed// is mailed to the spouse/partner by the FAP. (T-0).

2.2.4.5.1.2.6. Biological/adoptive parents are authorized to receive information on ISDs in which their child is a victim regardless of custodial arrangements. No disclosure is permitted to biological/adoptive parents whose parental rights have been legally terminated. (T-0).

2.2.4.5.1.2.7. The CRB should be held in the installation Headquarters conference room. (T-1). If the installation Headquarters conference room is not available, it can be held in a conference room not affiliated with the MTF or FAP office. The CRB will not be held in the MTF or the FAP office. (T-1). The CRB will meet at the call of the Chair, normally monthly, unless there are no new referrals requiring determination. (T-1). If there are only one or two new referrals, the CRB Chair may defer the CRB meeting to the following month.

2.2.4.5.1.2.8. CRB discussions are confidential. The only information releasable from CRB proceedings are the ISDs. The CRB Chair will remind members and unit representatives of the confidential nature of the CRB at each meeting. (T-0).

2.2.4.5.1.2.9. Clients, family members, and attorneys representing alleged offenders are not allowed to attend the CRB or the ISDR. (T-0).

2.2.4.5.1.2.10. The agenda will include the date and time the incident is to be presented, the incident number, sponsor name, type of victim, squadron and the type of maltreatment. (T-0).

2.2.4.5.1.2.10.1. The agenda will not include the rank of the active component member and that information will not be presented to the CRB. (T-0).

2.2.4.5.1.2.10.2. Information about each incident is presented orally by each CRB member; no written summaries of incidents or read-a-heads will be utilized by the CRB. (T-0).

2.2.4.5.1.2.10.3. Minimal information will be on the CRB agenda and agendas will be protected as sensitive information. (T-0).

2.2.4.5.1.2.10.4. Only evidence observed during the FAP assessment (e.g., injuries) or collected in the course of a criminal investigation will be presented to the CRB. Pictures or recordings made by victims, alleged offenders or other involved parties will not be submitted to the CRB unless they have been authenticated by law enforcement prior to the CRB meeting. (T-0).

2.2.4.5.1.2.10.5. In making a determination, recantation by the victim will not, in and of itself, be used to conclude that maltreatment did not occur. CRB member votes are recorded by a show of hands by voting members. (T-0).

2.2.4.5.1.2.11. The unit commander will open the initial incident presentation by sharing what he/she knows about the incident. Each CRB member will present relevant information on each incident to facilitate the ISD decision. The FAO will present the information collected in the FAP assessment after all other CRB members have presented information. (T-0).

2.2.4.5.1.2.11.1. The discussion will focus on the current incident. Past history is not presented unless there is an issue of credibility due to diverging accounts of the incident or in the case of emotional maltreatment or neglect where a pattern of acts must be established. CRB members make decisions based on the totality of the available information. (T-0).

2.2.4.5.1.2.11.1.1. In each member's opinion, does the information presented meet the identified criterion? A vote to support the criterion is cast even if the supporting information only allows the CRB member to be 51% sure. (T-0).

2.2.4.5.1.2.11.1.2. CRB members should discuss the criterion and the information presented until each member feels confident about how to vote on the criterion. Cases are decided on a "preponderance of the information" criterion, not "beyond a reasonable doubt." Thus, obtaining as much descriptive information as possible is critical to both a fair and a focused discussion of the incident. (T-0).

2.2.4.5.1.2.11.1.3. Once all relevant information has been presented, each member will vote "meets criteria" or "does not meet criteria" as to whether the incident meets each criterion for each type of maltreatment. ISD are made by majority rule. The Chair breaks ties by voting a second time. Votes are recorded in the automated decision tree. Re-voting on an incident will not occur simply because one or more members do not agree with the determination. However, if during the voting process there is confusion on one criterion the FAPA can go back one screen to allow a re-vote on that criterion. (T-0).

2.2.4.5.1.2.12. When a CRB member has a conflict of interest, the CRB member will request permission from the CRB Chair to abstain from voting on that particular case. If granted, the CRB member would vote on neither A nor B criteria. When the CRB Chair has a conflict of interest in voting on an incident, it is recommended that the alternate Chair oversee the meeting and vote on that particular incident. This is because the Chair must be available to break a tie. (T-0).

2.2.4.5.1.2.13. CRB members do not have discretion to disregard the criteria in the maltreatment definitions. The purpose of the data collection is to consistently record the number of maltreatment incidents into the database.

Voting by CRB members that is inconsistent with the criteria in the decision tree will be addressed immediately by the CRB Chair. Recurring problems of this nature that are not resolved by the Chair should be reported by the FAO to the Family Advocacy Clinical Director at AFMOA. (T-0).

2.2.4.5.1.2.14. Minutes will be generated within 30-days and reflect the CRB ISDs, and signed by the CRB Chair. The format of minutes is standardized across the AF by the FASOR system and will not be modified. Minutes will be maintained at the FAP for five years, then shredded. Minutes will refer to clients by incident number, not by name. Votes will not be printed in minutes. It is not necessary for the MTF/CC or the MDOS/CC to review or sign CRB minutes. Clients do not have access to minutes. (T-0).

2.2.4.5.1.2.15. MTF/CC is the ISD reviewer and therefore will not serve as an alternate CRB Chair. (T-0).

2.2.4.5.1.2.16. An alleged offender or victim may submit an Incident Status Determination Review (ISDR) request to the FAO if at least one of two criteria is met: 1) the CRB determination was made in error because new information that could affect the determination was not available to the CRB at the time of the original determination; or 2) there are concerns about CRB noncompliance with published protocols and requirements (e.g., the automated decision tree). (T-0).

2.2.4.5.1.2.16.1. The ISDR must be submitted within 30 days of notification of the CRB case status determination. A copy of the CRB ISD letter should be attached to the request. (T-0).

2.2.4.5.1.2.16.2. When the victim is a child, a parent or legal guardian, acting on behalf of the child and in the child's best interest, may request an ISDR. (T-0).

2.2.4.5.1.2.16.3. The FAO and MTF/CC review the request and make their recommendations to the CRB Chair as to whether the request meets criteria for an ISDR. (T-0).

2.2.4.5.1.2.16.4. The Chair decides whether to grant the review and has discretion about whether to review the request if submitted outside 30 days. The ISDR Process Reviewer observes the CRB for each ISDR. (T-0).

2.2.4.5.1.2.16.5. Neither the ISDR Process Reviewer nor the CRB Chair is subject to interview by the FAP client. (T-0).

2.2.4.5.1.2.16.6. The client must submit the ISDR request to the FAO at the installation where the original case status determination was made. A CRB at one installation cannot conduct an ISDR of a case determination made by a CRB at another installation. (T-0).

2.2.4.5.1.2.16.7. Changes in the ISD as a result of the ISDR will be noted on the AF Form 2486 in the FAP record. The new determination must be uploaded into the AF Central Registry. (T-0).

2.2.4.5.1.2.16.8. Because the MTF/CC is the ISDR Process Reviewer he or she will not serve as an alternate CRB Chair. The MTF/CC will complete the initial web-based CRB training prior to observing an ISDR. (T-0).

2.2.4.5.1.2.17. Any CRB member who is an alleged offender of child maltreatment or an alleged offender or victim of partner maltreatment must be removed from serving on the CRB until the allegation either: (1) does not meet criteria or; or (2) the met criteria case where CRB member is offender, is closed as resolved. (T-0).

2.2.4.5.1.2.18. In cases of death due to suspected family maltreatment, the CRB is required to review the available information about the incident and its impact on the victim(s) and vote on each criterion. In spite of how difficult it is to discuss such tragic outcomes, homicide is the most extreme form of family maltreatment and must be counted as such in the Central Registry database. (T-0).

2.2.5. The Clinical Case Staffing (CCS). The CCS is the forum for clinical management of domestic abuse and child maltreatment cases via multidisciplinary review of the current status, plan and recommendation for each new or open domestic abuse or child maltreatment case. (T-0).

2.2.5.1. The FAO will chair the CCS. (T-0). Attendees of the CCS include the FAO and all Family Advocacy Treatment Managers (FATMs), FAIS, FANs, FAOMs and Family Advocacy Program Assistants (FAPAs) shall be present unless on leave, or TDY. (T-1). The DAVA will attend and participate in those portions of the CCS in which supportive services and safety of the victim, and any children living in the victim's home, are discussed, only sharing information with FAP that the victim has authorized the DAVA to share; DAVAs do not attend those portions of the CCS in which assessment and clinical treatment for the alleged abuser are discussed. (T-1). A MH Flight provider, ADAPT provider, or other medical providers who may add value to the clinical case discussions must be invited to the CCS at the FAO's discretion. (T-1). CPS representatives will be invited to participate for child maltreatment incidents. (T-1). No less than two privileged providers will be in attendance. (T-1). At installations where there is an FAO but no FATM or FAIS, a MH provider will attend CCS in order to meet the requirement for two privileged providers. (T-1). In the absence of the FAO, the Alternate FAO or a FATM/FAIS will chair the CCS. (T-1). Whoever chairs the CCS must sign the CCS notes in the FAP record and AHLTA. (T-0).

2.2.5.2. Details of client treatment plans, progress, coordination of care with other MTF services, and other HIPAA-protected information are discussed in CCS, not in CRB, and relayed to immediate command only when there is a military mission-related need to know. Treatment recommendations of the CCS will be conveyed to each adult client. Care must be taken to protect individuals' personal health information. Therefore, treatment recommendations for the alleged offender cannot be shared with the partner and vice versa, without client consent. The case manager will document in the FAP record how and when the recommendations were given to the client(s). The case manager will follow up with the active component's CC after the CCS to advise him/her of the family's level of risk for further maltreatment, level of motivation/interest in

services, any prevention or treatment recommendations, will document the consult in the FAP record. (T-0).

2.2.5.2.1. **(Added)** The CCS will recommend all adult males who are the alleged offender in a met criteria partner maltreatment incident be referred to Change Step intervention, which is a domestic abuse group treatment curriculum for adult males provided by FAP social workers. (T-1). If the alleged offender is not deemed appropriate for Change Step, justification will be well documented and a different treatment course will be included in the treatment plan. (T-1). Change Step training for FAP social workers is provided by AF FAP annually. (T-1).

2.2.5.3. The CCS will review each open record at least quarterly (child sexual maltreatment incidents monthly). (T-0). The case manager will report the client's progress toward established goals, and current level of risk. (T-0). The members of the CCS will provide clinical consultation as needed in support of the most effective intervention course. (T-0). Once the ISD is made at the CRB, the case manager will rate the incident severity using the automated Incident Severity Scale (ISS) and document the severity rating in FASOR. (T-0). The incident will be reviewed at the CCS within 30 days of the CRB determination. (T-0).

2.2.5.4. CCS documentation in the FAP record: Incidents pending CRB determination will be documented as initial incidents at all CCS, including the first CCS after the CRB determination. The documentation of the CCS discussion will include: attendance at the CCS, allegation, identified risk and protective factors, level of risk, victim and alleged offender's motivation for change, and interest in services, issues identified in the assessment, Commander notification plan (phone call or meeting), incident status ("Record Opened," "Record Closed-resolved" or "Record Closed-unresolved"), and recommendations. If no recommendation for services is indicated, the CCS note will state "incident closed, no services recommended." The case manager and FAO will sign the CCS Note for placement in the FAP record. When the incident is reviewed at the CCS, FASOR will produce a CCS note for the FAP record. (T-0).

2.2.5.5. CCS Documentation in AHLTA: When the referral is received and the incident is entered into FASOR, the CCS template will be generated for documentation of the CCS in AHLTA. The FAPA will enter the agenda items into FASOR and will indicate whether the assessed referrals will close or remain open for services. Those incidents determined to be No Reasonable Suspicion (NRS) and No Assessment Warranted (NAW) will not require documentation in AHLTA. FASOR will generate a CCS SF 600 for the medical record of the alleged offender, victim and sponsor. The FAPA will use the "Add Note" feature to "copy and paste" the initial CCS note into AHLTA. The Medical Record CCS note will include the date of CCS and incident number, action: "Record Opened," "Record Closed-resolved" or "Record Closed-unresolved", services recommended for family members (e.g., Return to the FAP for intervention, referred to prevention services, or no services recommended), and risk level. The FAO (or CCS Chair) will electronically sign the CCS note in AHLTA. (T-1).

2.2.5.6. Case Closure/transfer: When the incident is closed or transferred to another installation, the FAPA will enter the closed/transferred status into FASOR and the closure/transferred note for AHLTA will be populated by the case manager and generated

for the alleged offender, victim, and sponsor and any other family member who received treatment. The case manager will use the “Add Note” feature in AHLTA to “copy and paste” the closure/transfer notes into AHLTA. This note will contain: date of CCS and incident number, summary of services received, progress toward goals, action: “Record Opened,” “Record Closed-resolved” or “Record Closed-unresolved” current risk level, recommendations. If the CCS recommended secondary prevention services such as NPSP or FAST, the closure note should state “prevention services recommended.” The incident status determination made by the CRB will not be placed in the medical record of any FAP client.

2.2.6. All documentation of clinical contact must be placed in FASOR or FAPNet and printed for the FAP, FAST or NPSP record. Maltreatment face-to-face contacts must have corresponding AHLTA records.

2.2.7. Child Sexual Maltreatment Response Team (CSMRT).

2.2.7.1. CSMRT members are appointed in writing by their CC and approved by the FAC. Membership includes the FAO, who serves as the Chair, and representatives from OSI and JA. The CSMRT is activated by the FAO immediately upon receipt of a child sexual abuse allegation and manages the initial response to the allegations. The CSMRT may also be activated in cases of extra-familial/non-caregiver sexual assault of a minor to ensure OSI and JA are aware of the allegation and that victim safety is assessed. (T-0).

2.2.7.1.1. The goal of this CSMRT is to minimize risk and trauma to the victim and family and ensure coordinated decision making and case management. (T-0).

2.2.7.1.2. The FAO trains members prior to serving on the CSMRT. (T-0). Team activation must be reported to the FAC and documented in the FAC minutes. (T-0).

2.2.7.1.3. Under the leadership of the FAO, the CSMRT reviews the allegation(s) and coordinates a course of action. (T-0). This team 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 the FAP psychosocial assessments. (T-0).

2.2.7.1.4. The FAO ensures documentation of the CSMRT is placed in the victim’s FAP record. (T-0).

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

2.2.8.1. The HRVRT will be activated when there is a threat of immediate and serious harm to family members, unmarried intimate partners, or the FAP staff. (T-0).

2.2.8.1.1. HRVRT is activated at the discretion of the FAO. Members are appointed in writing by their CC and approved by the FAC. Membership includes the FAO, the FAP clinician working with the family, member’s SQ/CC, JA, SFS, MH provider, AFOSI, DAVA, and representatives from other agencies having legal, investigative, or protective responsibilities, as appropriate. (T-0).

2.2.8.1.2. FAO trains members prior to serving on the HRVRT. Team activation must be reported to the FAC and documented in the FAC minutes. (T-0).

2.2.8.1.3. The HRVRT:

2.2.8.1.4. Addresses safety issues and risk factors. (T-0).

2.2.8.1.5. 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. (T-0).

2.2.9. Maltreatment Intervention.

2.2.9.1. Logging Maltreatment Referrals in FASOR: Each maltreatment referral/allegation must be entered into FASOR as a new incident. Each victim is assigned an incident number. All referrals will appear in FASOR's referral log in chronological order. FASOR creates the CCS agenda using incident numbers assigned to each referral. Therefore, each maltreatment allegation will be presented to the CCS. FASOR also creates the CRB agenda using all incident numbers except NRS, NAW, and Restricted Report referrals. (T-0).

2.2.9.2. The FAPA or other FAP staff will receive maltreatment referrals and write them up on the FAP Referral Form. (T-1). Since the immediacy of the response is based on the imminence of risk, the adult victim or non-offending caregiver must be contacted as soon as possible to evaluate victim safety, safety plan, and immediate needs. (T-0). Note, however, DAVAs do not contact child victims directly and may need to wait until after the child victim is interviewed to contact the non-offending caregiver in child cases. If a domestic abuse victim advocate is available, the victim advocate must contact the adult victim. (T-1). If a victim advocate is not available, the referral will be given to a FAP provider as soon as possible, but NLT two hours after receipt. (T-1). Referrals indicating an emergent response is needed will be immediately referred to law enforcement. (T-0). The provider will evaluate the referral for whether or not it meets the FAP's reasonable suspicion for maltreatment threshold, whether the victim(s) or the alleged offender are living in the active component member's household, and initial assessment of risk/safety and the urgency of the situation (e.g., immediate need for clinical, medical, law enforcement, legal or command intervention). (T-1). The alleged maltreatment must have occurred after the child's birth. The FAP does not accept maltreatment referrals on alleged maltreatment of a fetus. (T-0).

2.2.9.3. The FAO, or designee, will open a FAP maltreatment record when the referral indicates there is reasonable suspicion that domestic abuse or child maltreatment has occurred in the home of an active component member, or among members of the active component member's household. When domestic abuse or child maltreatment occurs among members of the household of an active component member and an intimate partner where one or both is active component (i.e., a current or former spouse; a person with whom the victim shares a child in common; a person with whom the victim shares or has shared a common domicile, or a person with whom the victim is dating and is (was) engaged in a sexually intimate relationship or there is a demonstrated potential for an ongoing relationship), a FAP provider will assess the active component member, assess the intimate partner and all children, provide safety planning, and refer non-beneficiaries to local resources for any needed services. (T-0).

2.2.9.3.1. The FAP manages sexual assault allegations when the alleged offender is the partner in context of a spousal relationship, same sex domestic partnership, unmarried intimate partner relationship, or military dependents who are 17 years of age and younger. (T-0). If any of the following four indicators are met, the sexual assault is considered intimate partner violence and will be referred to the FAP.

2.2.9.3.1.1. The victim is or has been married to the alleged offender. (T-0).

2.2.9.3.1.2. The victim and alleged offender have a child or children together. (T-0).

2.2.9.3.1.3. The victim lives or has lived with the alleged offender and is (was) engaged in a sexually intimate relationship (i.e., couple engaged in sexual intercourse or other sexual acts in the course of a romantic relationship). (T-0).

2.2.9.3.1.4. The victim is a military dependent 17 years of age and younger (excludes Service members that are 17 years old). (T-0).

2.2.9.3.2. The SARC and installation FAP provider will discuss SAPR referrals that fall under paragraph 2.2.9.3.3.1, to assess for the potential for ongoing violence within 24 hours of the victim reporting the incident to the SARC.

2.2.9.3.3. If a potential for ongoing violence exists the SARC and FAP will explain to the victim that this risk requires the case be referred to FAP. The SARC and FAP will also ensure the victim is immediately aware of all services available to help him(her) and understands the concept of informed consent that enables the victim to include anyone (for example, an SVC, friend, family member, co-worker, chaplain) they choose in appointments regarding their assault. Note, however, that only communications with an SVC or chaplain are privileged and protected by law. The SARC and FAP will ensure the victim understands that he/she can adjust/modify his/her consent to these participants as he/she feels necessary/ comfortable throughout the process without the fear of losing access or support from any supporting entity.

2.2.9.3.3.1. The following cases that initially report to SAPR personnel will be referred to FAP for services:

2.2.9.3.3.1.1. If the victim is in an ongoing relationship with the alleged offender and prior to the incident they engaged in sexual intercourse or other sexual acts in the course of a romantic relationship or there is a demonstrated potential for an ongoing relationship.

2.2.9.3.3.1.2. If the alleged offender has engaged or is engaging in stalking behaviors (e.g., including but not limited to, showing up in places that are otherwise not expected that the victim is at, following the victim, texting, calling, contacting friends, co-workers or family, driving by a residence or work, Global Positioning System tracking, social networking tracking, tracking whereabouts through friends or co-workers, bullying and manipulation).

2.2.9.3.3.2. The SARC will only enter the case into the Defense Sexual Assault Incident Database when FAP is not taking the sexual assault incident to the Central Registry Board to avoid a double count of sexual assault cases.

2.2.9.3.3.3. If the victim chooses not to engage in FAP services, the victim can choose SARC services but the CMG must be informed of the safety risks with the victim and ensure a safety plan is coordinated by the SARC with the victim.

2.2.9.3.4. The FAP will log the case as an unmarried intimate partner case, child abuse case, or sexual assault of a minor, and assess the client, offer safety planning, and when indicated take the incident to the CRB. (T-1).

2.2.9.3.5. The FAP providers will open a maltreatment case when there is an allegation of sexual maltreatment of a child by a caretaker in a DOD-sanctioned activity or sexual maltreatment of a child by a member of the active component member's household who is a caretaker or in a position of power over the child. (See Attachment 1, Terms and Definitions: Position of Power, Household Member.) The FAP providers do not conduct investigative interviews with extra-familial alleged offenders-(e.g., Child Development Center (CDC) employees, Youth Center childcare providers, Youth Center Coach, neighbor). SF or OSI conducts investigative interviews. (T-0).

2.2.9.3.6. When an incident of physical or emotional child maltreatment or neglect occurs in a DOD-sanctioned activity, including DODEA schools, the FAP provider will notify Child Protective Services, SFS, and OSI, to conduct the investigation. (T-0).

2.2.9.3.6.1. The FAP will open a maltreatment record when DOD-sanctioned caregivers, including DODEA personnel, are accused of child maltreatment and will take the allegation to the CRB. The FAP provider will notify the family of the maltreatment allegation, and of the notifications made by the FAP, and will offer to assess the victim and conduct non-offending parent intake interviews with the parents. FAP services will be offered to the victim and family members who are eligible beneficiaries, upon their request. (T-0).

2.2.9.3.6.2. The FAP provider will serve as consultant to the DOD/DODEA personnel involved and attempt to secure updates for them regarding the status of any CPS or military law enforcement investigations. (T-0).

2.2.9.3.6.3. When employees are performing DOD-sanctioned childcare activities, or teaching in DODEA, they must comply with DOD positive child guidance and supervision policies. For example, physical discipline is an infraction of AF Child Development/Youth Center and DODEA positive guidance policy. (T-0).

2.2.9.3.6.4. However, a referral to the FAP is only necessary if there is a suspicion of abuse or neglect. If reasonable suspicion of maltreatment is established by the FAP provider, the FAP will initiate the notification protocols and take the allegation to the CRB. The DODEA principal will attend CRB as a non-voting member when an incident involving a DODEA employee is being presented. If reasonable suspicion is not established, the FAP provider will serve

as a consultant to the Child Development Center/Youth Center Director or DODEA principal to help him/her identify what incidents should be handled administratively as a breach of policy. (T-0).

2.2.9.3.6.5. The FAP providers will advocate for law enforcement investigation of child maltreatment allegations and serve as liaison between military law enforcement and DOD/DODEA personnel. (T-0).

2.2.9.3.7. The FAP provider will consult JA prior to opening a maltreatment case on a GS or Contract employee in an OCONUS location (including U.S. Territories). When risk for maltreatment is high, the FAP provider will notify installation leaders to address safety concerns with non-active component OCONUS families. The FAP will offer voluntary services to these families. (T-0).

2.2.9.3.8. If a military beneficiary child is assaulted or endangered by someone outside the family or household (non-DoD-sanctioned), a maltreatment record will not be opened. However, mental health or the FAP providers will offer crisis intervention counseling and if the child or military beneficiary parent is requesting ongoing counseling services, the FAP provider will open a FAST Services record to serve the victim and family and will engage the DAVA when appropriate to support the non-offending parents. All sexual assaults involving children 17 and younger and all sexual assaults involving spouses or unmarried intimate partners are reported directly to the FAP for risk assessment and safety planning. All other sexual assaults are reported to the installation SARC or SAPR VA. (T-0).

2.2.9.3.9. Sexual assault between spouses or unmarried intimate partner is domestic abuse and will be managed by the FAP. Once the FAP assumes case management of domestic abuse sexual assault cases, no information about the case is shared with the SARC or at the Case Management Group (CMG) without the client's consent. (T-0).

2.2.9.3.10. Expedited Transfer (ET) for FAP domestic abuse victims, unmarried intimate partner sexual abuse victims, and victims as defined by 2.2.9.3.3.1.1., *supra*. ET provides active component victims who file an unrestricted report of partner sexual abuse (UCMJ Articles 120, 120a and 120c) the option of a permanent change of station or a temporary or permanent change of assignment (PCA) to a location that will assist with the immediate and future welfare of the victim, while also allowing them to move to locations that can offer additional support to assist with healing, recovery, and rehabilitation. One ET may be facilitated for an unrestricted report of partner sexual abuse. (T-1).

2.2.9.3.10.1. When an unrestricted report of partner sexual abuse is filed with FAP by an active component victim, the victim shall be informed of the expedited transfer process option by the FAP provider, DAVA, SVC or the victim's commander (or equivalent), at the time of the initial report, or as soon as practicable. (T-0).

2.2.9.3.10.2. ET requests will be initiated by the victim with the FAP provider or DAVA, and facilitated by the SARC or SAPR VA and squadron commander (or equivalent) IAW the ET request process outlined in AFI 90-6001, *Sexual Assault Prevention and Response (SAPR) Program*, Chapter 11. (T-0). If the victim

requests an ET, the FAP provider or DAVA will advise the victim that a release of information form must be signed first to initiate the ET process. Only information that is relevant to the justification of the ET will be shared by FAP with the SARC and SAPR VA. A CMG meeting may be requested by the commander to inform the ET decision. (T-0).

2.2.9.3.10.2.1. The release of information form must also include the possibility that the installation or host WG/CC or victim's unit CC may request consultation from the SAPR Case Management Group (CMG) when determining whether to grant the ET request. The release form at a minimum will include: "Only relevant information will be shared with the SARC and SAPR VA at this installation relevant to the justification of the ET request. Relevant information will also be shared, if requested, with the SAPR Case Management Group with oversight from the Wing/CC or victim's unit CC when determining whether to grant the ET."

2.2.9.3.10.2.2. If convened, the FAP provider and/or DAVA must attend the CMG specifically for the purpose of sharing relevant information about the partner sexual abuse and its impact on the victim to inform the decision to grant the victim's ET request.

2.2.9.3.10.2.3. The FAP provider or DAVA will advise the victim that the ET request and approval/denial process will be complete within 72 hours of initiating the ET request.

2.2.9.3.10.2.4. The victim may request an ET prior to the Central Registry Board determination on the alleged incident. A presumption shall be established in favor of transferring an active component member (who initiated the transfer request) following a credible report of sexual assault. (T-0). The commander (or equivalent), or the appropriate approving authority, shall make a credible report determination at the time the expedited request is made after considering the advice of the supporting judge advocate, or other legal advisor concerned, and the available evidence based on an Military Criminal Investigation Office investigation's information (if available). (T-0).

2.2.9.3.10.3. The installation or host WG/CC shall consider potential transfer of the active component alleged offender instead of the victim if appropriate. (T-0). Alleged offender reassignments are handled IAW AFI 36-2110, *Assignments*. (T-1). This requirement may be delegated to the WG/CV but not further. (T-1).

2.2.9.3.10.4. Once an ET has been approved, the change of assignment is handled IAW established Air Force regulation AFI 36-2110, *Assignments*. (T-1).

2.2.9.3.11. Each allegation of domestic abuse or child maltreatment will receive an immediate risk assessment followed by individual psychosocial assessments with each family member, or unmarried intimate partner. (T-0). Family members will be evaluated for all types of maltreatment witnessed or experienced as well as any service needs. (T-0). Each family member will be interviewed separately, at least initially. (T-0). The assessment process involves interviewing family members and collecting information from records, background checks, and collateral contacts with

other involved agencies. The FAP clinician will collect information listed on the FASOR Adult and Child Intake Assessment. (T-1). These automated SF 600s will be filed in the FAP record. (T-1). The Intimate Partner Physical Injury Risk Assessment Tool (IPPI-RAT) will be completed and scored for each allegation of adult partner maltreatment and filed in the FAP record. (T-0). A young child will be assessed for his/her developmental ability to give a valid interview. (T-1). The child will be interviewed using the National Institute of Child Health and Development (NICHD) Research Based Structured Child Interview, if the case manager has been trained in that protocol. (T-1). If civilian family members refuse to participate in the FAP assessment or if parents refuse to allow their children to participate, the FAP provider will document the refusal and all efforts to obtain these interviews in the FAP record. (T-0).

2.2.9.3.12. Any injury to an infant will be considered serious. When parents refuse to have an infant with injuries medically evaluated, the FAP provider will notify CPS, the active component member's commander, and the FAP provider's chain of command. When an infant, age birth to 24 months, presents with a serious or unexplained injury, the FAP provider will recommend to the attending physician that a skeletal survey be conducted to look for any past injuries. In situations where symptoms indicate a possible head injury, a CT scan of the head will also be recommended by the FAP provider. Should the physician refuse to order the x-rays, the FAP provider will elevate the recommendation to the SGH. It may also be helpful to consult the AF Child Abuse Pediatrician for her/his recommendation. If the infant has siblings under the age of 3 years, the FAP provider will also strongly recommend that those siblings undergo a physical exam to rule out non-accidental injuries. (T-1).

2.2.9.3.12.1. When maltreatment allegations, either child or partner, involve a family with a child under age 1 year in the home, a home visit by a FAP case manager is required. The case manager will arrange the home visit by advising the parents of the home visit requirement and securing an invitation to the residence. The assessment of the home environment will include at least, assessment of adequate sleep space, infant formula, food and diapers, child safety issues, and child's physical condition (any sign of failure to thrive). The case manager will also verify the infant is receiving well baby visits and immunizations. In addition, weekly contact with the infant will be accomplished by the FAP provider until a case status determination is made. If CPS visits the home, the child is seen by a doctor, or the child attends DOD-sponsored day care, the case manager may contact the CPS worker, doctor, or daycare provider to verify the condition of the child in lieu of a contact that week. This will be documented in the FAP record. If the child is injured, it is appropriate for continuity of care to contact the child's Primary Care Manager (PCM) or pediatrician to inform him/her of the injury and inquire about any past injuries. (T-1).

2.2.9.3.12.1.1. The FAP accepts referrals of suspected child neglect that are related to a condition called FTT. Typically, FTT referrals are received from the pediatrician or pediatric nurse practitioner. FTT is a physical sign that a child is not receiving adequate nutrition for optimal growth and development.

An infant or child becoming malnourished as the result of parental or caregiver neglect creates concern for child maltreatment.

2.2.9.3.13. If the incident meets criteria for maltreatment, an intervention plan will be developed with the family within 30 days of the clients' engagement in treatment. Regardless of incident status, clinical recommendations and appropriate referrals will be made to address any needs identified in the assessment process. Moderate to high risk families in OCONUS locations who refuse to participate in the FAP assessments or recommended treatment should be strongly considered for command directed humanitarian relocation to promote victim safety and to establish an effective FAP intervention plan, and will collaborate with state child protective services for child cases. (T-0).

2.2.9.3.14. The FAP provider will assign a risk level (low, moderate or high) to each victim and offender of family maltreatment based on all of the available information about the incident and the family. Individuals deemed at high risk for continued abuse or neglect will be placed on the MH Flight High Interest Log. The FAO will consider activating the HRVRT in high risk situations. Law enforcement, emergency personnel, and CC/CCF are responsible for managing acute situations where there is risk to the safety of a military member, family member, or unmarried intimate partner. Unit CC/CCF, SF, JA, and other authoritative agencies will be consulted, as required, in making necessary protective interventions. (T-0).

2.2.9.3.15. The FAP staff will not accompany command or emergency personnel to unsecured home environments in emergent situations. (T-1).

2.2.9.3.16. Intervention and safety plans will be developed to ensure the safety of victims and/or potential victims, alleged offenders, and other family members. In developing the intervention plan, primary and secondary prevention programs will not be used in lieu of treatment. However, when needs for education and/or skill building are identified the provider will discuss available options (e.g., books, classes, individual instruction, videos, the internet) and clients choose how they will obtain the information. Application of the new information/skills will be integrated into the required treatment sessions (weekly to monthly) with the FAP provider. (T-0).

2.2.9.3.17. All the FAP maltreatment clients who are receiving treatment from a FAP provider must have a FASOR-generated intervention plan developed with the FAP provider and placed in the FAP maltreatment record within 30 days of the first follow-up session after intake. The FAP Intervention Plan for maltreatment or the FAST Services Intervention Plan must include at least the following: statement for each identified problem and specific goal statement for each identified problem. The intervention statement will include type of intervention, when it will occur, who will be involved and length of intervention, measurable outcome(s), documentation regarding the participation of the FAP provider and client(s) with the development of the plan(s), signatures of client(s) and the FAP provider on original and updated plans and criteria for completion of plan. (T-1).

2.2.9.3.18. The FAP provider will contact active component member's command weekly for all high risk clients. The FAP provider will contact high risk alleged offenders and victims at least once per week. Ongoing contact with the command of

the sponsor is needed to ensure there is a coordinated community response to the risk in the case. When lowering the level of risk the FAP provider will consult with his/her clinical supervisor on the decision to lower the risk, and document the consult and the basis for that decision in the FAP record. (T-0).

2.2.9.3.19. Suicide Risk Assessment, Management, and Treatment for the FAP clients: The FAP providers will implement clinical guidelines for managing suicidal patients IAW AFI 90-505, *Suicide Prevention Program*, under the Air Force Guide for Suicide Risk Assessment, Management and Treatment with one exception noted under paragraph 2.2.9.3.19.1.3. (T-1).

2.2.9.3.19.1. At intake the FAPA will administer the Patient Health Questionnaire-9 (PHQ-9) and the FAP provider will check the PHQ-9 score and responses to each item prior to meeting with the client. (T-1).

2.2.9.3.19.1.1. If the client scores a 1, 2 or 3 on the PHQ item #9, or the provider collects collateral information indicating suicide risk, the provider will conduct a comprehensive suicide risk assessment which includes usage of the Suicide Status Form (SSF-II-R). (T-0).

2.2.9.3.19.1.2. The PHQ-9 and the SSF-II-R as well as the Suicide Tracking Form are posted on FAPNet in the Outputs and Data section of the FASOR home page for the FAP providers to print and utilize. (T-1).

2.2.9.3.19.1.3. The FAP providers will monitor the FAP client's well-being at each visit using the Outcome Rating Scale (ORS) rather than subsequent administrations of the PHQ-9. When ORS scores are low and collateral information indicates the client's possible risk for suicide, the provider will conduct a comprehensive suicide risk assessment.

2.2.9.3.19.2. The FAP provider will manage the FAP clients with suicidal ideation IAW the above mentioned AF guide. (T-1).

2.2.9.3.20. Clinical assessment and treatment for family members identified as at risk for, or referred for suspected domestic abuse or child maltreatment, will be provided solely by licensed, privileged MH Flight providers, including OSD-funded FAP treatment staff. If more than one MH Flight provider is serving a client, the client's case will be staffed at the Multidisciplinary Clinical Case Conference (MCCC). (T-1).

2.2.9.3.20.1. Master's or doctoral-level providers not yet independently licensed and working toward privileged status may treat the FAP clients under the direct supervision of a trained, privileged FAP provider. (T-1).

2.2.9.3.20.2. Where the MTF does not have suitable providers in place to treat a FAP client, the client may be referred to a TRICARE network provider so long as there is case management by the FAP provider and the client signs authorization to release treatment progress updates to the FAP provider overseeing the case. (T-0).

2.2.9.3.21. The FAP provider will have at least monthly face-to-face contact with alleged maltreatment offenders who have open maltreatment cases. If the required

contact is not possible, the FAP provider must document all efforts to make contact with the alleged offender. Frequency of client contact will increase as risk increases. When maltreatment victims are not engaged in services in the FAP office, the FAP providers will establish a way to monitor whether re-abuse is occurring as part of the victim's safety plan. This may include face-to-face, telephonic, or other means of monitoring victim safety (e.g., talking with the non-offending protective parent of a child victim). Victims should be interviewed separately from their alleged offenders when ongoing contact with victims is for the purpose of determining whether the maltreatment is continuing, decreasing, or increasing. The FAP provider will have regular contact with the Commander or First Sergeant who has an active component member with an open maltreatment case. When alleged offenders and/or victims are fully participating in intervention plans and abuse is not re-occurring, quarterly updates from the FAP provider to the CC/CCF are appropriate. As risk increases, so should contact between the FAP provider and the CC/CCF. (T-0).

2.2.9.3.22. When active component alleged offenders are non-compliant with treatment recommendations, the FAP provider will promptly notify the member's CC to request assistance. CC/CCF refusal to support the FAP treatment recommendations should be well documented in the FAP record. When such problems arise the CCS will review the case and when safety is a concern, may request assistance from the FAC Chair. (T-0).

2.2.9.3.23. FAP maltreatment records will remain open as long as a military beneficiary child is in foster care unless the parental rights have been removed by the courts. When the child is in the parent's care, FAP will monitor the child's safety until state CPS closes their record. Reasons for variance from this policy must be documented in CCS minutes.

2.2.9.3.24. When unsanitary living conditions are discovered in a military family home, a minimum of six months of monthly no-notice home inspections will be conducted by CCF and/or by CPS/FAP to ensure sanitary conditions are maintained. Successful completion of FAP intervention plan would require compliance with no-notice inspections.

2.2.9.3.25. DAVA: DAVAs provide 24/7 non-clinical assistance and support to victims of domestic abuse and intimate partner sexual assaults. Where no military DAVA is available, victims will be referred to civilian DAVA services. All adult victims referred to the FAP will have access to immediate and ongoing DAVA support services, including, crisis intervention, safety planning, court/medical accompaniment, and information and referrals. DAVAs work closely with the FAP providers to maintain effective safety plans and empower domestic abuse victims. At the discretion of the FAO and the FAP provider, the DAVA may also provide emotional support and information and referral services to the non-offending parent in a child maltreatment or youth sexual assault case. (T-0).

2.2.9.3.26. Information and referral to the VWAP is provided to victims IAW **Chapter 7**, AFI 51-201, *Administration of Military Justice*, and local JA policy.

2.2.9.3.27. Domestic Abuse Reporting Options. Adult victims of domestic abuse have two reporting options: Unrestricted Reporting (UR) and Restricted Reporting (RR). All reports of maltreatment are considered unrestricted unless they meet criteria for RR and the victim requests RR after options are presented by a qualified authority (e.g., medical provider, DAVA). Regardless of whether the victim elects restricted or unrestricted reporting, confidentiality of medical information will be maintained IAW provisions of HIPAA. (T-0).

2.2.9.3.27.1. Unrestricted Reporting for Domestic Abuse. UR is a process allowing a victim of domestic abuse to report an incident using chain of command, law enforcement or OSI and the FAP 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. (T-0).

2.2.9.3.27.1.1. 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. (T-0).

2.2.9.3.27.1.2. All assessment and treatment services for an UR of domestic abuse will be managed IAW DODI 6400.06 and this instruction, using command and law enforcement resources as needed to enforce safety plans and monitor family well-being until the case is closed. (T-0).

2.2.9.3.27.2. Restricted Reporting (RR) for Domestic Abuse. RR is a process allowing an adult victim of domestic abuse, who is eligible to receive military medical treatment 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. (T-0).

2.2.9.3.27.2.1. When an adult victim elects RR, and discloses an abuse allegation to a DAVA, the FAP staff member or any MTF healthcare provider, 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 the DOD Domestic Abuse Restricted Reporting policy or mandated by state law. See DODI 6400.06, Domestic Abuse Involving DOD Military and Certain Affiliated Personnel, August 21, 2007, Enclosure 3. <http://www.dtic.mil/whs/directives/corres/pdf/640006p.pdf>. (T-0).

2.2.9.3.27.2.2. The FAP staff consults with the appropriate legal office as needed, to ensure appropriate offering and management of restricted reports. (T-0).

2.2.9.3.27.3. 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 sooner than the next FAC, the FAO will supply the required information as requested. (T-0).

2.2.9.3.27.4. The medical provider will initiate appropriate care and treatment and will report the domestic abuse only to a DAVA or the 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 OSI agent using a control number in lieu of personal identifying information. (T-1).

2.2.9.3.27.5. 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 JBSA Randolph, is the first report of this sequence, and is a restricted report. (T-1).

2.2.9.3.27.6. DAVAs or the FAP providers have no responsibility for the collection of physical evidence when a restricted report has been made. DAVAs or the FAP providers will not collect or receive physical evidence of domestic violence from a victim. (T-1).

2.2.9.3.27.7. The local OSI detachment is responsible for taking custody of the physical evidence from healthcare personnel and will log, store and preserve the evidence IAW OSI procedures. (T-1).

2.2.9.3.27.8. If prior to the one-year anniversary date a victim changes the reporting preference to an unrestricted report, the FAP shall notify the OSI, who shall then process the physical evidence IAW OSI procedures. (T-1).

2.2.9.3.27.9. The 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 OSI for the destruction of evidence on behalf of the victim. The evidence will be destroyed at the one-year anniversary date unless:

2.2.9.3.27.9.1. The victim decides to make an unrestricted report.

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

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

2.2.9.3.27.9.4. The victim cannot be located. (T-1).

2.2.9.3.27.10. Due to prohibitions on clinical intervention of pedophiles, the FAP providers (active component, 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. The FAP and MTF personnel may provide other services to sex offenders as long as services do not focus on deviant arousal patterns. (T-1).

2.2.9.3.28. The Air Force Domestic Violence and Child Maltreatment Fatality Review Board (FRB).

2.2.9.3.28.1. The FRB will convene annually to review fatalities and develop the annual report for submission to ODUSD (P&R/MC&FP) IAW DODI 6400.06. (T-0).

2.2.9.3.28.2. Fatality reviews will be conducted to assess homicides resulting from domestic abuse, child maltreatment, and maltreatment-related suicides. The AF FAP Clinical Director is responsible for coordinating and chairing the FRB. The FRB will include senior representatives from: Air Force Personnel Center, AF Security Forces, AF Chief of Chaplains, Military Domestic Abuse Victim Advocate, Office of Special Investigations, Forensic Child Abuse Pediatrician, Psychiatry/Family Medicine provider, Alcohol and Drug Abuse Prevention and Treatment (ADAPT) representative, CCF representative from the Office of the Chief Master Sergeant of the Air Force, AF JA, and AF FAP. (T-0).

2.2.9.3.28.3. AF FAP will request the FAP, ADAPT, MHC and AHLTA records on all family members when there is a maltreatment related fatality in preparation for the FRB. The Installation FAP staff will be responsible for securing and mailing copies of all available records to AF FAP. (T-0).

2.2.9.3.28.4. AF FAP will support fatality review efforts of Departments of Navy and Army by retrieving from the installation and forwarding Service HQs FAP the AF FAP records on Army, Marine or Navy families who resided on AF installations at the time of the fatality IAW DODI 6400.6. (T-0).

2.2.9.3.29. Research and Program Evaluation:

2.2.9.3.29.1. The FAP sponsors targeted and system-wide research and program evaluation of the FAP prevention and intervention services. Research projects and quality assurance initiatives may be conducted through collaborative partnerships with military and civilian researchers who understand the unique needs of military families. The AFMOA/SGHW oversees AF-wide FAP activities of program evaluation, accountability, and quality assurance, and provides consultation to MTF quality assurance activities. Projects are selected or sponsored based on their potential to inform and improve the FAP programs and practices in service of military families, or other healthcare delivery/military community readiness initiative. (T-0).

2.2.9.3.29.2. AFMOA/SGHW maintains databases on prevention services provided, including NPSP, and on domestic abuse and child maltreatment cases IAW DOD guidance. AFMOA/SGHW manages access to all data collected IAW DOD and AF requirements. (T-0).

2.2.9.3.29.3. Statistical reports are generated from Central Registry, NPSP, and secondary prevention data to assess trends, respond to OSD, DOD, AF senior leaders, and media queries, and to support population-based health interventions, process outcomes, and compliance improvement. (T-0).

2.2.9.3.29.4. The FAP clinical providers and FAPAs will consistently participate in the program evaluation initiatives mandated by AF FAP. FAPAs will administer the Milner Questionnaire to adults in the household where a child maltreatment allegation is received and to adult FAST clients who present with parent-child issues at intake and again after treatment is complete, at case closure. FAPAs will administer the Couples Satisfaction Index to adults who are referred for domestic abuse allegations and to adult FAST clients who present with couple-relational issues at intake and again after treatment is complete, at case closure. The FAP providers will administer the 4-question Outcome Rating Scale (ORS) at the beginning of every therapy session and the 4-question Session Rating Scale (SRS) at the close of every therapy session (use in group therapy is optional). The FAP provider will immediately discuss with clients the scores on the ORS/SRS and record them on the myoutcomes.com database.

2.2.10. Military Rule of Evidence 513. The FAP clinical providers must ask active component offender and victim if they would like to invoke the psychotherapist-patient privilege for domestic abuse cases. If offender or victim chooses to invoke privilege, the FAP will not release any of the FAP records unless subpoenaed by a military judge. Should the FAP provider fail to offer psychotherapist-patient privilege to offender and victim during the initial intake, the FAP provider can invoke the privilege on their behalf and ask the offender and victim at a later date.

2.2.10.1. There is no psychotherapist-patient privilege when the communication is evidence of child abuse or of neglect. Consult the installation SJA on all issues involving the psychotherapist-patient privilege.

Chapter 3

DISPOSITION OF PERSONNEL

3.1. Special Duty. The FAP involvement alone does not require any duty restriction. For information about how to assign personnel receiving the 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 DODR 5210.42_AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program*, and AFI 31-501, *Personnel Security Program Management*. (T-1).

3.2. Review of Duty Assignment. Squadron Commanders must review the duty assignment status of all military members whose current duties may make it difficult for them to receive the FAP intervention. (T-1). Military members considered fit for duty may continue in their primary or control Air Force Specialty Code (AFSC) while involved in the 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. (T-1).

3.3. 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. (T-0).

3.4. Assignment Availability. Active component members receiving intervention services for domestic abuse or child maltreatment who are sufficiently emotionally, psychologically, and physiologically stable may be assigned to any location that offers appropriate services. (T-0).

3.4.1. Where the local community does not have sufficient resources to provide appropriate services for families as recommended by the Clinical Case Staffing, the commander may initiate a Humanitarian Reassignment IAW AFI 36-2110, *Assignments*. (T-0).

3.4.2. If maltreatment occurs in a family pending relocation, who have Permanent Change of Station (PCS) orders, the unit CC will suspend the assignment until evaluations are completed to ensure availability of services at the gaining base prior to relocation of the member/family. (T-0).

3.4.3. Active component members with an open maltreatment record at the time they receive PCS orders for an overseas assignment will participate in the Family Member Relocation Clearance process IAW AFI 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program (EFMP)*, to assess available services at the gaining MTF. (T-1).

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Lieutenant General, USAF, MC, CFS
Surgeon General

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

- AFPD 33-3, *Information Management*, 8 September 2011
- AFI 90-6001, *Sexual Assault Prevention and Response (SAPR) Program*, 21 May 2015, *Incorporating Change 1*, 18 March 2016
- AFI 36-2110, *Assignments*, 22 September 2009
- AFI 36-3020, *Family Member Travel*, 22 October 2009
- AFI 10-206, *Operational Reporting*, 11 June 2014
- AFI 31-501, *Personnel Security Program Management*, 27 January 2005
- AFI 33-332, *The Air Force Privacy and Civil Liberties Program*, 12 January 2015
- AFI 33-364, *Records Disposition-Procedures and Responsibilities*, 22 December 2006
- AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, 25 June 2013
- AFI 36-6001, *Sexual Assault Prevention and Response (SAPR) Program*, 29 September 2008, *Incorporating Change 1*, 30 September 2009
- AFI 41-210, *Tricare Operations and Patient Administration Functions*, 6 June 2012
- AFI 51-201, *Administration of Military Justice*, 6 June 2013
- AFI 71-101, Volume 1, *Criminal Investigation Program*, 4 February 2015
- AFMAN 33-363, *Management of Records*, 1 March 2008
- Air Force Records Information Management System, Records Disposition Schedule United States DODD 5015.2, DOD Records Management Program*, 6 March 2000
- DODD 5400.07, *DOD Freedom of Information Act (FOIA) Program*, 2 January 2008
- DODD 5400.11, *DOD Privacy Program*, 29 October 2014
- DODD 8000.01, *Management of the Department of Defense Information Enterprise*, 10 February 2009
- DODI 5210.42, *Nuclear Weapons Personnel Reliability Program (PRP)*, 16 July 2012
- DODI 6400.1, *Family Advocacy Program (FAP)*, 13 February 2015
- DODI 6400.03, *Family Advocacy Command Assistance Team*, 25 April 2014
- DODI 6400.05, *New Parent Support Program (NPSP)*, 13 June 2012
- DODI 6400.06, *Domestic Abuse Involving Department of Defense Military and Certain Affiliated Personnel*, 21 August 2007, *Incorporating Change 2*, 9 July 2015
- DODI 7750.07, *DOD Forms Management Program*, 10 October 2014
- DODI 8910.01, *Information Collection And Reporting*, 19 May 2014

DODR5210.42_ AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program*, 13 November 2006, *Incorporating Through Change 2*, 2 November 2010

Public Law 101-647, *Crime Control Act of 1990*, 27 October 1990

Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996*, 18 March 1996

The Joint Travel Regulations (JTR), *Uniformed Service Members and DOD Civilian Employees*, 1 May 2017

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

Prescribed Forms

AF Form 2522, *Family Advocacy Program Intake*

DD Form 2967, *Domestic Abuse Victim Reporting Option 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 Form*

AF Form 4404, *Family Advocacy Program Referral Form*

AF Form 4405, *Family Advocacy Program Client Information Form Maltreatment Intervention Service*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

ADAPT— Alcohol and Drug Abuse Prevention and Treatment

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

AHT— Abusive Head Trauma
AO— Alleged Offender
CAIB— Community Action Information Board
CC— Commander
CCF— First Sergeant
CCIR—Commander’s Critical Information Requirement
CCM— Command Chief Master Sergeant
CCS— Clinical Case Staffing
CDC— Child Development Center
CMG— Case Management Group
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
DIBRS - Defense Incident—Based Reporting System
DOD— Department of Defense
DODD— Department of Defense Directive
DODEA— Department of Defense Education Activity
DODI— Department of Defense Instruction
ET— Expedited Transfer
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
FASES—Family Advocacy Safety Education Seminar
FASOR— Family Advocacy System of Records
FAST— Family Advocacy Strength-based Therapy
FATM— Family Advocacy Treatment Manager

FCP— Family Care Plan

FNS— Family Needs Screener

FTT— Failure to Thrive

HIPAA— Health Insurance Portability and Accountability Act

HQ— Headquarters

HRVRT— High Risk for Violence Response Team

IDS— Integrated Delivery System

IPPI-RAT – Intimate Partner Physical Injury—Risk Assessment Tool

ISD— Incident Status Determination

ISDR— Incident Status Determination Review

ISS—Incident Severity Scale

ISSA - Inter—Service Support Agreement

JA— Judge Advocate

MAJCOM— Major Command

MH— Mental Health

MHC—Mental Health Clinic

MICT— Management Internal Control Toolset

MOU— Memorandum of Understanding

MSG— Mission Support Group

MTF— Military Treatment Facility

NPSP— New Parent Support Program

OPR— Office of Primary Responsibility

OPMC— Outreach Prevention Management Council

OSD— Office of the Secretary of Defense

PA— Public Affairs

PCA— Permanent Change of Assignment

PCS— Permanent Change of Station

PHI— Protected Health Information

PL— Public Law

RDS— Records Disposition Schedule

RR— Restricted Reporting

SAPRO— Sexual Assault Prevention and Response Office

SAPR VA— Sexual Assault Prevention and Response Victim Advocate

SARC— Sexual Assault Response Coordinator

SBS— Shaken Baby Syndrome

SFS— Security Forces Squadron

SG— Surgeon General

SNCO— Senior Non-commissioned Officer

SQ— Squadron

SUID— Sudden Unexplained Infant Death

SVC— Special Victim Counsel

USAF— United States Air Force

USC— United States Code

VVA—Volunteer Victim Advocate

VWAP— Victim Witness Assistance Program

Terms

Did Not Meet Criteria— The status of a child or partner maltreatment incident wherein the preponderance of the evidence indicates abuse did NOT occur.

Change Step— A curriculum for treatment of adult males who are domestically abusive to their intimate partner or spouse. Twelve topic areas are covered in group or individual treatment. Group treatment typically consists of 18-24 weekly sessions. Change Step treatment is provided by AF FAP licensed social workers who have received training from the Domestic Abuse Project (DAP) to facilitate Change Step. When there are 2 group facilitators, the primary facilitator must have the DAP training. If the co-facilitator is not DAP-trained, he/she cannot lead the group alone.

Domestic Abuse— Domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is: 1. A current or former spouse. 2. A person with whom the abuser shares a child in common; or 3. A current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic Abuse Victim Advocate— A FAP staff member who provides domestic abuse victim advocacy services to victims of domestic abuse.

Domestic Abuse 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.

Domestic Violence— An offense under the United States Code, the Uniform Code of Military Justice, or State law involving the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person who is: 1. A current or former spouse. 2. A person with whom the abuser shares a child in common; or 3. A current or former intimate partner with whom the abuser shares or has shared a common domicile.

Family— For the purpose of defining eligibility for the FAP services, includes spouse or intimate partner of an active component member, and dependent child(ren). (Intimate partners and their children who are non-beneficiaries are eligible for the FAP assessment, safety planning and referrals to local community resources).

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.

Household Member— An individual who lives in the home as part of the family or a member of the extended family who is staying in the home for longer than a brief visit.

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.

Intimate Partner Physical Injury Risk Assessment Tool— An actuarial tool that predicts the risk of future physical injury due to domestic abuse. This tool was developed by DOD FAP in collaboration with family violence researchers at Kansas State University and Northern Illinois University (Stith and Milner) and is mandatory for use across DOD FAP.

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

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

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

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).

Position of Power— Person has power over another person due to physical size, age, coercion/threats with the ability to carry out a threat, etc. The position of power may occur in a single incident or be a feature of an ongoing relationship. If not in a parent role, position of power can be established when the alleged offender is older than the victim by approximately 3 years or that he/she is significantly larger in stature which might be intimidating to the victim or significantly more mature or mentally more sophisticated/savvy than the victim so as to use coercion, threats or other means to get the victim to submit.

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).

Reasonable Suspicion— Available information is sufficient to cause an objective individual to believe that maltreatment may have occurred by acts of commission or omission.

Sexual Assault Prevention and Response Victim Advocate— A person who, as a victim advocate, shall provide non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims.

Triennial Review— A complete review of an existing support agreement conducted at intervals of no more than three years.

Unmarried Intimate Partner— A former spouse of the active component member, a person with whom the active component member shares a child in common, or a current or former intimate partner with whom the active component member shares or has shared a common domicile.

Attachment 2**EXAMPLE OF MEMORANDUM OF UNDERSTANDING BETWEEN
(INSTALLATION) AND (VICTIM ADVOCACY SERVICES AGENCY)**

A2.1. 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.

A2.2. 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).

A2.3. RESPONSIBILITIES:

A2.3.1. The (INSTALLATION) agrees to the following provisions:

A2.3.1.1. 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.

A2.3.1.2. 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.

A2.3.1.3. (INSTALLATION) will work with the FAP to publicize resources available through the (VICTIM ADVOCACY SERVICES AGENCY) and how victims can access those services.

A2.3.1.4. The FAP will provide training to (VICTIM ADVOCACY SERVICES AGENCY) staff, as needed, on the resources available to victims of domestic violence through the FAP and through other programs and agencies located on (INSTALLATION).

A2.3.1.5. Access will be provided to (INSTALLATION) for (VICTIM ADVOCACY SERVICES AGENCY) staff providing services to military victims of domestic violence.

A2.3.2. (DOMESTIC VIOLENCE SHELTER) agrees to the following provisions:

A2.3.2.1. 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 offered by the shelter can be inserted here.]

A2.3.2.2. 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 the 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 component member, from duty or from complying with unit recall notification policies while staying at (VICTIM ADVOCACY SERVICES AGENCY).

A2.3.2.3. (VICTIM ADVOCACY SERVICES AGENCY) staff will work with the FAP to train base staff, including, but not limited to, personnel from the SFS, AFOSI, FAP, Special Victims' Counsel (SVC), and MTF, on resources available through the (VICTIM ADVOCACY SERVICES AGENCY) and how victims can access those services.

A2.4. PRIVACY INTERESTS:

A2.4.1. Victim's information will be maintained IAW the Privacy Act: 5 USC 552a.

A2.4.2. 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, the 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.

A2.4.3. The victim's identity and/or specifics about the victim's circumstances shall not be disclosed by (INSTALLATION) personnel, including, but not limited to, the FAP staff, SFS, or 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.

A2.4.4. 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.

A2.4.5. (VICTIM ADVOCACY SERVICES AGENCY) shall provide non-identifying statistical information to (INSTALLATION) regarding the victims to whom it provides services on a (PERIODIC) basis.

A2.5. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

A2.5.1. This MOU shall be reviewed triennially, at most, 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.

A2.5.2. 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.

A2.5.3. 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. This MOU takes effect beginning on the day after the last Party signs.

Attachment 3**EXAMPLE OF MEMORANDUM OF UNDERSTANDING BETWEEN
(INSTALLATION) STAFF JUDGE ADVOCATE AND (COUNTY/CITY) DISTRICT
ATTORNEY'S OFFICE**

A3.1. 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 component members assigned to the (INSTALLATION) and their family members, including unmarried intimate partners.

A3.2. 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) base legal office and the (COUNTY/CITY) DA. Nothing contained herein creates or extends any right, privilege, or benefit to any person or entity. A. [Insert paragraph here defining jurisdiction for both the (INSTALLATION) base legal office and (COUNTY/CITY) DA.]

A3.3. RESPONSIBILITIES:

A3.3.1. The (COUNTY/CITY) DA agrees to perform the following actions:

A3.3.1.1. When the victim in a domestic violence incident has been identified as an active component member assigned to (INSTALLATION) or a family member or unmarried intimate partner of one, the (COUNTY/CITY) DA shall provide the victim with basic information, acquired from the (INSTALLATION) base legal office (below), about (INSTALLATION) resources available to domestic violence victims.

A3.3.1.2. When investigating or prosecuting domestic violence cases, the (COUNTY/CITY) DA shall determine whether the alleged offender is an active component member assigned to (INSTALLATION). If the alleged offender is an active component member assigned to (INSTALLATION), the (COUNTY/CITY) DA shall contact the (INSTALLATION) base legal office to inform the assigned (INSTALLATION) base legal office 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) base legal office.

A3.3.1.3. When investigating a domestic violence case involving an active component member assigned to (INSTALLATION) who is alleged to be the offender, the (COUNTY/CITY) DA shall consult with the (INSTALLATION) base legal office, and the victim in cases alleging sexual assault, with respect to prosecution of the individual under the appropriate state law or under the Uniform Code of Military Justice (UCMJ).

A3.3.1.4. During the course of the (COUNTY/CITY) DA's investigation or prosecution of a crime of domestic violence allegedly committed by an active component member assigned to (INSTALLATION), the (COUNTY/CITY) DA shall keep the (INSTALLATION) base legal office informed of the status of the case through regular

contacts. The (COUNTY/CITY) DA shall notify the (INSTALLATION) base legal office specifically of any changes in confinement status or pre-trial release conditions.

A3.3.1.5. When, after consultation, the (INSTALLATION) base legal office 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.

A3.3.1.6. 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.

A3.3.2. The (INSTALLATION) base legal office agrees to perform the following actions:

A3.3.2.1. The (INSTALLATION) base legal office 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.

A3.3.2.2. When investigating a domestic violence case involving an active component member assigned to (INSTALLATION) who is alleged to be the offender, the (INSTALLATION) base legal office 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.

A3.3.2.3. Upon request, the (INSTALLATION) base legal office shall forward copies of relevant police incident reports and military protection orders to the (COUNTY/CITY) DA.

A3.3.2.4. When, after consultation, the (COUNTY/CITY) DA and the (INSTALLATION) base legal office have decided that the alleged offender will be prosecuted under state law, the (INSTALLATION) base legal office shall cooperate during the investigation and prosecution to the greatest extent possible by sharing information and facilitating the interviewing of witnesses.

A3.3.2.5. As new personnel begin duty with the (INSTALLATION) base legal office, their immediate supervisor will provide them with copies of this MOU and basic information on executing the provisions of this MOU. All actions by the Installation SJA office will be in compliance with AFI 51-1001, *Delivery of Personnel to United States Civilian Authorities for Trial*.

A3.4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

A3.4.1. This MOU shall be reviewed triennially, at most 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.

A3.4.2. 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.

A3.4.3. Personnel from the (INSTALLATION) base legal office and from the (COUNTY/CITY) DA's office shall meet, as necessary and appropriate, to discuss open-cases involving active component members assigned to the (INSTALLATION) and to review and revise provisions of this MOU. This MOU takes effect beginning on the day after the last Party signs.”

Attachment 4**EXAMPLE OF MEMORANDUM OF UNDERSTANDING BETWEEN
(INSTALLATION) LAW ENFORCEMENT OFFICE AND (CITY, COUNTY, OR
STATE) LAW ENFORCEMENT AGENCY**

A4.1. 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 component members assigned to the (INSTALLATION) and their family members or unmarried intimate partners.

A4.2. 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.

A4.2.1. [Insert paragraph here defining response and investigation jurisdiction for the (INSTALLATION) Law Enforcement Office and (CITY, COUNTY, or STATE) Law Enforcement Agency.]

A4.3. RESPONSIBILITIES:

A4.3.1. The (CITY, COUNTY, or STATE) Law Enforcement Agency agrees to perform the following actions:

A4.3.1.1. When responding to or investigating domestic violence cases, the (CITY, COUNTY, or STATE) Law Enforcement Agency will ascertain whether the alleged offender is an active component member assigned to (INSTALLATION). If the alleged offender is an active component 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.

A4.3.1.2. When responding to or investigating domestic violence cases, the (CITY, COUNTY OR STATE) Law Enforcement Agency will ascertain whether the victim is an active component member assigned to (INSTALLATION). If the victim is an active component 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.

A4.3.1.3. 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 active component member assigned to (INSTALLATION). If the alleged offender is an active component 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).]

A4.3.1.4. 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 active component member assigned to (INSTALLATION). If the victim is an active component 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.

A4.3.1.5. 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.

A4.3.1.6. 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.

A4.3.1.7. 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 active component members assigned to (INSTALLATION) and their family members or unmarried intimate partners who are involved in domestic violence incidents.

A4.3.1.8. 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 active component members assigned to (INSTALLATION) and their family members or unmarried intimate partners.

A4.3.1.9. When the victim in a domestic violence incident has been identified as an active component member assigned to (INSTALLATION) or a family member or unmarried intimate partner 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.

A4.3.1.10. 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.

A4.3.2. The (INSTALLATION) Law Enforcement Office agrees to perform the following actions:

A4.3.2.1. 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 active component members assigned to (INSTALLATION) and their family members or unmarried intimate partner.

A4.3.2.2. Upon receipt of a copy of an incident/investigation report stemming from incidents occurring off of the (INSTALLATION) or a CPO involving an active component member assigned to (INSTALLATION) and his/her family member or unmarried intimate partner, the (INSTALLATION) Law Enforcement Office shall immediately notify the active component member's (INSTALLATION) Command.

A4.3.2.3. When the (INSTALLATION) Law Enforcement Office receives a copy of an MPO from an active component member's (INSTALLATION) Command, and if that active component 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 active component member resides.

A4.3.2.4. 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 active component members assigned to (INSTALLATION) and their family members or unmarried intimate partner who are involved in domestic violence incidents.

A4.3.2.5. 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 active component members assigned to (INSTALLATION) and their family members or unmarried intimate partner.

A4.3.2.6. 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 and HIPAA.

A4.3.2.7. 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.

A4.3.2.8. [Insert a paragraph here stating proper (INSTALLATION) procedure for responding to domestic violence incidents occurring on (INSTALLATION) involving civilian alleged offenders.]

A4.3.2.9. 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.

A4.4. EFFECTIVE ADMINISTRATION AND EXECUTION OF THIS MOU:

A4.4.1. 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.

A4.4.2. 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.

A4.4.3. 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 active component members assigned to (INSTALLATION) and to share information regarding reciprocal investigations. This MOU takes effect beginning on the day after the last Party signs.”

Attachment 5 (Added)**OCONUS GUIDELINES FOR MANAGING CHILD SAFETY AND UTILIZING EMERGENCY PLACEMENT CARE (EPC)**

A5.1. Family Advocacy Program (FAP) will: provide installation specific EPC training to CC/CCF within 60 days of arrival and annually thereafter. (T-1).

A5.2. When determined that a child should be separated from alleged offender (AO), Family Advocacy Officer (FAO) and sponsor's CC/CCF will: make emergency separation arrangements, and then immediately begin planning for CONUS family return in coordination with JA, SF, Child & Youth Programs, base helping agencies, Host Nation helping agencies, Gaining State/Home of Record helping agencies, MAJCOM Behavioral Health Consultant, AF FAP & AFPC, as appropriate. (T-1).

A5.2.1. FAO will facilitate and provide consultation/guidance, but is not authorized to remove or take custody of child; Security Forces and unit leadership are responsible for overseeing the appropriate removal/placement of children. (T-1). **CC should consider:** negotiating standing agreements with Host Nation authorities to exercise their *in loco parentis* custodial authorities over minor children accompanying DOD personnel assigned to the installation.

A5.3. FAO and CC/CCF should: consider early return of dependents (ERD); sponsor-requested humanitarian reassignment; or command-requested humanitarian reassignment.

A5.3.1. ERD guidance is found in JTR, section 5096 *et seq*, and AFI 36-3020, *Family Member Travel*, and humanitarian reassignment guidance is in AFI 36-2110, *Assignments*, para 3.8.10.2.

A5.4. Recommend CC/CCF include the following in their checklist:

A5.4.1. Ensure Family Care Plans (FCP) are current.

A5.4.2. Be familiar with families with a history of abuse, dual military families and single parent families.

A5.4.3. Identify families who would be willing to volunteer and qualify as EPC foster families.

A5.4.3.1. Maintain a continuous recruiting effort to identify EPC homes willing to provide foster care for at-risk children.

A5.4.4. Determine if sister service installations' programs, Host Nation Child Protective Services (CPS) and the Medical Group (MDG) are options.

A5.4.5. When incident occurs:

A5.4.5.1. When possible, place child with non-offending parent.

A5.4.5.2. When unable to place child with non-offending parent:

A5.4.5.2.1. Initiate FCP (with at least one parent's consent), or

A5.4.5.2.2. Determine if family has friend/co-worker/relative to place child (with at least one parent's consent), or

A5.4.5.2.3. Utilize sister service, Host Nation CPS or MDG if available options.

A5.4.5.2.4. Activate EPC foster family placement as an option of last resort;

A5.4.5.2.4.1. Utilize when judicial authorization or parental consent cannot be obtained (or obtained in a timely manner) and when abuse has been substantiated and when the child is at risk of imminent death, serious bodily harm or serious mental or physical abuse or neglect;

A5.4.5.2.4.2. EPC family foster placement should be for the minimum amount of time necessary to resolve the situation, not normally more than ninety (90) days;

A5.4.5.2.4.3. Promptly initiate liaison with Gaining State/Home of Record CPS and/or judicial system;

A5.4.5.2.4.4. Identify appropriate escorts for child upon ERD when not able to be accompanied by a parent;

A5.4.5.2.4.5. EPC family foster placement should cease when:

A5.4.5.2.4.5.1. Immediate threat of harm has passed;

A5.4.5.2.4.5.2. Local Host Nation CPS authorities have assumed responsibility of the case and custody of the child;

A5.4.5.2.4.5.3. The child has been returned to CONUS and suitable family members have taken custody or Gaining State/Home of Record CPS authorities have assumed responsibility of the case.

A5.5. Indicators that a child should be separated from AO:

A5.5.1. Injury under 14 months of age--unexplained injuries considered suspicious for abuse.

A5.5.2. Child has non-accidental injury and:

A5.5.2.1. No caretaker in home, leaving AO as primary caretaker.

A5.5.2.2. AO denies knowledge of maltreatment, refuses responsibility/states child is lying.

A5.5.2.3. AO appears angry with child, expresses no remorse/empathy/compassion for child.

A5.5.2.4. AO refuses to discontinue corporal punishment until assessment complete.

A5.5.2.5. AO threatened to kill child/inflict bodily harm for non-compliance/disclosure.

A5.5.2.6. Bizarre or ritualistic acts performed by AO as part of abuse.

A5.5.2.7. Serious injury requiring medical treatment, and AO still has access.

A5.5.2.8. Non-offending caretaker doesn't believe child/voices support for AO.

A5.5.3. Subsequent physical injury on open physical abuse case.

A5.5.4. Both parents or caretakers participated in abuse.

A5.5.5. Sexual abuse occurred.

Attachment 6 (Added)**COMMANDER'S CRITICAL INFORMATION REQUIREMENT (CCIR) TEMPLATE
FOR SEXUAL ASSAULTS**

A6.1. The Installation Commander will: complete the CCIR and submit to the Installation Command Post via an unclassified email. (T-1). CCIRs are not completed for restricted reports.

A6.1.1. Incident type to include which of the four criteria identified is met.

A6.1.2. Who is involved:

A6.1.2.1. Alleged offender(s). Provide grade, gender, unit of assignment, position, and any other relevant information.

A6.1.2.2. Victim(s). Provide generic identifiers only (e.g., grade or rank; gender). Do not include names, addresses, and any other personally identifiable information, even if public knowledge or in the news.

A6.1.3. What: description of incident (short narrative case synopsis);

A6.1.4. When: date and time of incident and/or report;

A6.1.5. Where: location of incident (no personal addresses);

A6.1.6. Actions Taken: response to date, if applicable; and,

A6.1.7. Any Other Factors: e.g., international interest.