**Mission**

The mission of the Family Advocacy Program is to build a healthy JBER community and foster mission readiness by developing, implementing, and evaluating policies and programs designed to prevent, intervene in, and treat child and spouse maltreatment.

The three points of focus of the Family Advocacy Program mission are:

- Mission Readiness
- Family Violence Prevention and Treatment
- Building Healthy Communities

**How Can Family Advocacy Support Service Members?**

Family Violence impacts mission readiness in a number of ways. Service members may display:

- Declining quality of work
- Distraction or decrease in productivity
- Missed work
- Alcohol abuse
- Mental Health concerns
- Poor relationships with others

Involvement with the Family Advocacy Program can treat current problems and prevent future abuse or violence. The role of the Family Advocacy Program is not to act as a disciplinarian for Family Violence, but to provide consultation and recommendations as subject matter experts in order to return service members to mission readiness.

Supporting Family Advocacy’s mission and encouraging service members to take advantage of Family Advocacy Program’s services will help to make JBER a safe community for all of our families.

**Suggestions for Supervisors**

- Call Family Advocacy as soon as possible, as timely assessments and intervention can prevent future incidents
- Never try to handle maltreatment issues within the Unit - Any suspected family maltreatment must be dealt with through Family Advocacy SEE AFI 40-301
- Support time off for intervention & prevention appointments and classes—Call us for more information
- Prevent domestic violence and child abuse among your Units by educating them on the negative consequences of and dangers of excessive alcohol use, physical violence, etc. and supporting protective factors
- Consultations are always welcome—just call us!
Family Advocacy Outreach and Prevention: Call us! We are here to help before the problem gets bigger!

- Domestic Violence and Child Maltreatment subject matter experts
- Provide Commander and First Sergeant desk-side briefings, annual leader training, walk-abouts, & deployment/reunion briefings, commanders calls
- Promote wellness campaigns and events for the installation to assist in reducing family violence
- Teach a variety of classes, including Couples Communication, and Anger Management, as well as work with Commander/First Sergeant to prevent and reduce family violence and recidivism rates by catering prevention services to their Unit’s needs
- Provide information and referral services to JBER and Community resources

**New Parent Support Program (NPSP)**

- Free and voluntary program that targets military families that are expecting and/or have children less than three years of age with no documentation in the member’s medical record or Commander/First Sergeant notification
- Registered Nurses provide education related to infant care, pregnancy, development, & parenting via home visits
- Families can also receive couples, family, and individual counseling via a Licensed Clinical Social Worker
- Books, videos, and community/base resources/referrals are provided
- Both parents are encouraged to attend these services

**Family Advocacy Strength-based Therapy (FAST)**

- Voluntary marital & family therapy with no documentation in the member’s medical record or Commander/First Sergeant notification
- Available to active-duty and family members on a space available basis

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**Maltreatment Services**

Family Maltreatment Services are available for active duty service members and their families, who have experienced a domestic abuse or child maltreatment incident. This includes activated Air National Guard and Air Force Reserve service members on Title 10 or 32.

Family members are provided with a thorough assessment to determine treatment needs, which may include any combination of the following:

- Class/group attendance
- One on one therapy
- Couples therapy
- Family Therapy
- Concurrent treatment with New Parent Support, ADAPT/ASAP and/or Mental/Behavioral Health

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**Domestic Abuse Victim Advocates (DAVA)**

Domestic Abuse Victim Advocates (DAVAs) are available for victims of domestic violence and for non-offending caregivers of maltreated children. DAVAs work with both unrestricted and restricted reports and assist the victim with supportive services, such as:

- Information and referral
- Crisis counseling
- Safety planning
- Court/medical accompaniment
- Obtaining Civilian and/or Military Protective Orders
- Navigating the legal/financial process
- Information on transitional compensation

DAVAs are available during business hours at 580-5858 or via 24/7 crisis line at (907) 519-9993.
Mandated Reporting—Child Maltreatment

The following individuals must report to Family Advocacy Program:

- Medical providers and personnel
- Security Forces
- OSI (within 24 hours unless immediate notification is precluded by specific investigative/operational necessities. Until FAP is notified, OSI must address safety concerns for all family members or unmarried intimate partners)
- Anyone who works with children under age 18, including:
  - School personnel
  - Child care staff, (including incidents occurring within a DoD sanctioned activity, including family childcare, child development and youth centers, or recreation programs)
- Commanders/First Sergeants
- All front line supervisors are encouraged to report suspected child maltreatment
- Communication with Chaplains is confidential and is not subject to mandated reporting

Mandated Reporting—Domestic Violence

The following individuals must report to Family Advocacy Program:

- Medical providers and personnel
- Security Forces (must report within 24 hours)
- OSI (within 24 hours unless immediate notification is precluded by specific investigative/operational necessities. Until FAP is notified, OSI must address safety concerns for all family members or unmarried intimate partners)
- Commander/First Sergeant must report any incident of domestic abuse reported or discovered to military law enforcement. If victim is in need of medical attention, call 911 or direct victim to the emergency room (AFI 40-301)

Restricted and Unrestricted Reporting

**Unrestricted Report:**

- Law enforcement and Commander/First Sergeant are notified
- Investigative process begins
- Actions are taken to protect the victim from further acts of violence
- Victim is eligible for Military Protective Order and/or Civilian Protective Order
- Offender is held accountable
- Victim receives advocacy, medical & counseling services

**Restricted Report:**

- Victim can report to perceived Health Care Provider, Victim Advocate, SARC or SHARP representative
- Victim receives advocacy, medical & counseling services
- No investigation occurs and the offender is not held accountable
- Victim is eligible for a Civilian Protective Order, but not a Military Protective Order
- Restricted reporting may be limited if there is a serious & imminent threat to the health or safety of the victim or another person, or a child is involved

Intimate Partner Sexual Assault

Intimate Partners are defined as:

- Current or former spouse
- Person with whom the victim shares a child in common
- Person with whom the victim shares or has shared a common domicile
- 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

Victims of Intimate Partner Sexual Assault may report directly to SAPR or SHARP. The SARC will discuss the referral with FAP within 24 hours to assess for the potential for ongoing violence and determine whether FAP services would be more beneficial for the victim. Victim has the right to decline FAP services and continue working with SARC.