

**BY ORDER OF THE COMMANDER  
42D AIR BASE WING (AETC)**



**MAXWELL AFB INSTRUCTION 40-301**

**23 FEBRUARY 2004**

**Medical Command**

**FAMILY ADVOCACY PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: 42 MDOS/SGOMH  
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Supersedes MAFBI 40-301, 20 September 1999

Certified by: 42 MDG/CC  
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Pages: 8  
Distribution: F

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This instruction establishes the Maxwell Air Force Base and Gunter Annex Family Advocacy Program (FAP). It explains policies and procedures in accordance with AFI 40-301, *Family Advocacy*, for identification, protection, treatment and prevention of family maltreatment. It also implements DODD 6400.1, *Family Advocacy Program (FAP)*, AFD 40-3, *Family Advocacy Program* and Air Force Family Advocacy Program Standards. It assigns responsibilities and explains procedures for the management of the FAP. This instruction mandates reporting of all incidents of family maltreatment by all base organizational units and active duty members. This instruction applies to all active duty members assigned to Maxwell Air Force Base and Gunter Annex.

***SUMMARY OF REVISIONS:***

This revision deletes all references to the Exceptional Family Member Program (EFMP).

- 1. Explanation of Terms.** See Attachment 1.
- 2. Organizational Structure of Maxwell and Gunter:**
  - 2.1. 42 ABW Commander
  - 2.2. Family Advocacy Committee (FAC)
  - 2.3. Director of Base Medical Services (DBMS)
  - 2.4. Family Advocacy Officer (FAO)
  - 2.5. Family Maltreatment Case Management Team (FMCMT)
  - 2.6. Incident Status Determination Review Process (ISDR)
  - 2.7. Child Sexual Maltreatment Response Team (CSMRT)

2.8. High Risk for Violence Response Team (HRVRT)

2.9. Family Advocacy Outreach Program

2.10. New Parent Support Program (NPSP)

### **3. Assigned Responsibilities:**

3.1. Wing Commander (42 ABW/CC):

3.1.1. Responsible for implementing the FAP.

3.1.2. Ensures program effectiveness and gathering all necessary support.

3.1.3. Appoints the Director of Base Medical Services (DBMS)/Medical Treatment Facility (MTF) Commander to administer and monitor the installation FAP.

3.1.4. Organizes an installation Family Advocacy Committee chaired by the DBMS/MTF Commander.

3.1.5. Serves as a member of the FAC or delegates the responsibility to the 42 ABW/CV or 42 MSG/CC.

3.1.6. Ensures all incidents of suspected family maltreatment are reported to the Family Advocacy Officer and to the Air Force Office of Special Investigations (AFOSI) (including requirements in AFI 71-101, Volume 1, *Criminal Investigations*).

3.1.7. Coordinates with local social service authorities by adopting a formal written Memorandum of Understanding (MOU) describing procedures for reciprocal reporting of maltreatment allegations.

3.1.8. Periodically reviews with Staff Judge Advocate, the DBMS/MTF Commander and the FAO the policy for resolving conflicts between the prosecution and clinical treatment objectives in family maltreatment cases.

3.1.9. Develops procedures to ensure immediate protective care for victims of family maltreatment.

### **4. Family Advocacy Committee (FAC).**

4.1. Ensures the installation FAP operates in accordance with most current FAP Standards as provided by AFMSA/SGOF at Brooks City-Base TX.

4.1.2. Establishes additional local policy and procedures for the development and implementation of FAP operations.

4.1.3. Reviews unusually sensitive cases or those requiring special intervention as recommended by the case management teams.

4.1.4. Specific responsibilities of the FAC members are outlined in AFI 40-301. The FAC meetings are held the first Wednesday of the quarter at 1400 in the MTF Conference Room or at the call of the FAC chair.

4.2. Members:

- 4.2.1. 42 ABW/CC (or 42 ABW/CV) (or 42 MSG/CC)
- 4.2.2. Director of Base Medical Services (DBMS) (or the MTF Commander)
- 4.2.3. Family Advocacy Officer (FAO)
- 4.2.4. Family Advocacy Outreach Manager (FAOM)
- 4.2.5. Pediatrics representative
- 4.2.6. Chief Family Support Branch
- 4.2.7. Staff Judge Advocate (JA)(or designee)
- 4.2.8. Chief or Deputy Chief of Personnel
- 4.2.9. Installation Chief of Security Forces (or designee)
- 4.2.10. Air Force Office of Special Investigations (AFOSI) Detachment Commander
- 4.2.11. Installation Staff Chaplain
- 4.2.12. Chief of Military Equal Opportunity Office (MEO)
- 4.2.13. Directors of the Child Development Center and Youth Activities
- 4.2.14. Department of Defense Dependent School representative
- 4.2.15. Montgomery County Department of Human Resources (DHR) representative
- 4.5.16. Chief, Family Member Support Flight
- 4.2.17. 42 ABW Command Chief

**5. Program Components.**

5.1. Family Maltreatment Case Management Team (FMCMT):

5.1.1. Purpose. To clinically manage the assessment of and interventions with families referred for allegations of maltreatment. Administrative, legal and disciplinary issues are not addressed at the FMCMT except as they pertain to safety issues for clients.

5.1.2. The FMCMT is a multidisciplinary team appointed by the FAC chairperson in writing. The FAO chairs the FMCMT. Composition of the FMCMT is the Family Advocacy Treatment Manager (FATM), JA, Pediatrician, AFOSI representative, Chaplain, Chief Family Support

Branch, Youth Flight Director, Family Advocacy Nurse (FAN), Family Advocacy Program Assistant (FAPA), Montgomery County DHR representative and Security Forces Operational Flight Commander.

5.1.3. Procedures. The specific responsibilities of the FMCMT are outlined in the *Family Advocacy Program Standards*, Maltreatment section, page M1, paragraph M1.5. The FMCMT meets the last Monday of each month at 1300 in the Medical Group Commander's Conference Room and when necessary at the call of the FAO.

## 5.2. Incident Status Determination Review Process (ISDR):

5.2.1. Purpose. For Family Advocacy clients to have recourse, if they disagree with FMCMT decisions. This review process enables clients to have their cases reviewed if additional information is found or FMCMT procedures were not adequately followed.

5.2.2. The representatives for the ISDR Process are members of the FAC. They are appointed in writing by the FAC Chairperson and will not be members of the FMCMT.

5.2.3. The details defining the ISDR Process are outlined in the *Family Advocacy Program Standards*, Maltreatment section, page M-8.

## 5.3. Child Sexual Maltreatment Response Team (CSMRT):

5.3.1. Purpose. To manage, upon receipt of a child sexual abuse referral, a multidisciplinary team of representatives in making required notifications, conducting interviews, scheduling medical exams, arranging for safety of all family members and conducting psycho-social assessments. The goal is to minimize the trauma to the victim and his or her family.

5.3.2. Members of the CSMRT are appointed by the FAC in writing. Composition of the CSMRT includes the FAO, AFOSI, JA and a representative from respective County Department of Human Resources (Autauga, Elmore and Montgomery).

5.3.3. Procedures. Following the notification of an alleged sexual maltreatment, the CSMRT is activated immediately in order to implement initial action procedures.

5.3.4. The CSMRT meets at least semiannually to clarify roles and responsibilities. The specific responsibilities of the CSMRT members are outlined in the *Family Advocacy Program Standards*, Maltreatment section, page M-2.

## 5.4. High Risk for Violence Response Team (HRVRT):

5.4.1. Purpose. To develop and implement the initial management of each referral. The goal of the team approach is to minimize the trauma to the victim and family, and ensure no one individual or agency makes decisions regarding these incidents independent of the concerns of other involved agencies. The HRVRT facilitates a collaborative effort with interagency involvement. It allows for creative problem solving, joint decision-making and the clarification of roles and responsibilities.

5.4.2. Members are appointed by the FAC in writing. Composition of the HRVRT includes the FAO (HRVRT chairperson), AFOSI, JA, 42 SFS, Chief of Life Skills, the Family Advocacy and respective squadron commanders.

5.4.3. Procedures. Upon notification of suspicion of potential threat of harm by an individual, the FAO activates the HRVRT. The specific responsibilities of the HRVRT members are outlined in the *Family Advocacy Program Standards*, Maltreatment section, page M-3.

#### 5.5. Outreach Program:

5.5.1. Purpose. To enhance mission readiness by preventing the occurrence of child and spouse maltreatment. To provide primary and secondary prevention activities matched to individual, family, group and community needs and participate in community organization initiatives. The FAP participates in the base-wide Integrated Delivery System (IDS).

5.5.2. Family Advocacy Outreach Manager (FAOM). The FAOM is the primary FAP representative on the IDS. The specific responsibilities of the FAOM are outlined in the *Family Advocacy Program Standards*, Prevention section, pages P-1 through P-15, (excluding P-10 and P-11).

5.5.3. New Parent Support Program (NPSP). Provides education, support and resources for first-time families from the prenatal period through the first year of an infant's life. The program includes home visits and close consultation with the OB staff.

5.5.4. Family Advocacy Nurse (FAN). The specific responsibilities of the FAN are outlined in the *Family Advocacy Program Standards*, Prevention section, page P-10.

JOHN A. NEUBAUER  
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**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References:***

DODD 6400.1, *Family Advocacy Program (FAP)*

AFPD 40-3, *Family Advocacy Program*

AFI 40-301, *Family Advocacy*

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

*Family Advocacy Program Standards*

***Abbreviations and Acronyms:***

**AFOSI** – Air Force Office of Special Investigations

**CSMRT** – Child Sexual Maltreatment Response Team

**DBMS** – Director of Base Medical Services

**FAC** – Family Advocacy Committee

**FAN** – Family Advocacy Nurse

**FAO** – Family Advocacy Officer

**FAOM** – Family Advocacy Outreach Manager

**FAP** – Family Advocacy Program

**FAPA** – Family Advocacy Program Assistant

**FATM** – Family Advocacy Treatment Manager

**FMCMT** – Family Maltreatment Case Management Team

**HRVRT** – High Risk of Violence Response Team

**ISDR** – Incident Status Determination Review Process

**JA** – Staff Judge Advocate

**MTF** – Medical Treatment Facility

**NPSP** – New Parent Support Program

**Terms:**

**Child** - An unmarried person under 18 years of age who is eligible for care through a DoD medical treatment program and for whom a parent, guardian, foster parent, caregiver, employee of a residential facility or any staff person providing out-of-home care is legally responsible. The term "child" means a biological child, adopted child, stepchild, foster child or ward. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity and whose care in a medical treatment program is authorized.

**Child Emotional Maltreatment** - Acts or a pattern of acts, omissions or a pattern of omissions or passive or passive aggressive inattention to a child's emotional needs resulting in an adverse affect upon the child's psychological well-being. Maltreatment includes intentional berating, disparaging or other verbally abusive behavior towards the child and violent acts that may not cause observable injury. An emotionally maltreated child manifests low self-esteem, chronic fear or anxiety, conduct disorders, affective disorders or other cognitive or mental impairment.

**Child Maltreatment** - The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child under the age of 18 or an individual of any age who is incapable of self-support due to mental or physical incapacity. The term encompasses acts and omissions on the part of a person responsible for the child's welfare. For example: parent, guardian, employee of a residential facility or any person providing out of home care. The definition also includes incidents of sexual maltreatment when the alleged offender is in a position of power over the child.

**Child Sexual Maltreatment** - The employment, use, persuasion, inducement, enticement or coercion of any child to engage in or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct) or the rape, molestation, prostitution or other such forms of sexual exploitation of children or incest with children. All sexual activity between an offender and a child, when the offender is in the position of power over the child is considered sexual maltreatment.

**Family Advocacy Officer (FAO)** - A designated officer to manage, monitor and provide staff supervision of the Family Advocacy Programs at the local level.

**Incest** - Sexually explicit activity between a child and a parent, or an older sibling, or other blood relatives.

**Maltreatment** - A general term referred to any form of abuse or neglect of a family member including physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities or other maltreatment. The term encompasses both acts and omission.

**Molestation** - Fondling or stroking of breasts or genitals, oral sex or attempted penetration of the victim's vagina or rectum.

**Neglect** - Failure to provide needed age-appropriate care.

**Offender** - Any person who causes the maltreatment of any individual or who knowingly allows such maltreatment to occur or who through act, or failure to act, substantially impaired the health or well-being of the victim.

**Prevention** - To avoid or inhibit outcomes through activities that increase education and awareness, build community cohesion and conducive culture changes, inoculate at-risk groups and enhance autonomy or effective decision-making. Prevention includes establishing those conditions in society that enhance opportunities for individuals, families and communities to achieve positive fulfillment.

**Physical Abuse** - Infliction of physical pain or injury, physical coercion, confinement, slapping, bruising, sexual molesting, cutting, lacerating, burning, restraining, pushing or shoving.

**Spouse** - An individual who is married and for example; (1) a service member, (2) employed by DoD and eligible for care through DoD medical treatment programs or (3) a civilian who is eligible for care through medical treatment programs because of marriage to a service member, or to an employee of DoD who is eligible for care through medical treatment programs. This includes a married individual who is under 18 years of age.

**Spouse Maltreatment** - The physical injury, sexual maltreatment and emotional maltreatment of a person whose definition meets spouse (above). To include acts or threats, intimidation, coercion, control, force, physical violence, explicit or implicit threat of an emotional, physical and sexual nature. These may include adversely affecting the psychological well-being of the spouse, grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, hitting with objects and assaults with knives, firearms or other weapons, sexual intercourse between alleged offender and a spouse that involves penetration of the vagina or rectum, by means of physical force. Sexual abuse of a spouse specifically includes rape/intercourse. It also includes coercing the spouse to participate in sexual activity with another person, as in pornography or prostitution.

**Victim** - An individual who is the subject of maltreatment.