



## Violence/Harassment/Assault

### **DOMESTIC VIOLENCE AND FAMILY MALTREATMENT**

The risk of domestic abuse and child maltreatment increases when one or more family members have a history of exposure to abuse or neglect and are experiencing increased stress. Promoting healthy communities is a key to fostering safe, non-violent family environments. The Air Force approach to prevention involves encouraging members to focus on positive behaviors and make healthy choices. Treatment plays an important role in preventing continued maltreatment after an abusive incident. The full range of maltreatment interventions offer family members safety, support, treatment, and interpersonal skills that help families break the cycle of violence. Early identification and support are key to mission and family readiness.

### **Signs and Risk Factors Wingmen Should Be Aware Of**

- Active Duty member, spouse, or unmarried intimate partner is known to have difficulties with regulating emotion.
- Couples known to be experiencing high conflict and multiple stressors.
- Excessive alcohol use by one or both partners.
- Couples experiencing significant marital discord, especially when loaded firearms or other weapons and alcohol are in the home.
- Reports of infidelity, severe arguing, extreme jealousy, or domestic contacts with law enforcement.
- Any indication of stalking behavior or attempts to strangle partner or any verbal threat to injure or kill partner or children (these are serious warning signs for lethal domestic violence!).
- Partner is threatening to, or actually separates, from spouse or intimate partner.
- Families with fewer connections to the unit or community.
- Families in transition (e.g., deploying/redeploying, PCSing, recent birth of a child, etc.).
- Airmen with recurring personal hygiene issues or recurring reports of unsanitary living conditions who have small children at home may be experiencing electronic addictions or other serious addictions that increase risk of child neglect.
- Single parent with inadequate dependent care plan and inadequate finances.
- Compulsive on-line gamers and/or social network site users – spending many hours per day on-line with an infant or toddler in the home.
- Active Duty member or spouse/intimate partner with history of depression or suicide attempts, or other significant mental illness (e.g., schizophrenia, bipolar disorder) with children in the home.

### **Recommended Wingman Action**

- Know your wingmen and their families.
- Refer for prevention and support before an incident of maltreatment occurs.
- Be vigilant, and when red flags for maltreatment are identified, ask the individual how you can help.
- Create a unit/community environment that encourages communication and help-seeking behavior.
- Communicate concerns to leadership.



## Leadership Considerations

- Leaders must comply with AFI 40-301, which mandates the service member's chain of command to report child maltreatment to the Family Advocacy Program (FAP). This instruction requires commanders to report suspected domestic abuse to law enforcement and requires law enforcement to report all domestic abuse and child maltreatment to FAP. This instruction also requires all mandatory reporters of child abuse to report to FAP and to the local child protective services agency.
- Ensure personnel are aware of signs of domestic abuse and child maltreatment, reporting requirements, and how to report.
- Ensure personnel are aware of helping resources, such as Chaplains and legal counsel.
- Communicate the expectation that supervisors will know their people.
- Don't ignore reports of personnel or families that are having problems. Refer them for prevention services and follow-up to promote their follow-through with the appointment.
- Maintain awareness of problematic situations beyond initial adjustment or resolution.
- Make referrals to FAP as appropriate (a referral for secondary prevention to decrease issues from becoming an incident or a report of alleged maltreatment where a suspected or known incident has occurred).
- Consult frequently with FAP, the Mental Health Clinic, or the Staff Judge Advocate (SJA) regarding clinical and safety issues to include issuing no contact orders, use of unit watch procedures, moving personnel or families into different housing arrangements, restriction from base, changes in duty locations, etc.
- Ensure the basic needs of victims are met if abuse or neglect have been identified.