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Medical Command

FAMILY ADVOCACY PROGRAM

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This instruction establishes the Family Advocacy Program (FAP) at Vandenberg Air Force Base per federal law (42 USC 5101 et seq.) and implements AFI 40-301, **Family Advocacy**. This instruction ensures federal laws, Air Force instructions, and state laws (as appropriate) are complied with in all cases where spouse or child maltreatment or neglect has occurred or is suspected. This instruction applies in whole or in part to all military personnel and their dependents that are entitled to receive medical and dental care in a facility of a uniformed service, or to seek care in an Air Force facility. This publication requires the collection and/or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and or maintain the records prescribed in this publication are 5 USC 301; 44 USC 3101. Forms affected by the Privacy Act have an appropriate Privacy Act statement. System of record notice F168 AF SG B applies. "The Paperwork Reduction Act" of 1974 as amended in 1996 and AFI 33-360, Volume 2, **Forms Management Program**, affects this publication.

SUMMARY OF REVISIONS

The revision of this publication updates the following paragraphs. The Child Protective Services (CPS) name is changed to Child Welfare Services (CWS) (**paragraph 3.2.**). CWS will interview children at the local schools rather than FAP (**paragraph 3.5.**). The on call mental health provider will provide consultation services after an alleged maltreatment incident, the on call provider will not respond to the scene of the incident. If deemed appropriate by the provider an individual safety/risk assessment will be accomplished at a secured location, either the Law Enforcement (LE) Desk or the Life Skills Support Center Clinic (**paragraph 4.1.**). Security Force Squadron representatives will attend Family Maltreatment Case Management Team (FMCMT) meetings (**paragraph 5.4.**). A bar (|) indicates a revision from the previous edition.

1. Reporting of Family Maltreatment:

1.1. Who Reports. Anyone may report suspected incidents of child or spouse maltreatment and/or neglect. Concerning child maltreatment, California law (Penal Code Section 11166) requires that any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, or humane society officer who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child maltreatment, shall report the known or suspected instance of child maltreatment to a child protection agency immediately or as soon as practically possible by telephone.

1.1.1. All reports of suspected child or spouse maltreatment incident(s) will be made to the Family Advocacy Program (FAP) who will serve as the liaison with civilian Child Welfare Services (CWS) and will process the incident(s) according to existing Air Force instructions and guidelines.

1.2. When to report. Whenever child or spouse maltreatment or neglect is suspected, a report should be made to the designated base agency as soon as practically possible. In all cases, the report should be made within 24 hours. (See **paragraph 1.3.**)

1.3. How to Report.

1.3.1. During normal duty hours, contact the FAP at 606-5338. The FAP will contact the First Sergeant/Commander of the active duty member(s), AFOSI, and SFS.

1.3.2. After duty hours call the Security Forces Control Center. They will notify the Command Post, who will notify on-call Mental Health Provider. The Command Post will then ensure notification to relevant First Sergeant(s) and/or Commander(s) and to other on-base agencies (JA, AFOSI) as necessary.

1.3.3. Call 911 if a child or spouse incident is in progress.

1.4. What to Report. Those reporting suspected incident(s) are asked to provide as much of the following information as possible, if known:

1.4.1. Name and age of victim.

1.4.2. Victim's sponsor, unit, and rank.

1.4.3. Location of victim (address of place where maltreatment or neglect is occurring or has occurred).

1.4.4. Name of alleged offender.

1.4.5. Description of suspected maltreatment or neglect (physical beating, lack of parental supervision, sexual molestation, filthy home, etc.)

1.4.6. When the maltreatment or neglect occurred.

1.4.7. Reporting person's name, address and phone number (optional).

1.4.8. The identity of the reporting person(s) will be protected if so requested.

2. Procedures for responding to Family Maltreatment:

2.1. For medical emergencies, the emergency response ambulance will transport the victim to the appropriate medical treatment facility. In most cases, the treatment facility will be the Emergency Room at Lompoc Hospital.

3. Action taken by the Family Advocacy Program:

3.1. The FAP reviews the facts of the reported incident in order to determine if enough information exists to support the allegation(s) of maltreatment or neglect. If the allegation(s) are supported, the incident(s) will be recorded in the Family Advocacy case log; case(s) opened, and formal assessment(s) accomplished.

3.2. As written in the Memorandum Of Understanding (MOU) with the County of Santa Barbara California Department of Social Services, FAP will call CWS as soon as practically possible, and send a written California Department of Justice Form (SS 8572, **Suspected Child Maltreatment Report**) to Child Welfare Services within 36 hours. CWS may be requested to assist in responding to a child maltreatment case when it appears a child is at risk for further injury or deprivation if left with the parents or caretaker. The 30 MDG/CC, JA, Security Forces, and relevant Commander(s) will be notified if the victim needs out-of-home placement.

3.3. The Child Sexual Maltreatment Response Team will be activated immediately to ensure a coordinated effort is made between JA, AFOSI, and the Family Advocacy Program in all suspected child sexual maltreatment cases.

3.4. Following the initial response by Security Forces and the unit representative, a medical exam may be indicated. The FAP arranges for necessary physical exams of maltreatment or neglect victims. In cases involving children, the attending physician will be asked to complete the California Department of Justice Form 900, **Medical Report-Suspected Child-Maltreatment** at the time of the examination.

3.5. In cases where a report of suspected maltreatment or neglect is received from one of the base public schools, FAP will request CWS to interview a suspected victim during school hours on school premises. The FAP will interview members of the family, notify Security Forces of CWS and FAP findings, and Security Forces will then determine their involvement in the case.

3.6. If the alleged offender is on active duty, the Family Maltreatment Case Management Team (FMCMT) may suggest that the member participate in an on-base treatment program that encourages nonviolence and improvement in family relationships. Other helping agencies in the local community may also be consulted regarding an appropriate violence treatment/prevention program.

3.6.1. If an active duty member receives treatment from an off-base source, they are required to provide documentation of their participation to the FAP.

3.7. The FAP will develop and encourage the Integrated Delivery System agencies to establish prevention programs that serve to reduce or prevent incidents of family maltreatment. The FAP will also ensure base personnel are informed of reporting procedures, as well as resources for help.

3.8. The Family Advocacy Officer (FAO) will report to the Family Advocacy Committee on the extent of the child and spouse maltreatment or neglect problem on the base.

3.9. The FAP will perform training for SFS personnel concerning the identification and dynamics of child/spouse maltreatment.

4. Action by Unit Commander (CC)/First Sergeant (CCF):

4.1. After notification of all alleged incidents of family maltreatment, the First Sergeant and Commander may respond to the place of the incident. The on-call Mental Health Provider will serve as a consultant to unit personnel. The Mental Health Provider will not respond to the scene but will assist in developing an emergency plan to ensure that the victim is not at risk of further maltreatment. If it is deemed appropriate by the Mental Health Provider a safety/risk assessment of the individual(s) will be conducted at a secured location, such as the Law Enforcement Desk or the Life Skills Support Center Clinic.

4.1.1. If initial notification is made to a First Sergeant or Commander, they will notify FAP during duty hours, and the Security Forces Control Center after duty hours. (See **paragraph 1.3.**)

4.2. The First Sergeant or Commander, in coordination with Security Forces and the Mental Health Provider, will determine if there is a risk of further maltreatment. If there is a risk of further maltreatment, and if the sponsor is the alleged offender, he/she will be removed from the home and placed in the dormitory. A "no contact order" may be issued at the discretion of the parties mentioned above in coordination with 30 SW/JA.

4.3. If it is determined that a child is in danger and needs out-of-home placement, the on-call Mental Health Provider will respond and will coordinate with CWS.

4.4. The First Sergeants and/or commanders are encouraged to support the decisions of the FMCMT by directing their members to participate in the treatment recommendations.

5. Actions taken by the Security Forces Squadron (SFS):

5.1. SFS will respond to emergency calls in cases of family maltreatment (includes physical, emotional and sexual maltreatment and neglect of a child or an adult). The AFOSI will be notified of all incidents involving sexual maltreatment and serious injury. If appropriate, AFOSI will open a criminal investigation. Security Forces Office of Investigation (SFOI) maintains the option of investigating cases if AFOSI declines to investigate.

5.2. SFS will notify the FAP during duty hours, and the Command Post at 606-9961 after duty hours, of any maltreatment/neglect incident. (See **paragraph 1.3.**)

5.3. SFS will provide copies of the AF Form 3545, **Incident Report**, to the FAP.

5.4. SFS will attend and support the efforts of the FMCMT.

6. Action by Air Force Office of Special Investigation (AFOSI):

6.1. AFOSI will be notified of all sexual maltreatment and serious injury incidents. If appropriate, AFOSI will open a criminal investigation. SFOI maintains the option of investigating the case if AFOSI declines. Once a criminal investigation is opened, AFOSI assumes investigative jurisdiction with respect to interviewing the suspected perpetrators, victims, and witnesses.

6.2. AFOSI will make contact with the Santa Barbara County Sheriff Department (SBCSD) at their discretion. (See AFMD39, ***Air Force Office of Special Investigation (AFOSI)***).

6.3. AFOSI and FAP will work closely together when evaluating cases to minimize the number of interviews of the victims.

6.4. AFOSI will notify the FAP of all family maltreatment cases that are directly referred to them.

6.5. AFOSI will attend and support the efforts of the FMCMT.

6.5.1. AFOSI will provide information to the FMCMT on cases they investigate that involve family maltreatment.

6.6. AFOSI will immediately assume primary responsibility for the investigation of any child or spouse sexual maltreatment incident.

7. Action by the Office of the Staff Judge Advocate (JA):

7.1. JA will attend the FMCMT and advise the team on legal issues.

7.2. JA will provide advice on relevant legal issues in all cases of suspected child or spouse maltreatment or neglect.

7.3. In the event that the alleged offender is a military member, JA will determine, in conjunction with the member's Commander, appropriate disciplinary action. If the alleged offender is a civilian, JA will determine whether prosecution in Federal Magistrate Court is appropriate.

7.4. JA will provide Victim/Witness Assistance services when necessary.

8. Action by the Command Post (CP):

8.1. During normal duty hours, contact the FAP at 606-5338. The FAP will contact the First Sergeant/Commander of the active duty member(s), AFOSI, and SFS.

8.2. After duty hours call the on-call Mental Health Provider and the Security Forces Control Center. The Command Post will then ensure notification to relevant First Sergeant(s) and/or Commander(s) and to other on-base agencies (JA, AFOSI) as necessary.

9. Action by the Family Advocacy Committee (FAC):

9.1. Meetings will be held at least quarterly or when necessary.

9.2. The FAC establishes policies and procedures to develop and implement the Family Advocacy Program. The FAC will assure that the resources are available as needed to assess and intervene in child or spouse maltreatment or neglect situations. The FAC monitors and establishes education programs on family issues for the base community.

9.3. Members of FAC will be encouraged to contribute ideas or suggestions for programs or activities to support the Family Advocacy Program (AFI 40-301).

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Commander