



UNITED STATES MARINE CORPS  
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION  
PO BOX 19001  
PARRIS ISLAND, SOUTH CAROLINA 29905-9001

IN REPLY REFER TO:

DepO 1752.3B

MCCS/BHB

5 JUN 2017

Depot Order 1752.3B

From: Commanding General  
To: Distribution List

Subj: FAMILY ADVOCACY PROGRAM (FAP) STANDARD OPERATING  
PROCEDURES (SHORT TITLE: FAP SOP)

Ref: (a) MCO 1710.30  
(b) MCO 1754.11  
(c) South Carolina Code of Laws, Title 16 (NOTAL)

Encl: (1) Family Advocacy Program Definitions  
(2) Diagram for Reporting of Family Violence  
(3) Incident Determination Committee Members  
(4) Family Advocacy Committee Members  
(5) Case Management Procedures  
(6) Clinical Counseling Services-Family Advocacy Incident  
Intake Form

1. Situation. To provide policy and procedural guidance for the effective execution and use of the Family Advocacy Program (FAP) aboard Marine Corps Recruit Depot/Eastern Recruiting Region, Parris Island (MCRD/ERR PI).

2. Cancellation. DepO 1752.3A

3. Mission. Department of Defense (DoD) policies on family violence require the development of a DoD-wide program for the prevention, identification, evaluation, treatment, follow-up, and reporting of child abuse, child neglect, and spouse/intimate partner abuse. Reference (a) is a manual that gives Behavioral Health Branch (BHB) Standing Operating Procedures. Reference (b) contains instructions on dealing with reports of Institutional Child Abuse aboard Marine Corps installations. Reference (c) contains Marine Corps FAP guidelines, outlines responsibilities of Marine Corps personnel, and provides directions for the Commanding General MCRD/ERR PI, to implement a FAP. Headquarters, Marine Corps, has issued MCO 1754.11 under which the MCRD/ERR PI FAP is currently operating. Reference (c)

DISTRIBUTION STATEMENT A: Approved for public release;  
distribution is unlimited.

5 JUN 2017

is the South Carolina Code of Laws, Title 16, which pertains to domestic violence. Enclosure (1) defines terms used in this Order.

#### 4. Execution

##### a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To ensure personnel tasked with assisting Marines, Sailors and their families with child abuse, sexual abuse and domestic abuse are provided adequate information pertaining to policies, procedures and responsibilities.

##### (2) Concept of Operations

(a) Acts of child neglect, child abuse, and spouse/intimate partner abuse, referred to hereinafter as child and spouse/intimate partner abuse, are incompatible with the high standards of professional and personal discipline required of all Marines and Sailors.

(b) Since acts of child and spouse/intimate partner abuse occur within and affect the total family, rehabilitation efforts will be directed at the family, if possible.

(c) Once identified, abusive personnel shall be confronted and appropriate action taken. When justified by a record of past good performance, potential for future service, individual motivation, and an evaluation by competent counselors and/or medical personnel that the member is a good candidate for successful treatment, rehabilitation is the preferred course of action.

(d) A member's entrance into the FAP is not in and of itself a basis for punitive action, revocation of security clearance, removal from base housing, or removal from the Personnel Reliability Program.

(e) Policies contained in paragraphs 3(b) and 3(c) above are not intended to preclude Commanding Officers from administering appropriate disciplinary or administrative sanctions for acts of abuse when any of these apply:

1. Offenders fail to acknowledge or assume responsibility for their behavior.

2. Behavior of offenders is compulsive, repeated, and represents a specific danger.

3. The victim has suffered serious injury.

4. There is sufficient evidence for conviction and testifying in court is in the best interest of the victim. In this regard, careful consideration shall be given to the impact of any punishment on the victim and the entire family.

(f) The major objective of the FAP is to stop child and spouse/intimate partner abuse within families. To that end, the program provides a means for each Commanding Officer to:

1. Enhance unit readiness by operating programs to restore to a healthy state families suffering from abuse.

2. Integrate on and off base resources in establishing preventive programs.

3. Guarantee interagency, staff, and command cooperation in addressing family advocacy matters.

4. Help members in dealing with family abuse.

5. Provide rehabilitative counseling to family members involved in abuse.

6. Identify, support, and treat families at risk for domestic violence.

(g) Scope of Program

1. The MCRD/ERR PI FAP encompass the elements of prevention, evaluation, identification, intervention, treatment, rehabilitation, follow-up, and reporting relative to child and spouse/intimate partner abuse. The program includes the following categories for identification and reporting purposes.

a. Child Physical Abuse

b. Child Emotional Abuse

c. Child Sexual Abuse

d. Child Neglect

5 JUN 2017

- Abuse                    e. Spouse or Intimate Partner Physical
- f. Spouse or Intimate Partner Sexual Abuse
- Abuse                    g. Spouse or Intimate Partner Emotional
- h. Spouse or Intimate Partner Neglect

2. The evaluation and counseling aspects of the FAP are mandatory for all active duty Marines and Sailors suspected or confirmed to be child and/or adult abusers. Family members may participate voluntarily.

3. Counseling/treatment services provided by the FAP team.

(h) Program Guidance

1. The FAP will operate within the established structure of the BHB and will support all tenant commands aboard MCRD/ERR PI, Marine Corps Air Station (MCAS) Beaufort, and Naval Hospital Beaufort (NHB). Each command will appoint, in writing, a FAP representative and an alternate to assist in carrying out the program at the unit level. Components of the FAP will include prevention and awareness education of at-risk families, identification and assessment of abuse cases, and disposition of cases.

2. Prevention. The Prevention and Education Program shall offer universal, selected and indicated prevention services and activities. These services, activities and programs promote wellness for everyone and commit resources to enhance healthy individual, couple, and family functioning. Selected prevention strategies shall focus on educating at-risk populations or on topics that address high-risk problems. Indicated prevention efforts focus on those Marines and families that have been identified as at-risk and have exhibited early warning signs of behavioral health stressors. Indicated prevention efforts teach skills and coping mechanisms to individuals who have exhibited early symptoms of negative stress expression and have been identified as at-risk.

5 JUN 2017

a. The awareness program shall include periodic briefings on identification, evaluation, treatment, and reporting procedures for Commanding Officers, their staffs, and personnel assigned to the following activities:

- (1) Command Chaplain's Office
- (2) Provost Marshal's Office
- (3) Child Care Center
- (4) Laurel Bay Schools
- (5) Joint Substance Abuse Counseling Center
- (6) Off-base Law Enforcement and Social Service agencies
- (7) BHB staff

b. Family enrichment programs are of particular value in preventing abuse in the family. The FAP Manager shall ensure that families identified as "at-risk" using the criteria given in paragraph (g), "Scope of Program", are provided educational programs and support services. These educational programs shall include, but are not limited to, parenting classes, stress management, conflict resolution, and couples communication.

3. Identification, Reporting and Assessment.  
The State of South Carolina requires the reporting of child abuse and neglect cases to the Child Protection Services (CPS), Department of Social Services (DSS). All military members and civilian personnel associated with the DoD, except legal counsel and chaplains (acting in a clerical role) when engaged in a professional/client relationship are considered mandatory reporters and must report suspected cases of child abuse and spouse/intimate partner. Any incident of suspected or substantiated child abuse and child neglect shall be reported directly to the FAP or Provost Marshal Office (PMO). The FAP is mandated to contact all other relevant parties, including DSS. Enclosure (2) illustrates the procedure for reporting cases of child and spouse/intimate partner abuse. Reference (b) gives special instructions for reporting and handling cases of institutional child abuse aboard Marine Corps installations.

5 JUN 2017

a. On-Base Incidents. When medical, security, Child Development Services, school, or other personnel become aware of incidents of abuse or suspected abuse, they shall report such incidents to the FAP or PMO who shall investigate incidents that appear to involve violations of the Uniform Code of Military Justice (UCMJ). Once an abuse case has been reported and investigated, The Incident Determination Committee (IDC) shall make a determination as to whether the case meets or does not meet criteria. Enclosure (3) identifies IDC membership.

b. Off-Base Incidents. The PMO will ensure liaison is made with local civilian law enforcement agencies, civilian medical facilities, and social service agencies to encourage reporting of off-base child and spouse/intimate partner abuse incidents involving Marines and Sailors.

#### 4. Intervention

a. Temporary separation of the victim(s) from the offender after an episode of abuse is often necessary and desirable to ensure the safety of all concerned. A Memorandum of Understanding authorizes the DSS CPS to operate aboard MCRD/ERR PI to facilitate the identification, assessment, temporary foster placement, and treatment of abused children. Depending upon the severity of the situation, other intervention strategies may include:

b. Temporarily removing the military member from the home and ordering the individual to stay in the barracks.

c. Placing family members in the spouse/intimate partner abuse shelter operated by Hopeful Horizons.

d. Complying with South Carolina Code of Laws, Title 16, Section 16-25 (1984) regarding criminal domestic violence.

#### 5. Intervention/Treatment and Records Management

a. The goals of intervention and/or rehabilitation are to prevent a recurrence of abuse, repair any lasting physical or psychological damage resulting from the abuse, and return the family to a functional state. NHB has the

5 JUN 2017

primary responsibility for coordinating and providing medical treatment per references (c) and (d). The FAP is responsible for assessment, referral, and counseling services.

b. By the nature of their severity, long duration, or frequent recurrence, some problems are not amenable to treatment. In such cases, administrative separation from the Naval service should be considered.

c. In cases where there is a high probability of personal change and the member has a record of positive performance, the preferred course of action is counseling or therapy and appropriate disciplinary accountability.

d. When a member is retained and placed in a counseling and/or rehabilitation program, cooperation and participation with the counseling regimen is essential. Members who fail to cooperate, progress, or satisfactorily complete the prescribed treatment may receive disciplinary or administrative action to include separation from the Naval service.

e. Treatment length will necessarily vary with the nature and severity of the problem. Cases requiring longer than one year of treatment shall be referred to the Clinical Case Staff Meeting (CCSM) for appropriate recommendations. The CCSM recommendations will be forwarded to the member's Commanding Officer.

(1) For cases exceeding one year's treatment, the CCSM shall monitor all treatment and intervention and determine when the goals of treatment/intervention/rehabilitation have been met. Progress of treatment will be assessed quarterly. The results of these evaluations, with a recommendation for or against continued treatment, will be provided to the member's Commanding Officer.

(2) If a Permanent Change of Station (PCS) transfer is known or anticipated, Commanding Officers will coordinate with the Commandant of the Marine Corps (code MMEA for enlisted personnel and code MMOA for officers) to preclude transfer of a Marine successfully participating in a rehabilitation program. In the case of Sailors, Commanding Officers will coordinate with the Navy Personnel Command in Washington, DC, to preclude transfer. This coordination will include a recommendation, such as: "Member be stabilized at

5 JUN 2017

current command for \_\_\_\_ months (not normally to exceed 12 months) to complete a rehabilitative program" or "Member be transferred to a major command in CONUS where rehabilitative treatment is readily available." At the end of a rehabilitation and treatment program, individual cases will be reviewed to determine availability for worldwide assignment or separation from the service.

(3) Military members will be advised that child and spouse/intimate partner abuse may preclude assignment to duty such as security duty, security forces, independent duty, overseas accompanied assignments, recruiting duty, drill instructor duty, and billets external to the Marine Corps and Navy.

(4) Family members of active duty and retired Marines and Sailors involved in abuse as victims or offenders will be afforded counseling or other appropriate intervention and should be encouraged to participate voluntarily.

(5) Every reasonable effort will be made to maintain the privacy of victims, offenders, and their families. Commanding Officers, BHB staff, and medical and security personnel will ensure that information is strictly safeguarded and held in a confidential manner. Sensitive information includes intake forms, case records, medical reports, Naval Criminal Investigative Service and Criminal Investigation Division investigations, and other administrative records pertinent to the case.

(6) FAP and Community Counseling case files are maintained under the client's name and case number. Military sponsor names or other sponsor information is not used to identify files of clients who are family members. SSNs are not used to identify case files. Case numbers are maintained on other non-permanent records. Files within a family are cross-referenced by case number only. Military sponsors and commanders are not granted access to family members' files.

(7) All FAP case records will be maintained on BHB CNS system and paper records will be in separate double locked cabinets.

## 6. Voluntary Self Referral



5 JUN 2017

a. Service members on active duty and their dependent family members, regardless of their location, and Department of the Navy (DON) civilian employees and their family members in a foreign country who are eligible for Military Treatment Facility services may obtain services for child abuse or domestic abuse by self-referral to FAP.

b. Self-referral occurs when only the offender and victim are aware of the abuse prior to disclosure to FAP, and the self-referral was not made under threat of third party disclosure. 04 A service member who comes forward after a/an spouse/intimate partner discloses child abuse does not constitute self-referral if the service member is the alleged offender. Information disclosed in response to official questioning in connection with any military or civilian investigation is not a self-referral.

c. Marines, family members, and certain DOD-affiliated personnel who are potential or actual offenders or victims of child abuse or domestic abuse are encouraged to seek help early. They may initiate the evaluation and intervention process on page 4-2, of reference (c), voluntarily disclosing the nature and extent of the abuse or risk to abuse to qualified FAP clinicians.

d. Counselors must advise the client of the counselor's duty to follow established protocol for reporting allegations of abuse as described under section four, subparagraph (h).

e. Members who are voluntary self-referrals shall follow the treatment program determined by the FAPM, the IDC, and the CCSM.

(i) Reports

1. The Marine Corps requires the FAPM to provide to the Marine Corps Central Registry information and reports of incidents of abuse and to document the incident rates of child and spouse/intimate partner abuse. Based upon investigation presented by the FAP and other information from the FAC, the IDC classifies abuse cases as meets criteria or does not meet criteria.

2. Enclosure (5) delineates the procedure to be utilized by NHB and Provost Marshal personnel for reporting

8 JUN 2017

cases to the FAPM that occur after normal working hours, on weekends, and on holidays.

3. The BHB Director will report workload statistics as part of the BHB activities report per reference (b).

4. Reports Required

a. Institutional Child Abuse and Neglect - Initial, Weekly, and Final Status Report (Report Control Symbol DD-1752-01(External RCS DD-FM&P(W) 1738)), MCO 1754.11

b. Family Advocacy Report of Death/Serious Injury (Report Control Symbol DD-1752-02), MCO 1754.11

c. Child/Spouse Abuse Incident Report (Report Control Symbol DD-1752-03(External RCS DD FM&P(W) 1738)), MCO 1754.11

d. Marine Corps Family Advocacy Program (FAP) Fiscal Year Program Review and OSD/OMB Budget Submit (Report Control Symbol DD-1752-04), MCO 1754.11

(j) Coordinated Community Response (CCR)

1. It is the responsibility of the entire Marine Corps and Navy community and the civilian sector to respond to incidents of family violence. The Marine Corps FAP must be based upon this CCR, a valuable tool for Marine Corps readiness and rapid deployment.

2. Family violence affects the ability of the Marine Corps to achieve its mission. Moreover, achieving the three goals of prevention, victim protection, and offender accountability requires the involvement of many different agencies and professions, both military and civilian.

3. No single individual, agency, or discipline has the necessary knowledge, skills, or resources to prevent family violence and to provide the assistance needed by its victims and their families.

4. Cooperation and active participation by all military and civilian agencies, individuals, and disciplines in the prevention, assessment, treatment, prosecution or management of family advocacy matters requires a CCR.

5 JUN 2017

b. Roles and Responsibilities

(1) Commanding Officers and Officers-in-Charge

- (a) Hold military offenders accountable.
- (b) Receive training on the prevention of and response to child abuse and domestic abuse within 90 days of assuming command and annually thereafter.
- (c) Ensure completion of Family Advocacy Program Incident Determination Committee (FAP IDC) training prior to participation in IDC.
- (d) May appoint a primary and secondary officer to receive training and participate in the IDC. Secondary appointees participate in the IDC only in the event that the primary appointee is unavailable. This requirement only pertains to those unit commanders who are convening authorities.
- (e) Participate in the IDC.
- (f) Support Clinical Case Staff Meeting (CCSM) treatment recommendations.
- (g) Notify the installation FAPM when orders are pending to reassign service members and/or family members with open FAP cases.
- (h) Ensure all Marines attend annual educational/awareness briefings on prevention of child abuse and domestic abuse.
- (i) Report to FAP all suspected and alleged incidents of child abuse and domestic abuse occurring on the installation or involving military personnel or their families.
- (j) Implement Military Protection Orders (MPO).
- (k) Removal of service members from home in MPO incidents.
- (l) Removal of children and/or adults from the home in abuse or neglect incidents. Department of Social Services also share in this responsibility.

5 JUN 2017

(2) Director, Behavioral Health Branch

(a) Operate the FAP in consonance with references (a) through (c) and this Order.

(b) Keep apprised of new developments within the program which may go beyond the scope of reference (a) and this Order.

(c) Act as a point of contact and conduit for information to Recruit Depot Parris Island and all tenant commands regarding the FAP.

(3) Family Advocacy Committee (FAC)

(a) Provide recommendations for FAP policy and procedures.

(b) Facilitate an integrated team approach among all agencies involved with the FAP.

(c) Facilitate military and civilian interface and integration of social service delivery.

(d) Conduct ongoing needs assessments and evaluations of the MCRD/ERR FAP.

(e) Recommend to the Commanding General MCRD/ERR, new resources and programs, as needed.

(f) Identify long-range, intermediate, and immediate needs and initiate action to satisfy them.

(g) Serve as advocates for families and children.

(h) The FAC is a joint committee with the MCAS Beaufort and Naval Hospital Beaufort.

(4) Incident Determination Committee (IDC). The IDC shall assess each suspected case of spouse/intimate partner abuse, child abuse, and child neglect and monitor those that are substantiated.

(5) The Clinical Case Staff Meeting (CCSM)

(a) Purpose. The purpose of the CCSM is to clinically consult about the assessment and ongoing case

5 JUN 2017

management of interventions with families having allegations of abuse. Safety planning, supportive services and clinical treatment are the core areas of the CCSM. The referral should not be presented to the CCSM until the FAP family assessment is complete. The CCSM operates independently from the IDC and does not need to wait for an Incident Status Determination (ISD) in order to make treatment and referral recommendations.

(b) The FAPM shall chair the CCSM.

(c) Attendance at CCSMs is limited to those with clinical expertise in child abuse and domestic abuse and on a case-relevant basis. The FAPM shall exercise discretion in inviting other military or civilian medical, mental health, or clinical social services providers who may add value to the clinical case discussions, including: In child abuse incidents only, a representative from the civilian CPS agency and/or a representative from New Parent Support Program (NPSP), who is working with the victim. In domestic abuse incidents only, for the discussion of recommended safety planning, supportive and treatment services for the victim, a domestic abuse Victim Advocate (VA) who has worked directly with the victim.

(d) Forward the results of those assessments/evaluations, with a recommendation for or against continued treatment, to the member's Commanding Officer.

(e) FAP shall perform the duties listed in enclosure (5).

## 5. Administration and Logistics

a. The BHB is the sponsor for this order.

b. Recommendations for changes or modifications to this order will be provided to the BHB. The BHB will staff this order to the appropriate subordinate commands and staff sections for consideration and will implement any changes or revisions.

c. An electronic copy of this order can be found on the Parris Island Intranet (<http://parrislandintranet.nmci.usmc.mil/G1/default.aspx>).

## 6. Command and Signal

a. Command. This Order is applicable to MCRD/ERR and tenant commands.

5 JUN 2017

b. Signal. This Order is effective the date signed.



A. H. SMITH

Chief of Staff

DISTRIBUTION: A

5 JUN 2017

FAMILY ADVOCACY PROGRAM DEFINITIONS

The following definitions are intended solely for the administration of the program in this Order. They do not modify or influence definitions applicable to statutory provisions and regulations that relate to determination of misconduct and line of duty, and criminal responsibility for a person's acts or omissions.

1. ABUSE. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child or spouse/intimate partner.
2. AT RISK OR HIGH RISK. A term used to identify groups of individuals or families which statistically have a strong possibility of becoming involved in some form of maltreatment.
3. CARETAKER. Person who assumes responsibility for the physical or emotional well-being of a child at a given time.
4. CASE. A victim of abuse or neglect. Each victim in a family is a separate case. A case is defined by victim and not by the offender for Department of the Navy reporting purposes.
5. CASE DETERMINATIONS BY INCIDENT DETERMINATION COMMITTEE

a. Purpose. The purpose of the IDC is to decide which referrals for suspected child abuse or unrestricted domestic abuse meet the DOD criteria found in MCO 1754.11, appendix E, that define such abuse, requiring entry into the FAP Central Registry. This decision is known as the Incident Status Determination (ISD). Referrals presented to the IDC shall also include incidents of alleged abuse or neglect in which the victim has died in connection with such alleged abuse or neglect. The IDC will occur at the location that has the Primary Managing Authority for the case.

(1) With respect to child abuse incidents, an ISD may differ from a case substantiation decision made by a civilian CPS agency. Such differences may occur because the DOD criteria that define the type of abuse may be more or less inclusive than the criteria used by the civilian CPS agency and because the IDC may have different or more information than the civilian CPS.

(2) An IDC meeting is not a disciplinary proceeding under MCO 1754.11, references (j) and (m) and the evidence rules and requirements for due process for disciplinary proceedings do not apply to IDC meetings and determinations. A commander may

not take administrative or disciplinary action against a service member based solely upon the ISD for an act of child abuse or domestic abuse, or intimate partner abuse allegedly committed by that service member. This in no way increases or restricts a commander's ability to determine appropriate accountability for an offense committed by the service member.

6. CHILD ABUSE AND NEGLECT. The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child by a parent, guardian, employee of a residential facility, or any staff person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of such a responsible person.

7. FAMILY ADVOCACY COMMITTEE (FAC). A committee established by the base or station commander that collaborates with the Commanding Officer of the medical treatment facility. This is a multi-disciplinary committee whose purpose is to assist the Command in the coordination and oversight of the base-wide FAP and to monitor and review all intervention and treatment strategies. The Commanding General, Recruit Depot Parris Island, will appoint the chairperson of the committee.

8. FAMILY ADVOCACY PROGRAM. A program designed to address prevention, evaluation, identification, intervention, treatment, follow-up, and reporting of child and spouse/intimate partner abuse maltreatment, child neglect, sexual assault and rape.

9. FAMILY ADVOCACY PROGRAM MANAGER. A member of the Behavioral Health Branch staff designated by the Commanding General, Recruit Depot Parris Island to implement and manage the Family Advocacy Program at the Behavioral Health Branch and medical facilities and to coordinate treatment and reporting for all Family Advocacy Program cases base-wide. The person awarded this position must be credentialed as a Tier III Clinical Counselor for the Department of Defense and have a current license to conduct therapy in either Social Work, Professional Counseling or Marriage and Family therapist occupation from an accredited State in the United States.



5 JUN 2017

10. HARM. Includes, but is not limited to:

a. Physical, emotional, or mental injury, including physical injury resulting from otherwise lawful corporal punishment of children (that is, customarily accepted parental discipline) which may be unlawful when it disfigures, impairs, or otherwise traumatizes an individual.

b. A sexual offense, whether assaultive or non-assaultive, accomplished or attempted (as defined in the Uniform Code of Military Justice or State Statutes).

c. Failure to supply a child or dependent with adequate food, clothing, shelter, education (as defined by South Carolina State Statutes), or health care, though possessing financial or other reasonable means to do so. Adequate health care includes any medical or nonmedical remedial health care permitted or authorized under state statutes.

d. Abandonment of a child or spouse/intimate partner, as defined by State Statute.

e. Failure to provide a child with adequate care, supervision, or guardianship.

11. INCEST. Sexual intercourse between persons who are closely related either by blood or legally, such as through adoption.

12. INTIMATE PARTNER. A spouse or former spouse, persons who share a child in common, and persons who cohabit or has cohabited.

13. INTIMATE PARTNER ABUSE. An assault, a battery, a threat to injure or kill, or other act of force, violence, or emotional maltreatment inflicted on an intimate partner when at least one partner is a military member.

12. MALTREATMENT. A general diagnostic term referring to abuse or neglect. Specific types of maltreatment are:

a. Physical abuse of child. This includes:

(1) Major physical injury, brain damage, skull or bone fracture, subdural hematoma, sprain, internal injury, poisoning, scalding, severe cut, laceration, bruise, or any combination thereof constituting a substantial risk to the life or well-being of the individual.

5 JUN 2017

(2) Minor physical injury, twisting, shaking, minor cut, bruise, welt, or any combination not constituting a substantial risk to the life or well-being of the individual.

b. Emotional maltreatment of child. Any act of commission (such as intentional berating, disparaging, or other abusive behavior) or omission (such as passive/aggressive inattention to a child's emotional needs) on the part of the caretaker which causes low self-esteem in the child, undue fear or anxiety, or other damage to the child's emotional well-being.

c. Death of child. Child fatality as the result of abuse or neglect.

d. Death of spouse. Spouse fatality as the result of abuse by the marriage partner.

13. NEGLECT. Deprivation of necessities including failure to provide nourishment, shelter, clothing, health care, education, and supervision. Inadequate or improper care that results, or could reasonable result, in injury, trauma, or emotional harm, including failure to thrive.

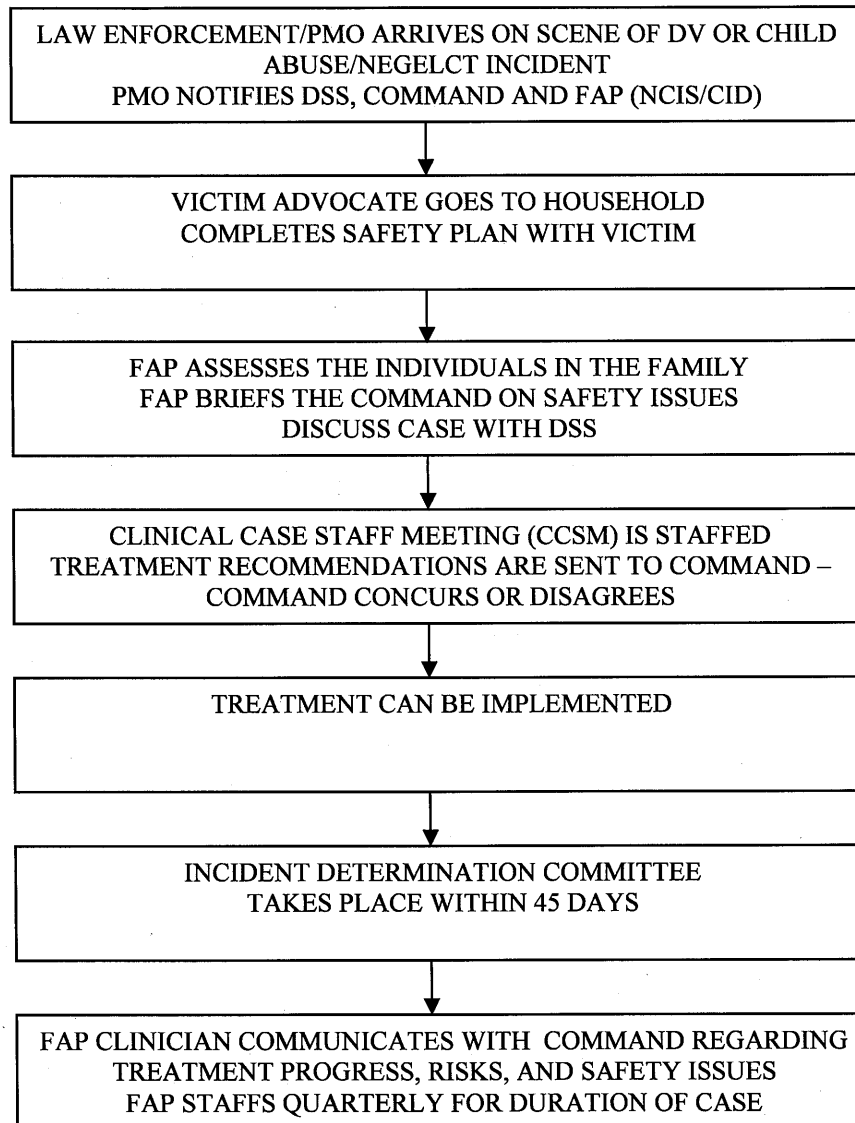
14. OFFENDER. The person directly or indirectly responsible for the resulting neglect or abuse as defined here.

15. SPOUSE. A partner in a lawful marriage where one of the partners is a military member.

16. SPOUSE ABUSE. An assault, a battery, a threat to injure or kill, or other act of force, violence, or emotional maltreatment inflicted on a partner in a lawful marriage when at least on partner is a military member.

17. VICTIM. An individual who is the subject of abuse, neglect, incest, or sexual assault.

5 JUN 2017

DIAGRAM FOR REPORTING OF FAMILY VIOLENCE

5 JUN 2017

INCIDENT DETERMINATION COMMITTEE MEMBERS

Composition. The IDC will be a multi-disciplinary team appointed in writing by the Installation Commander. The IDC model requires active participation by the installation Chief of Staff as the IDC Chairperson, and unit commanders (battalion/squadron level), or the unit commander's designee, appointed by that unit commander. For installations with a Marine Civilian as a Chief of Staff, a Senior Military Officer equivalent, but not more than one pay grade lower, shall serve as the IDC chairperson.

1. The committee will consist of the following core members:
  - a. IDC Chairperson
  - b. Installation Sergeant Major
  - c. A military officer or Staff Non-Commissioned Officer from Provosts Marshal's Office, Criminal Investigation Division, and/or Naval Criminal Investigative Services
  - d. Judge Advocate from SJA Office
  - e. The FAPM
2. All aforementioned parties are voting members. The IDC Chair shall ensure appropriate senior ranking members are appointed from above identified organizations.
3. The following parties are non-permanent (non-core) members:
  - a. Unit Commander

(1) The Unit Commander (squadron or battalion level) of the active duty alleged offender or active duty victim, or the active duty sponsor in cases of child abuse, should participate in the IDC and is a voting member. In cases of dual military, both commanders are voting members.

(2) Unit Commanders (squadron or battalion level) serving as convening authorities shall appoint a primary and secondary officer to participate in the IDC process. This officer shall not be more than one grade lower in rank than the commander. Additionally, the commander should ensure he/she has a trained alternate to act in the primary command

5 JUN 2017

representative's absence. The secondary command representative should be of the same rank as the primary command representative.

(3) Attendance at the IDC is limited to individuals with an authorized -need to know or who have relevant information to present. No active duty service member or family member who is an alleged abuser or victim is authorized to attend the IDC, nor is an attorney for such individuals permitted to attend the IDC. However, if additional information is required to determine whether an incident meets the appropriate criteria as outlined in this Order, the IDC Chairperson may invite a nonvoting guest to attend and present pertinent relevant information.

5 JUN 2017

FAMILY ADVOCACY COMMITTEE MEMBERS

1. The FAC will be a multi-disciplinary team appointed in writing by the Installation Commander. FAC will advise on installation FAP's procedures, training, policy matters, program evaluation efforts and will address the overall administrative details of the FAP.
2. The commander of each installation shall serve as Chair to the FAC, or if unavoidably absent, may delegate the position to that of a military field grade officer.
3. The FAPM is the subject matter expert and will provide logistical support for the FAC.
4. The FAC members shall have functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of child abuse and domestic abuse. In addition to the chair person, and the FAPM, the FAC must include the following at a minimum:
  - a. Installation Command Sergeant Major
  - b. M&FP Director
  - c. FAP Prevention Specialist
  - d. SJA
  - e. MP, CID, or NCIS
  - f. Chaplain
  - g. MTF representative
  - h. DODEA School Representative if applicable
  - i. Other representatives as deemed appropriate by the FAPM

CASE MANAGEMENT PROCEDURES

5 JUN 2017

1. All reports of suspected or substantiated child or spouse abuse shall be reported as soon as possible to the FAP who is responsible for notifying all appropriate personnel.
2. When the Provost Marshal notifies the FAP of a case, the FAP Victim Advocate completes the intake paperwork and sends it to FAP Admin who assigns the case to a FAP Counselor.
3. The FAP Victim Advocate
  - a. Responds to all telephone notification within fifteen minutes and is available to be on site within two hours.
  - b. Assesses the safety needs of the victim, including the need for medical care, safe housing, and financial and legal assistance. Works with the victim to create a viable plan to prevent further abuse.
  - c. Reports pertinent data verbally and in writing to the Counselor.
  - d. Continues to work with the victim as long as needed.
4. The FAP Counselor or Case Manager notifies the unit Commanding Officer to request that the Marine (or Sailor) involved in the case be sent to the FAP for intake and counseling.
5. Whenever possible, the FAP Counselor or Victim Advocate collects related incident complaint reports and statements from the Provost Marshal or law enforcement agency prior to the arrival of the family. If this information is not available, the FAP Counselor or Case Manager is responsible for obtaining it as soon as possible.
6. The FAP Counselor notifies the FAP Manager of the suspected case and ensures that the case is annotated on the FAP Master Log.
7. Upon arrival of the Marine (or Sailor) and family members, the FAP Counselor:
  - a. Collects intake data and creates a case file using the forms and documents indicated in paragraph 8 below.

5 JUN 2017

b. Conducts a private, one-on-one interview with each person present. If some parties to the abusive situation are not present, the Counselor will interview them at a later time, if possible.

c. Interviews appropriate persons jointly, as needed.

d. Assesses the safety plan jointly created by the Victim Advocate and the victim and adjusts it, as needed, based upon his or her interviews with the parties to the abuse and other pertinent data.

e. Consults with the Commanding Officer on the need for the continuing intervention and separation of offender and victim.

f. Presents the case to the CCSM and discusses treatment recommendations.

g. If the case meets criteria, the FAP Counselor:

(1) Notifies the offender of the outcome.

(2) The Case Manager Prepares DD Form 2486, enclosure (6), and ensures that the data is entered into the Marine Corps Central Registry.

(3) Initiates the treatment plan by notifying the unit if, the offender, and the victim (in some cases) when and where the treatment will take place.

(4) Monitors and conducts treatment or makes referral to an appropriate treatment agency.

(5) Notifies the Commanding Officer of client's attendance and progress or lack thereof.

(6) Periodically updates the CCSM:

(a) On the progress of treatment

(b) If the clients become treatment failures.

(c) When clients have completed all recommended treatment.



5 JUN 2017

(d) To recommend when cases should be closed or transferred elsewhere. The FAP Counselor shall issue the closure letter when the case is closed.

(e) The IDC will make an ISD determination for new incidents and the CCSM will assess the need for a change in treatment recommendations.

h. CCSM will make treatment recommendations which should lower the risk of future abuse. The Commanding Officer may choose whether or not to have the Marine (or Sailor) comply with these recommendations and the offender or victim can on their own accord decide to comply on their own.

8. The FAP Counselor manages case files according to the Family Advocacy Program which includes at a minimum the following:

a. At a minimum, the following case content is required:

- Identifying Information
- Pertinent Background Information
- Privacy Act Statement
- Limits of Confidentiality
- Informed Consent to Treatment
- Consent for Child to Participate in Counseling
- Intake/Assessment
- Bio-Psycho-Social Assessment
- Treatment/Service Plan and Goals
- Case Activity Notes, Full and Brief
- Record of Contacts

b. Other information that may be included, if applicable:

- Authorization to Disclose, Consent to Obtain Information
- Client Referral Form and Client Referral Follow-Up
- Consent to Observe/Tape Counseling Session
- Disclosure Accounting Form
- Copies of correspondence

9. To ensure that FAP clients will be served adequately during non-duty hours, holidays, and weekends, the FAP Manager shall furnish an up-to-date, notification memorandum to the Provost Marshal and to the Commanding Officer, NHB. The memorandum:

a. Shall contain priority notification procedures and the names and home telephone numbers of the FAP Manager and FAP Victim Advocate.

**5 JUN 2017**

b. Requests that the Provost Marshal and/or the NHB Officer of the Day notify FAP personnel whenever:

(1) A party to an incident of child or spouse abuse requests social work assistance.

(2) In the judgment of the person on duty, the situation warrants immediate intervention.

(3) The case has the potential to become high profile or of interest to the media.

6 JUN 2017

**Clinical Counseling Services-Family Advocacy  
Incident Intake Form  
Tricommand, Beaufort, SC**

11/14/2013

Case Number \_\_\_\_\_ Typology \_\_\_\_\_ Incident Date \_\_\_\_\_  
Case Manager \_\_\_\_\_ Counselor \_\_\_\_\_  
Victim Advocate \_\_\_\_\_ Date RCD \_\_\_\_\_  
Reported by \_\_\_\_\_ Contact Info \_\_\_\_\_

Sponsor Name \_\_\_\_\_ DOB/SSN \_\_\_\_\_ Victim/Offender \_\_\_\_\_  
Local Address \_\_\_\_\_ Rank/MOS \_\_\_\_\_  
Telephone #s \_\_\_\_\_ Command/SgtMaj \_\_\_\_\_ Contact Info \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB/SSN \_\_\_\_\_ Victim/Offender \_\_\_\_\_  
Address \_\_\_\_\_ Rank/MOS \_\_\_\_\_  
Telephone #s \_\_\_\_\_ Command/SgtMaj \_\_\_\_\_ Contact Info \_\_\_\_\_

**Child(ren) Information (please list in order of births)**

Last/First Name	DOB/SSN	Child Victim		Child Witness	
		Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No
_____	_____	Yes	No	Yes	No

**Incident Information**

First contact about case (name, date and time) \_\_\_\_\_  
Command Notification (name, date and time) \_\_\_\_\_  
MPO issued?, date, length \_\_\_\_\_  
Date & Time of VA Response \_\_\_\_\_

Physical Injuries? \_\_\_\_\_ Alcohol and/or Drug involved? \_\_\_\_\_  
Injuries (con't) \_\_\_\_\_  
Injuries (con't) \_\_\_\_\_

**Victim Safety Plan**

Safety plan with VAV? (Give Date/Time) \_\_\_\_\_  
If no, explain. \_\_\_\_\_  
Safety plan with VA? (Give/Date) \_\_\_\_\_  
If no, explain. \_\_\_\_\_

**Additional information**

DSS notified? (name, date, time) \_\_\_\_\_ Victim Appointment with Counselor \_\_\_\_\_  
CID/NCIS/PMO notified? (name, date, time) \_\_\_\_\_ Offender Appointment with Counselor \_\_\_\_\_  
CASA check? (date) \_\_\_\_\_

First/Last Name &amp; Title \_\_\_\_\_

Enclosure (6)

Form: March 2009

5 JUN 2017

Clinical Counseling Services-Family Advocacy  
Incident Intake Form  
Tricommand, Beaufort, SC

11/14/2013

Description of Incident  
(Please include as many details as possible, to include, but not limited to: injuries, quotes from reporter, times, locations and any actions taken on the case already.)

First/Last Name & Title

2

Enclosure (6)

Form: March 2009