DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
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WASHINGTON DC 20350-3000

MCO 1754.11A
M&RA (MF)
8 APR 2021

MARINE CORPS ORDER 1754.11A

From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS FAMILY ADVOCACY PROGRAM

Ref: See Enclosure (1)

Encl: (1) References
(2) Marine Corps Family Advocacy Program (FAP) Policy

Reports Required: I. Defense Manpower Management Center Quarterly Report (Report Control Symbol DD-1754-05 (external DD-P&R(Q)2052)
II. Annual Family Advocacy Program (FAP) Metrics (Report Control Symbol DD-1754-08 (external DD-P&R(Q)2052)
III. Quarterly FAP Metrics Report (Report Control Symbol MC-1754-02)

1. Situation. Child abuse, domestic abuse, and problematic sexual behavior in children and youth (PSB-CY) detract from military performance and diminish the reputation and prestige of the Marine Corps. This Order provides policy for the effective execution and use of the Family Advocacy Program (FAP) to establish the commander's responsibility to prevent and respond to child abuse, domestic abuse, and PSB-CY in accordance with references (a) through (ac). FAP shall be implemented in accordance with this Order and procedures located in NAVMC 1754.11, reference (aa). Marines, Sailors attached to Marine Corps units, and their family members (hereafter referred to as Marines and family members) are provided FAP services in accordance with the references. FAP services are non-medical in accordance with reference (c). This Order contains substantial changes to existing policies and procedures regarding the execution of FAP and shall be read in its entirety.

2. Cancellation. MCO 1754.11

3. Mission. Commanders are tasked with implementing a comprehensive FAP in accordance with the guidance and procedures contained in this Order. FAP promotes healthy relationship development for Marines and their family members through prevention; identification; assessment; advocacy; reporting; and response to child abuse, domestic abuse, and PSB-CY.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Decrease risk and occurrence of child abuse, domestic abuse, and PSB-CY in the Marine Corps by strengthening prevention efforts and providing non-medical counseling and advocacy services.

(b) Set high standards for personal behavior and hold the alleged abuser and adjudicated abuser appropriately accountable. For the purposes of this directive, abuser will hereafter refer to both alleged and adjudicated.

(c) Maintain community safety and due process of law while protecting the safety and well-being of victims, family members, and abusers through a coordinated community response (CCR).

(2) Concept of Operations

(a) FAP provides trauma-informed assessment and non-medical counseling services to individuals who are involved in alleged incidents of child abuse, domestic abuse, and PSB-CY and are eligible to receive services at a military treatment facility (MTF) as per reference (b).

(b) Marines shall report known and suspected incidents of child abuse and neglect to their chain of command and the installation FAP.

(c) Domestic abuse includes emotional abuse, neglect, physical abuse, and sexual abuse against spouses or intimate partners as defined in reference (a).

(d) Child abuse includes emotional abuse, neglect, physical abuse, and sexual abuse against a child. The DoD definition of child abuse applies to cases where the abuser was acting in a caregiver role. Child abuse inflicted by someone other than a parent, guardian, or person in a caregiving role does not meet FAP case eligibility, but is considered a criminal act and is addressed by law enforcement. FAP reports all such allegations to law enforcement and offers supportive services as indicated.

(e) In accordance with reference (b), FAP's scope is expanded to include providing services to the families of children and youth who exhibit or have been impacted by problematic sexual behavior. FAP is consulted regarding incidents of known or suspected PSB-CY to determine eligibility for services and available resources.

(f) Sexual assault applies to victims 18 years and older who are not the spouse or intimate partner of the abuser as defined by reference (a). Sexual assault cases are within the scope of the Sexual Assault Prevention and Response (SAPR) program. FAP refers these cases to the Sexual Assault Response Coordinator (SARC).

(g) Individuals who are involved in alleged incidents of child abuse, domestic abuse, or PSB-CY but are not eligible to receive treatment at a MTF are provided initial safety planning and referral information for supportive services.

(h) Headquarters Marine Corps (HQMC) Deputy Commandant, Manpower and Reserve Affairs (DC M&RA), Marine and Family Programs (MF), Behavioral Programs (MFC), Family Advocacy Program (FAP) section is responsible for providing oversight, policy, guidance, and evaluation of FAP.

(i) The installation Family Advocacy Committee (FAC) serves as the policy-implementing, coordinating, and advisory body to address child abuse and domestic abuse at each installation and is responsible for the CCR. The CCR includes the establishment of Coordinated Community Response Teams (CCRT) to monitor and mitigate high-risk for violence (HRV) situations for domestic abuse and child abuse, and to manage all PSB-CY referrals.

(j) Installation FAP services are provided by Marine Corps Community Services (MCCS) personnel at Marine Corps installations. These services include Prevention and Education (P&E), New Parent Support Program (NPSP), Advocacy services, and non-medical Clinical Counseling.

(k) The installation FAP reports all allegations of child abuse to the local child welfare services (CWS) agency and appropriate law enforcement agency within 24 hours of receipt of reported allegation. All unrestricted allegations of domestic abuse are reported to the appropriate law enforcement agency within 24 hours of receipt of reported allegation.

(l) After a report of an incident, the installation FAP conducts assessments to determine risk level and develop clinical care recommendations. The results are presented at the Clinical Case Staff Meeting (CCSM).

(m) The Incident Determination Committee (IDC) reviews all alleged reports of child abuse and unrestricted reports of domestic abuse. The IDC determines whether the alleged report meets the Department of Defense (DoD) definition of abuse, which will determine entry into the Marine Corps Central Registry as an abuse incident.

(n) The installation commander may request a Family Advocacy Command Assistance Team (FACAT) in cases of child sexual abuse that involve DoD-sanctioned activities.

(o) This Order implements references (a) through (k) and is consistent with references (l) through (ad). Enclosure (2) provides detailed requirements on FAP processes, key components, and an appendix for key terms and acronyms.

b. Subordinate Element Missions

(1) Deputy Commandant for Manpower and Reserve Affairs (DC M&RA) shall:

(a) Develop and issue policy for the establishment, management, and evaluation of the FAP.

(b) Prepare annual budget and manpower requirements and submit justification, via the chain of command, to the Office of the Secretary of Defense (OSD).

(c) Designate a HQMC Family Advocacy Program Manager (FAPM) to provide program oversight, guidance, and represent the Marine Corps on various DoD FAP working groups, committees, and councils, as required.

(d) Provide evidence-informed programs and activities that contribute to healthy relationships for individuals, couples, and families.

(e) Manage the Marine Corps Central Registry for collecting and analyzing data on child abuse and unrestricted reports of domestic abuse.

(f) Submit data and program information to higher headquarters as required by the references.

(g) Coordinate requests for activation of the DoD FACAT in accordance with reference (g).

(h) Notify the Deputy Assistant Secretary of Defense (DASD) for Military Community and Family Policy (MC&FP) of extra-familial child sexual abuse in a DoD-sanctioned activity within 72 hours of receiving the report.

(i) Submit reports of DoD-related fatalities known or suspected to be the result of an act of child abuse or domestic abuse on DD Form 2901 in accordance with reference (b).

(j) Review all fatalities known or suspected to be the result of child abuse or domestic abuse annually as per reference (a).

(k) Provide a system to facilitate collaboration among appropriate MCCS behavioral health staff.

(l) Evaluate and support the FAP to monitor the applicable requirements of quality assurance, inspections, managers' internal control program, privacy program, privileging/credentialing and certification are met.

(m) Forward the annual summary of certification reviews of installation FAPs to OSD FAP as directed by DASD (MC&FP) in accordance with reference (b).

(n) Ensure personally identifiable information (PII) collected, used, and released from FAP activities is in accordance with references (o) and (q).

(o) Coordinate with Commanding General, Marine Corps Installation Command and Commanding General, Training and Education Command regarding policy changes to this Order.

(p) Review this Order annually to ensure that it is necessary, current, and consistent with statutory authority.

(2) Commanding General, Marine Corps Installations Command. Shall ensure implementation of this Order to support Marine and Family Programs (M&FP), Operating Forces, tenant commands, and activities.

(3) Installation Commanders. Shall be responsible for the establishment, implementation, and operation of the installation FAP as per this Order.

(4) Installation Marine Corps Community Services (MCCS) Directors. Shall be responsible for the requirements of this Order.

(5) Marine and Family Program (M&FP) Director. Shall be responsible for the requirements of this Order.

(6) Commanders. Shall be responsible for the requirements of this Order.

5. Administration and Logistics

a. Records Management. Records created as a result of this Order shall be managed according to National Archives and Records Administration (NARA)-approved dispositions per reference (p) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium. Records disposition schedules are located on the Department of Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at: https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx. Refer to reference (o) for Marine Corps records management policy and procedures.

b. Privacy Act. Any misuse or unauthorized disclosure of PII may result in both civil and criminal penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII shall be in accordance with the Privacy Act of 1974, as amended (reference (q)) and implemented per reference (r).

c. Recommendations. Recommendations to the content of this Order may be sent via the chain of command.

c. Forms

(1) All DoD forms mentioned in this Order are available at http://www.dtic.mil/whs/directives/infomgt/forms/index.htm.

(2) All Navy/Marine Corps forms mentioned in this Order are available at https://forms.documentservices.dla.mil/.

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force with the exception of the Individual Ready Reserve.

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

DAVID A. OTTIGNON
Deputy Commandant for
Manpower and Reserve Affairs

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References

(a) DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," August 21, 2007, as amended
(b) DoD Instruction 6400.01, "Family Advocacy Program (FAP)," May 1, 2019
(c) DoD Manual 6400.01-V1, "Family Advocacy Program (FAP): FAP Standards," July 22, 2019
(d) DoD Manual 6400.01-V2, "Family Advocacy Program (FAP): Child Abuse and Domestic Abuse Incident Reporting System," August 11, 2016
(e) DoD Manual 6400.01-V3, "Family Advocacy Program (FAP): Clinical Case Staff Meeting (CCSM) and Incident Determination Committee (IDC)," August 11, 2016
(f) DoD Manual 6400.01-V4, "Family Advocacy Program (FAP): Guidelines for Clinical Intervention for Persons Reported as Domestic Abusers," March 2, 2015, as amended
(g) DoD Instruction 6400.03, "Family Advocacy Command Assistance Team (FACAT)," April 25, 2014, as amended
(h) DoD Instruction 6400.05 "New Parent Support Program (NPSP)," June 13, 2012
(i) DoD Instruction 1342.24, "Transitional Compensation (TC) for Abused Dependents," September 23, 2019
(j) DoD Instruction 6400.07 "Standards for Victim Assistance Services in the Military Community," November 25, 2013, as amended
(k) SECNAVINST 1752.3B
(l) MCO 1754.14
(m) MCO 1752.5C
(n) SECNAVINST 1754.7A
(o) SECNAVINST 5211.5F
(p) SECNAV M-5210.1 CH-1
(q) 5 U.S.C. 552a
(r) MCO 5210.11F
(s) 10 U.S.C. 47
(t) DoD Instruction 1402.05, "Background Checks on Individuals in DoD Child Care Services Programs," September 11, 2015, as amended
(u) Manual for Courts-Martial United States, current edition
(v) MCO 1710.30
(w) MCO 5800.14
(x) MCO P12000.11A W/CH 5
(y) Public Law 114-328, §575, "National Defense Authorization Act for Fiscal Year 2017," December 23, 2016
(z) DoD Instruction 7750.07, "DoD Forms Management Program," October 10, 2014
(aa) NAVMC 1754.11
(ab) 42 U.S.C. 12101
(ac) 18 U.S.C. 922

Chapter 1

Family Advocacy Program

1. Policy. The Marine Corps supports programs and procedures established to promote healthy family development through prevention, identification, assessment, advocacy, reporting, and response to child abuse, domestic abuse, and PSB-CY.

2. Components. Key components of installation FAP include prevention, identification, assessment, advocacy, reporting, and response to child abuse, domestic abuse and PSB-CY. Each of these components is addressed in detail in this enclosure.

3. Clients. FAP clients are considered voluntary, non-mandated recipients of services except when the person is issued a lawful order by a military commander to participate, ordered by a court of competent jurisdiction to participate, or the parent or guardian of a child has authorized such assessment or services.

4. Process Overview. The military justice system and FAP clinical intervention have separate processes to address reported child abuse and domestic abuse allegations. Though separate, both processes depend on effective collaboration to provide Marines and their family members consistent and high-quality services. This collaboration is essential in building relationships between the FAP, commands, and the community. The information provided in this chapter is a process overview. Detailed information is located in the relevant chapters.

a. Referrals. FAP receives referrals for services (which may be reports of child abuse, domestic abuse, or PSB-CY incidents) from many sources including command, law enforcement, CWS agencies, Marines, family members, self, etc.

b. Screening/Assessments. Upon receipt of a referral, FAP screens the case to:

(1) Determine if the referred case/incident falls within the DoD parameters of child abuse, domestic abuse, or PSB-CY.

(2) Determine if the individuals involved are eligible to receive FAP services. If the individuals are not eligible for FAP services, referrals are made to appropriate civilian providers.

(3) Determine if the case is eligible for restricted reporting. Restricted reporting allows an adult victim of domestic abuse to access medical, advocacy, and counseling services without initiating an investigation. Additional information on eligibility for restricted reporting is located in chapter 6 of this enclosure.

(a) If the case is not eligible for restricted reporting, law enforcement and command are notified within 24 hours.

(b) Child abuse cases are not eligible for restricted reporting and require law enforcement, command, and local CWS agency notification within 24 hours.

(c) If the case is eligible for restricted reporting, no notifications are made until the victim elects a reporting option.

c. Advocacy. Victims of domestic abuse, non-abusing parents of child abuse victims, and families impacted by PSB-CY are offered advocacy services. Advocacy services are offered to the families of children exhibiting PSB-CY when determined appropriate by the CCRT.

(1) Victims of domestic abuse are offered the restricted reporting option, if eligible.

(a) If the restricted report option is selected, no notifications are made.

(b) If the unrestricted report option is selected, law enforcement and command are notified within 24 hours.

(2) Advocacy services are detailed in chapter 10 of this enclosure.

d. Initial Marine Corps Central Registry Entry

(1) The initial entry is made into the Marine Corps Central Registry within five business days from the incident report to FAP.

(2) Incident referrals that do not meet FAP incident eligibility are recorded in the case log and appropriate information and referrals are provided. All referrals to FAP must be entered in the case log using the following guidelines:

(a) A case refers to a single victim who may be involved in one or multiple abuse incidents.

(b) If there are multiple victims, each counts as a separate case.

e. Clinical Case Staff Meeting (CCSM)

(1) Installation FAP conducts the initial CCSM within 30 calendar days of report to FAP as per reference (e) and requirements outlined in this Order.

(2) The CCSM informs the command of risk and safety needs determination and service recommendations. FAP communicates service recommendations for abusers and progress through case closure to support command with the appropriate disposition of allegations. The command may direct a Marine to participate in FAP services in accordance with reference (c).

f. Incident Determination Committee (IDC). The incident is presented to the IDC for an incident status determination (ISD) within 60 calendar days of report to FAP in accordance with reference (e) and requirements outlined in this Order.

g. Marine Corps Central Registry Reporting

(1) FAP enters the ISD into the Marine Corps Central Registry within 15 business days of incident determination.

(2) If the incident "meets criteria" and the abuser completes recommended services as determined by the CCSM, the incident is closed in the Marine Corps Central Registry as "resolved."

(3) If the incident "meets criteria" and the abuser does not complete recommended services as determined by the CCSM, the incident is closed in the Marine Corps Registry as "unresolved."

5. Roles and Responsibilities

a. Installation Marine Corps Community Services (MCCS) Directors Responsibilities

(1) Develop Standard Operating Procedures (SOP) for the prevention, identification, reporting, and response to child abuse, domestic abuse, and PSB-CY in accordance with this Order and existing Memoranda of Understanding (MOU).

(2) Ensure sufficient professional and administrative personnel are hired for effective and efficient operation of the FAP program.

(3) Ensure adequate, up-to-date resources and equipment are available, including computer hardware/software, for FAP mission accomplishment.

(4) Ensure acceptable space is available, including individual counseling rooms that are American Disability Act compliant in accordance with reference (ab).

(5) Ensure sufficient funding to meet FAP baseline operating requirements.

(6) Ensure the FAPM has access to the installation commander.

b. Family and Program (M&FP) Director Responsibilities

(1) Ensure FAP services are available to Marines and their families on the installations or in the adjacent community.

(2) Coordinate the management of the installation FAP with other programs serving military families to avoid duplication of effort.

(3) Serves as a member of the FAC.

c. Family Advocacy Program (FAP) Responsibilities

(1) Engage in public awareness activities that highlight community strengths, increase awareness of core FAP concepts and messages, and promote available services.

(2) Collaborate with other military and civilian organizations to conduct public awareness and engage in prevention activities.

(3) Coordinate with local civilian domestic abuse programs and with national and state civilian domestic abuse public awareness and education programs.

(4) Provide commanders with subject matter expertise and assistance in addressing child abuse, domestic abuse, and PSB-CY.

(5) Provide information and education to individuals and families to support strong, resilient families, and to foster healthy relationships.

(6) Encourage and facilitate self-referral and counseling participation through education, awareness, and outreach efforts.

(7) Support individuals or families experiencing difficulties that may increase the risk of abusive behavior.

(8) Use evidence-informed programs and activities in the establishment and implementation of programming with a goal of intervening as early as possible.

(9) Provide a 24-hour response to reports of child abuse, domestic abuse, and PSB-CY as outlined in chapter 5 of this enclosure.

(10) Assess each reported child abuse, domestic abuse, and PSB-CY incident for risk of further incidents.

(11) Offer families impacted by PSB-CY trauma-informed counseling, advocacy, and supportive services.

(12) Offer children exhibiting or impacted by PSB-CY a trauma-informed clinical assessment, counseling, and other supportive services.

(13) Offer victims of domestic abuse safety planning, clinical assessment, trauma-informed clinical counseling, and other supportive services including ongoing clinical case management.

(14) Offer abusers a clinical assessment, clinical counseling, and ongoing clinical case management.

(15) Offer non-abusing parents of victims of child abuse child-centered advocacy services, clinical assessment, trauma-informed clinical counseling, and other supportive services.

(16) Offer victims of child abuse clinical assessment, trauma-informed clinical counseling, and other supportive services.

d. Roles of Support Staff and Agencies

(1) Unit commander roles and responsibilities are located in chapter 2 of this enclosure.

(2) FAP P&E Specialists promote healthy individual and family functioning through training, education, and outreach. See chapter 3 of this enclosure for details on the P&E Program.

(3) FAP NPSP Home Visitors (HV) promote personal and family readiness by providing parenting education and support. See chapter 4 of this enclosure for details on NPSP.

(4) FAP Advocates provide advocacy services, safety planning, and inform victims of both the restricted and unrestricted reporting options. See chapter 10 of this enclosure for details on the advocacy program.

(5) FAP Clinical Counselors provide comprehensive assessment, intervention, and non-medical counseling services to promote healthy relationships and individual functioning. The term FAP Clinical Counselor is inclusive of FAPMs and Clinical Supervisors. See chapter 6 of this enclosure for details on the Clinical Program.

(6) FAP Non-clinical Case Managers, administrative staff, and other supporting staff provide administrative and non-clinical support.

(7) Other military and civilian agencies assist in reported cases of child abuse and domestic abuse, including (but not limited to):

(a) Installation Staff Judge Advocate (SJA). Provide legal advice on issues regarding FAP and participates in the IDC, in accordance with references (a) and (c) respectively. Is a member of the FAC and may participate in the CCRT.

(b) Provost Marshall Office (PMO) and Criminal Investigation Division (CID). Respond to and investigate all incidents of reported child abuse and unrestricted reports of domestic abuse. Participate in the IDC and may be a member of the FAC. Provide reciprocal reporting to FAP regarding alleged incidents of child abuse and unrestricted reports of domestic abuse. Refer to the appropriate investigative service. May participate in the CCRT.

(c) Naval Criminal Investigative Service (NCIS). Provide support on all cases of sexual abuse, grievous bodily harm, and life threatening neglect of a child in accordance with references (c) and (g). Provide investigative support as requested by PMO and civilian law enforcement. May participate in the IDC and CCRT, and may be a member of the FAC.

(d) Medical Treatment Facility (MTF). Provide screening and assessment to identify victims of abuse. Report all known and suspected incidents of child abuse to FAP. Provide referrals to FAP for incidents of domestic abuse. Receive referrals from FAP for medical services. Is a member of the FAC and may participate in the CCRT.

(e) Command Chaplains. Offer pastoral care for Marines and family members in abuse cases. Is a member of the FAC and may participate in the CCRT.

(f) Public Affairs Officer. Coordinate with the FAPM for media requests such as the release of public awareness materials for child abuse, domestic abuse, and PSB-CY cases. May participate in the CCRT for risk communication strategies.

(g) Substance Abuse Program (SAP). Provide substance use disorder screening, assessment, and non-medical counseling services to eligible individuals whose alcohol or drug misuse may contribute to child abuse or domestic abuse.

(h) Children and Youth Programs (CYP). Report all known and suspected child abuse and PSB-CY to FAP. Report all known and suspected

reports of child abuse to the appropriate CWS agency as outlined in chapter 5 of this enclosure as per reference (v). May participate in the CCRT.

(i) Department of Defense Educational Activity (DoDEA). Report all known and suspected child abuse and PSB-CY to FAP. Report all known and suspected reports of child abuse to the appropriate CWS agency as outline in chapter 5 of this enclosure. Is a member of the FAC, and may participate in the IDC and CCRT.

(j) Victim Witness Liaison Officer. Coordinate with the FAP office to ensure victims are aware of their rights; available resources and collaboration for purposes of Victim-Witness Assistance Program Council; and other victim-centered meetings.

6. Confidentiality

a. Disclosure of Confidential Information

(1) Information received and complied by the FAP is confidential unless otherwise permitted for disclosure in accordance with reference (a). All FAP records, including Marine Corps Central Registry and those housed in the HQMC MF-approved case management system, are maintained in accordance with references (o) and (q). Confidentiality is essential to program credibility and the safety of clients.

(2) Individuals accessing FAP records shall exercise great care to ensure that only necessary and relevant information is disclosed to employees (military or civilian) who have a need for the information in the performance of their official duties.

(3) A confidential communication of domestic abuse made by an intimate partner victim to a FAP Clinical Counselor or an Advocate is subject to privileged communication to the extent an exception does not apply per Military Rules of Evidence 513 and 514 or other exceptions to confidentiality.

(4) FAP staff provides prospective clients informed consent prior to initiating any services. Informed consent is a process that consists of providing the client information, evaluating the client's capacity to understand the information provided, and obtaining consent from the client.

(a) Clients are verbally informed of the purpose of services, risks related to services, reasonable alternatives, clients' right to refuse or withdraw consent for services, and the time frame covered by the consent in accordance with reference (c).

(b) Clients are informed of the purpose of the collection of information, the authority for collection, how the information will be used, whether disclosure is mandatory or voluntary, and the potential consequences of not providing information in accordance with reference (o).

(c) Clients do not complete intake paperwork or sign consent forms prior to the informed consent discussion with FAP staff. The client verbally identifies that they understand the information, signs the proper forms and the informed consent discussion is documented in the client record.

(5) Any suspected breaches of confidentiality by the FAP staff are reported to the installation FAP chain of command.

b. Exceptions to Confidentiality

(1) Commanders' Access to Relevant Information for Disposition of Allegations. In accordance with reference (c), FAP provides commanders and Senior Enlisted Advisor (SEA) timely access to relevant information on child abuse incidents and unrestricted reports of domestic abuse incidents to support appropriate disposition of allegations. Relevant information includes:

(a) The intervention goals and activities.

(b) The alleged abuser's prognosis for support services, as determined from a clinical assessment.

(c) The extent to which the alleged abuser accepts responsibility for his or her behavior and expresses a genuine desire for counseling, provided that such information obtained from the alleged abuser was obtained in compliance with advisement of rights as per reference (u).

(d) Other factors considered appropriate for the command, to include the results of any previous counseling received by the alleged abuser for child abuse or domestic abuse, and compliance with the previous individualized service plan (ISP), and the estimated time the alleged abuser is required to be away from military duties to fulfill support service commitments.

(e) Status of any child taken into protective custody.

(2) Duty-to-warn. Any situation that falls under duty-to-warn as defined in appendix A. In duty-to-warn situations, providers immediately notify command (if the situation involves a Marine) and/or the PMO. Civilian emergency services are notified, as appropriate.

c. Client Consent. To adhere to confidentiality and professional counseling ethics and standards, in addition to informed consent, FAP providers are required to obtain additional written consent from each client in the following cases:

(1) Prior to initiation of services if a child, under 18, is to participate in counseling.

(2) Prior to a FAP Clinical Counselor coordinating care with any counselor outside of MCCS Behavioral Health Program or MTF.

(3) If a facility other than a MTF requests information regarding the client. While reference (o) does not require written consent for releases to a MTF, obtaining written consent prior to release of information is considered a best practice and therefore is recommended.

(4) If a counselor plans to record or have a session observed by a supervisor or other counselors, share the case record with a student intern, or if a third party participates in or observes a counseling session.

(5) Prior to the initiation of clinical services by an intern.

d. Freedom of Information Act (FOIA)/Privacy Act. All FOIA and Privacy Act requests are referred to installation FOIA/Privacy Officers.

Chapter 2

Commanders' Responsibility Within the Family Advocacy Program

1. Purpose. To provide commanders with guidance to execute the FAP. Commanders have a vital role in the CCR as defined in appendix A, to child abuse and domestic abuse. Leadership participation is critical to prevention, effective intervention, and ensuring victim safety.

2. Installation Commanders shall:

a. Execute funds received for FAP. FAP funds are fenced and must be used for the direct support of FAP. Direct support includes core FAP functions for the prevention and intervention of child abuse, domestic abuse, and PSB-CY. This includes management, FAP staffing, advocacy services, public awareness, prevention, FAP staff training, intensive risk-focused secondary prevention services, intervention, record keeping, evaluation, FAP incident and clinical assessments, and non-medical counseling services in accordance with reference (c). NPSP is a FAP program and funds directed to NPSP are only used to support outreach and prevention activities, screening, assessment, and provision of home visitation services to vulnerable families as per reference (c).

b. House and equip the FAP in a manner suitable to the delivery of services, including but not limited to:

(1) Adequate telephones and office automation equipment to include access to the internet.

(2) Appropriate equipment for 24/7 accessibility.

(3) American Disability Act Compliant spaces in accordance with reference (ab).

(4) Private offices and rooms available for interviewing and counseling victims, alleged abusers, and other family members in a safe and confidential setting.

(5) Access to emergency transport.

(6) Access to translation and/or interpreting services.

c. Employ a qualified installation FAPM for the development, oversight, coordination, administration, and evaluation of the installation FAP. The installation FAPM manages all aspects of the FAP personnel and programming.

d. Employ a sufficient number of qualified personnel to meet FAP requirements. FAP staff qualifications are addressed in chapter 12 of this enclosure.

e. Issue written policy that specifies the installation procedures for responding to reports of child abuse, domestic abuse, and PSB-CY to include fatalities related to child abuse and domestic abuse incidents. The installation policy must include, at a minimum:

(1) Immediate support to victims of child abuse and domestic abuse, and to families impacted by PSB-CY on the installation via an installation 24-hour reporting and emergency response system.

(2) Installation CCRT procedures, including roles and responsibilities, to mitigate and monitor high-risk situations and to manage all PSB-CY referrals. Chapter 5 of this enclosure provides details on CCRT.

(3) Access to advocacy services 24 hours a day through either face-to-face or telephonic contact for victims of domestic abuse, living on or off installations.

(4) Allegations of child abuse, PSB-CY, and unrestricted reports of domestic abuse are reciprocally received and reported within 24 hours by FAP to the appropriate law enforcement agency.

(5) FAP reports all allegations of child abuse to the appropriate CWS agency within 24 hours. Installation FAPs located outside the United States report allegations of child abuse involving local nationals to the appropriate local authority.

(6) Restricted reporting policy and procedures for victims of domestic abuse as per reference (a).

(7) Reporting instructions for:

(a) Suspected incidents of child abuse that take federal and state law, and applicable status-of-forces agreements (SOFA) into consideration.

(b) Suspected incidents of child abuse involving students, up to the age of 18, enrolled in a DoDEA school or any children participating in DoD-sanctioned child or youth activities or programs.

(c) Suspected incidents of sexual abuse of a child in DoD-sanctioned child or youth activities or programs.

(d) Suspected incidents of child abuse involving fatalities or serious injury.

f. Issue Child Removal Orders (CRO) in cases where the family resides in government quarters or in which good order and discipline aboard the installation is threatened.

g. Provide installation FAP staff access to all commanders in matters concerning child abuse and domestic abuse, and in some cases, PSB-CY, when these reports involve Marines or their families under their command.

h. Ensure installation FAP implements and maintains SOPs in accordance with this Order and MOUs. At a minimum the SOPs:

(1) Define roles and responsibilities for all FAP staff.

(2) Outline program and client record management.

(3) Establish procedures for:

(a) Intake and referrals for all program elements.

(b) Assessment, service planning, and service delivery.

(c) Crisis intervention.

(d) Protection of clients and FAP staff.

(e) Management of the 24/7 helpline.

i. Ensure installation FAP staff are documenting services using the HQMC MF-approved case management system in accordance with the procedural requirements required by reference (c).

j. Ensure that FAP operates as per the standards provided in reference (c) and meets program certification standards in accordance with higher headquarters guidance.

k. Implement and maintain a FAC, in accordance with references (a) and (c), and chapter 5 of this enclosure.

(1) Serve as Chair of the FAC or delegate this position on a permanent basis to the installation Executive Officer (XO) or Chief of Staff (CoS).

(2) Ensure the FAC develops an annual prevention plan for the CCR for child abuse and domestic abuse, and provides a signed copy to HQMC MF FAP by the first business day of the calendar year.

(3) Ensure members of the FAC receive education and training on child abuse, domestic abuse, and PSB-CY and comply with their defined roles, functions, and responsibilities. HQMC MF-approved training shall be conducted initially upon appointment to the committee and annually thereafter.

l. Enhance FAP public relations and implement a marketing campaign plan. Coordinate with MCCS for publication and distribution of notices, articles, flyers, and other marketing media. Develop, coordinate, and use multi-media resources to educate the military community on FAP (including NPSP) services.

m. Establish MOU with CWS and other local civilian organizations, including law enforcement agencies, courts, and shelters as per references (a) and (c).

n. Cooperate with civilian agencies and observe local laws pertaining to child abuse and domestic abuse incident notifications and reporting.

o. Take all reasonable measures necessary to ensure that a Civilian Protective Order (CPO) is given full force and effect in accordance with the Armed Forces Domestic Security Act as detailed in reference (a).

p. Establish and maintain a CCSM as per reference (e).

q. Implement and maintain the IDC as per references (a), (c), and (e) to review suspected reports of child abuse and unrestricted reports of domestic abuse.

(1) Appoint the deputy to the installation commander to act as the IDC chair. Appoint IDC members as outlined in chapter 8 of this enclosure.

(2) In the IDC chair's absence, the IDC may be chaired by an alternate of comparable grade or position who reports directly to the installation commander.

(3) Ensure members of the IDC receive education and training on child abuse and domestic abuse and comply with their defined roles, functions, and responsibilities as outlined in chapter 8 of this enclosure. HQMC MF-approved IDC training shall be completed initially upon appointment to the committee and annually thereafter.

r. Ensure HQMC MF-approved 90 Day Commander Training is provided by the installation FAP to commanders within 90 days of assuming command.

s. Ensure HQMC MF-approved IDC Training is provided by the installation FAP to commanders prior to attending the IDC.

t. Ensure installation FAP staff provide training on child abuse, domestic abuse, and PSB-CY to installation personnel as outlined in chapter 3 of this enclosure in accordance with reference (c).

u. Ensure FAP staff receive required training as detailed in chapter 11 of this enclosure.

v. Implement procedures for designated installation FAP staff to enter reported incidents of child abuse and unrestricted reports of domestic abuse into Marine Corps Central Registry prior to the IDC. Detailed instructions for entering data in the Marine Corps Central Registry are located in reference (d).

(1) Ensure initial entry into the Marine Corps Central Registry is within five business days from the incident report to FAP.

(2) Ensure FAP staff enters the ISD into the Marine Corps Central Registry within 15 business days from the date of the ISD.

w. Ensure the installation FAPM establishes procedures for collection, use, analysis, reporting, and dissemination of FAP information as per reference (c).

x. Respond to HQMC MF data and information requests in accordance with references (a) and (c).

y. Ensure that all installation personnel involved in FAP comply with this Order.

3. Commanders shall:

a. Complete HQMC MF-approved training on the prevention and response to child abuse and domestic abuse within 90 days of assuming command and annually thereafter.

b. Ensure SEAs receive HQMC-approved training on the prevention of and response to child abuse and domestic abuse annually.

c. Ensure Marines complete annual FAP awareness and prevention training.

d. Refer Marines in need of non-medical counseling to the installation MCCS Behavioral Health Program for screening, clinical assessment, and referral as indicated.

e. Respond to child abuse and domestic abuse in accordance with reference (a). Commander's responsibilities are as follows:

(1) Report all suspected or alleged incidents of child abuse and domestic abuse occurring on or off the installation involving Marine personnel or their families to FAP and the appropriate law enforcement agency within 24 hours in accordance with reference (a).

(2) Hold Marine abusers accountable for their conduct through appropriate disposition under references (s) and (u) and/or administrative action, as appropriate. Administrative or disciplinary action may not be taken against a Marine based solely upon the outcome of the IDC. Additional information is found in chapter 8 of this enclosure.

(3) Respond to reports of domestic abuse in the same manner as responding to credible reports of any other crime and inform victims of available services.

(4) Be familiar with the responsibilities delineated in responding to child abuse and domestic abuse. As necessary, the unit Commanding Officer (CO) involves his/her next higher superior officer in the chain of command.

(5) Counsel a Marine suspected of abuse about alleged misconduct, but only after referring the incident of domestic abuse or child abuse to law enforcement for investigation, and consulting with the Judge Advocate General about providing the military suspect their Article 31 rights under reference (u).

(6) Inform the victim, alleged abuser, and family members of the victim of appropriate medical, mental health, FAP services, legal services and referrals. The CO may recommend participation in FAP services or issue a lawful order to a Marine to attend FAP services.

(7) Refer individuals who are not eligible to receive treatment in a MTF to the appropriate civilian office, agency, or organization for services and counseling.

(8) Secure safe housing for the victim. The preference is to remove the alleged abuser from the home when the parties shall be separated to safeguard the victim. If necessary and within the commander's authority, the abuser will be directed to find alternative housing.

(9) Inform the victim or non-abusing family member of the availability of advocacy services.

(10) Provide the victim and family members of the victim with information about Transitional Compensation for Abused Dependents (TCAD) as appropriate as per reference (a). Connect the victim and family members of the victim to the Advocate who can provide TCAD eligibility and application information.

(11) Document that the Marine engaged in conduct that is a dependent-abuse offense when referring for court martial and when initiating action to administratively separate the Marine from active duty so that the family members may apply for TCAD benefits in accordance with reference (a).

(12) Utilize the procedures provided in NAVMC 1754.11, reference (aa), to process expedited transfer requests as appropriate.

(13) Consult with FAP staff to verify a safety plan is prepared and in place, and monitor the victim's safety.

(14) Ensure the alleged abuser is available to be served with a CPO and consistent with service regulations. Obtain a copy of the CPO and review it with the servicing legal office.

(15) If the alleged abuser is a civilian:

(a) Report the incident and refer the alleged abuser to the appropriate criminal investigative organization for possible investigation.

(b) Consult with the servicing civilian personnel office and the servicing legal office when the alleged abuser is a U.S. civil service employee who may be subject to disciplinary action.

(c) Request the installation commander bar the individual from the installation, when appropriate.

(16) Issue and monitor compliance with a Military Protective Order (MPO) when necessary to safeguard the victim while he/she pursues a protection order through a civilian court or to support an existing CPO. DD Form 2873 may be used to issue the MPO.

(a) Tailor MPOs to meet the specific needs of the victim and inform FAP when the MPO changes.

(b) A commander may issue a MPO with terms that are more restrictive than those in the CPO to which the Marine is subject, but shall not contradict the CPO.

(c) When the Marine is transferred to a new command and a MPO is still necessary to protect the victim(s), contact the gaining command and recommend that the gaining command issue a new MPO.

(17) Review each law enforcement investigative report with the servicing legal office to determine appropriate disposition. The CO shall make this determination independently of any determination by the IDC.

(18) Consult FAP staff to determine if an alleged abuser is a suitable candidate for clinical intervention services and determine the level of danger to the victim and others.

(19) Notify the gaining commander of the alleged abuser in advance of a return from deployment to allow safety precautions to be planned and implemented in consultation with the FAP.

(20) Notify the gaining commander of a Marine with an open FAP case on the current status, services, safety plan, existing MPOs, and needs of the family.

(21) Consult personnel officials to determine if Temporary Duty or Permanent Change of Station (PCS) orders require cancellation or delay to prevent interference with completion of any directed intervention services. If unable to cancel or delay Temporary Duty or PCS, coordinate efforts with the gaining installation to ensure continuity of services regarding intervention for both the alleged abuser and the victim.

(22) Document and report command actions through installation law enforcement officials according to DoD requirements as per reference (a).

f. Comply with the Domestic Violence Misdemeanor (Lautenberg) Amendment to the Gun Control Act (reference (ac)) in accordance with reference (a).

g. Participate in the IDC as per reference (e).

(1) Attend the IDC for the portion in which the incident(s) involving the alleged abuser or victim (or sponsor of child victim) of their command is presented.

(2) If the unit CO is unavoidably absent and cannot attend the IDC, appoint in writing the XO as the primary alternate and the SEA that reports directly to the CO as the secondary alternate. The unit CO shall primarily attend as the unit representative. Detailed information on IDC appointment is located in chapter 8 of this enclosure.

(3) Complete IDC training prior to participation.

h. Consult with the FAP regarding incidents of known or suspected PSB-CY to determine eligibility for services and available resources.

i. Respond to HQMC MF data and information requests as per references (a) and (c).

Chapter 3

Prevention of Child Abuse, Domestic Abuse, and Problematic Sexual Behaviors in Children and Youth

1. Overview

a. The improvement of individual, family, and relationship functioning is a critical function of the FAP to reduce the risk of child abuse, domestic abuse, and PSB-CY.

b. Each installation FAP has an established P&E program and a qualified P&E Specialist as per reference (c).

c. NPSP provides services to parents who are expecting a child and/or have children, birth through age five years. NPSP provides home visitation services, classes, and groups to prevent child abuse by reducing risk factors and increasing protective factors. Details of NPSP are located in chapter 4 of this enclosure.

d. The mission of the P&E program is to promote healthy relationships to reduce the risk and recurrence of child abuse, domestic abuse, and PSB-CY within the Marine Corps through training, education, and outreach.

2. Program Services

a. FAP P&E Program services are designed to:

(1) Increase community awareness of FAP core concepts and messages, promote services, and highlight community strengths.

(2) Improve family and individual functioning through mitigation of stressors that aggravate or trigger patterns of abusive behavior.

(3) Increase the knowledge of professionals, paraprofessionals, military personnel, and the community on the dynamics of child abuse, domestic abuse, PSB-CY, and reporting procedures.

(4) Strengthen the CCR to child abuse, domestic abuse, PSB-CY through partnerships and collaboration with key stakeholders.

(5) Enhance interpersonal and relationship skills through evidence-informed educational programs.

b. P&E Program services are available to eligible Marines and their families on the installation and in the surrounding communities.

3. Required Prevention Programs

a. The P&E Program curricula and strategies focus on teaching adaptive life skills and coping mechanisms to reduce risk factors associated with abuse. Installations have a life management education skills program, a parent education and support program, as well as education programs for professionals and paraprofessionals.

(1) Life Management Education Program. Enrichment classes and workshops provide knowledge, social relationship skills, and support

throughout the life cycle. The goal is to improve life management and coping skills, enhance self-esteem, and improve relationships.

(2) Parent Education and Support Program. Parent education and support programs develop skills in physical care, protection, supervision, child management, and nurturing appropriate to a child's age and stage of development.

(3) Education Programs for Professionals and Paraprofessionals. Education to increase awareness of abuse and PSB-CY, associated risk and protective factors, and reporting requirements.

b. FAPMs are responsible for coordinating and ensuring that the required prevention services are available on the installations. Child abuse and domestic abuse prevention material may be included with other MCCS prevention activities. Not all FAP prevention activities and services are facilitated by FAP staff. FAPMs should review available services to avoid duplication whenever possible.

c. Chaplains, Marine Corps Family Team Building, and community-based programs may be used to provide awareness activities, education, and training. All community-based trainings should meet evidence-informed criteria.

d. All curricula for prevention classes distributed by HQMC MF FAP shall be implemented at the installation level. Facilitators shall be trained in the use of the curriculum and follow curriculum protocol to ensure program fidelity. Curricula shall not be modified.

e. All supplemental curricula for prevention classes must be approved by HQMC MF prior to facilitation.

4. Prevention Activities

a. The FAP and FAC develop an annual prevention plan that guides the installation's prevention programming for the CCR of child abuse, domestic abuse, and PSB-CY. Additional information on the annual prevention plan is detailed in chapter 5 of this enclosure.

b. The P&E Specialist leads prevention campaigns such as Child Abuse Prevention Month and Domestic Violence Prevention Month. Activities in support of campaigns increase public awareness, promote FAP services, and foster healthy relationship skills. Command support of these activities are critical to their success.

c. The P&E Program utilizes the Institute of Medicine model of prevention and offers universal, selective, and indicated prevention services. These services address areas necessary to support the required life management education skills, parent education and support programs, and installation staff education programs.

(1) Universal prevention services, activities, and programs promote wellness for everyone and commit resources to enhance healthy individual, couple, and family functioning. These services usually consist of awareness and information efforts, which are provided regardless of risk level and before behavior or circumstances occur.

(2) Selective prevention services and programs target at-risk populations or those problems that are considered to contribute most to risk. Selective prevention strategies focus on educating at-risk populations and topics that address high-risk behaviors.

(3) Indicated prevention efforts focus on those individual Marines and families that are identified as at-risk and exhibit early warning signs of behavioral health stressors. Indicated prevention efforts teach skills and coping mechanisms to individuals who exhibit early signs of negative stress expression and are identified as high risk.

5. Role of the Prevention and Education (P&E) Specialist

a. The P&E Specialist provides public awareness, information, and education about the dynamics of child abuse, domestic abuse, and PSB-CY in accordance with references (a) through (c). Child abuse, domestic abuse, and PSB-CY programming targets potential impacted families, victims, abusers, non-abusing family members, and mandated reporters of abuse in addition to the local military and civilian community.

b. The P&E Specialist highlights community strengths; promotes FAP core concepts and messages; makes FAP services known, accessible, and attractive; increases awareness of risk factors and protective factors for abuse; educates on reporting methods and options; and uses appropriate available techniques to reach out to the military community, to include military families who reside outside of the military installation. P&E messaging is customized to the local population and its needs.

c. The P&E Specialist promotes and strengthens the installation's CCR through the identification of local partners, establishment of relationships, and the promotion of collaborative efforts to address child abuse, domestic abuse, and PSB-CY.

d. The P&E Specialist assists the FAPM in providing HQMC MF-approved commanders education on prevention services.

e. The P&E Specialist supports annual unit level education and training on FAP services and the dynamic of abuse through collaboration with commands, professionals, and other stakeholders.

f. The P&E Specialist provides or coordinates training on child abuse, domestic abuse, and PSB-CY in the military community using HQMC MF-approved content Key military personnel include:

(1) Law enforcement and investigative personnel

(2) Health care

(3) SAPR

(4) Chaplains

(5) DoDEA

(6) CYP

(7) Family Child Care

(8) Youth Sports

(9) Covered professionals

g. The P&E Specialist delivers HQMC-approved curricula to improve interpersonal, relationship, and parenting skills of Marines and their dependents.

Chapter 4

New Parent Support Program

1. Overview

a. The NPSP mission is to promote resilient families and healthy parenting attitudes and skills to prevent child abuse and domestic abuse within the Marine Corps.

b. NPSP provides parenting education and support to eligible parents/caregivers. It does not provide services solely to children.

c. Each Marine Corps installation offers a NPSP to provide educational parenting programs and home visitation in accordance with reference (h). NPSP services are provided to expectant parents and families with children from birth through age 5 years who are eligible to receive treatment in MTFs. Home visits are available to eligible families who live aboard the installation and eligible families who live within a 50 mile radius of the installation.

d. NPSP services are provided through:

(1) Home visitation

(2) Parenting education and support groups

(a) All curricula for NPSP distributed by HQMC MF FAP shall be implemented at the installation level. Facilitators shall be trained in the use of the curriculum and follow curriculum protocol to ensure program fidelity. Curricula shall not be modified.

(b) All supplemental curricula for NPSP groups must be approved by HQMC MF prior to facilitation.

(c) HQMC MF-approved content is used to facilitate Baby Boot Camp classes.

e. To the greatest extent possible, installation NPSP services are standardized across Marine Corps installations. NPSP utilizes a strengths-based assessment process to determine the presence and balance of protective and risk factors impacting expectant and new parents whose screening score indicates that they may be at risk for child abuse.

f. NPSP services promote protective factors to reduce the risk of child abuse. Protective factors include parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and nurturing and attachment.

g. Participation in NPSP is voluntary, regardless of the referral source. When applicable, both parents are encouraged to participate in NPSP programming.

h. NPSP collaborates with military, civilian, and private agencies to offer efficient and effective early intervention and parenting support services without duplication.

2. Referrals and Screening

a. Parents may seek services through a self-referral. A health care provider, command, or a military or civilian agency may facilitate a referral.

b. Screenings are available to all parents who request NPSP services. NPSP screening conducted by a HV includes an in-depth assessment of the protective and risk factors associated with the potential for child abuse using HQMC-approved screening tools and processes. The results of the screening are used to determine the appropriate level of services. Each screening is documented as per reference (c) and paragraph 6 below.

3. Service Levels

a. NPSP levels of service are stratified based on potential for risk according to the Institute of Medicine model of prevention: universal prevention (Level I), selective prevention (Level II), and indicated prevention (Level III). Each level of service emphasizes the importance of increased support structures for parents, reduced isolation, and promotion of positive parenting practices. Home visitation and educational services may be provided at any service level.

(1) Level I services focus on education and support to individuals and families where the assessed risk is low for child abuse.

(2) Level II services are for individuals or families for which a moderate to high level of risk has been identified, but there are no known or suspected incidents of child abuse.

(3) Level III services are for individuals or families that have experienced suspected or known incidents of child abuse, or families that are currently being assessed or investigated for child abuse.

b. Risk assessment is an ongoing process rather than a one-time occurrence. If the potential for abuse increases while NPSP services are provided, the service level may be updated by the HV and documented as per paragraph 6 below.

4. Program Service Priorities. NPSP services are prioritized based on service level, with Level III involving the most risk and therefore having the highest priority. If it becomes necessary to limit services due to funding or staff shortages within Level II, the following priorities apply in descending order:

a. Parents assessed by NPSP staff as facing significant risk factors for child abuse.

b. Parents whose overall score on the standardized screening instrument does not indicate risk, but whose later assessment indicates the presence of high risk indicators and few protective factors.

c. Parents receiving FAP services for an incident of child abuse who have had previous NPSP involvement.

5. Marketing and Outreach. NPSP staff assist FAP in providing training to COs, SEAs, healthcare providers, FAP staff, child care providers, and community service providers and agencies, when appropriate, to include:

a. The purpose and organization of NPSP.

b. The identification of protective and risk factors associated with child abuse and neglect.

c. NPSP referral, assessment, and intervention procedures.

6. Case Documentation

a. A case record is opened after the initial home or office visit and the clients provide informed consent.

b. Participants of parenting education groups and other family support activities will not have a NPSP case file created unless they are receiving home visiting services.

c. NPSP case files are created and maintained in accordance with procedural requirements required by references (c) and (o).

d. The HV develops an ISP in collaboration with the client, with clearly measurable client goals, that are based on needs identified by the HQMC MF-approved standard screening instrument and assessment tool. The HV documents the service level assignment, risk assessment, and ongoing services provided to the family in the NPSP case file.

e. In accordance with reference (c), NPSP personnel exercise professional judgment in determining the frequency of home visits based on the assessment of the family. However, HVs must schedule a minimum of two home visits to each family per month. Circumstances that preclude a minimum of two home visits each month must be documented.

f. If an individual or family member referred to NPSP for prevention services declines to enroll in the program, the staff member offers appropriate referrals to other MCCS programs or community services..

7. Crisis Intervention

a. NPSP HVs are not first responders and are not on-call 24 hours a day.

b. Families are instructed on how to contact military and civilian resources in crisis and emergency situations.

c. HVs follow FAP guidelines regarding crisis situations and reporting systems and procedures if a crisis occurs during a home or office visit with a family.

8. Handling Reports of Child Abuse and Domestic Abuse. HVs are required to follow local FAP procedures for reporting all suspected child abuse and PSB-CY as per reference (c). In addition, it is the responsibility of the HV to:

a. Inform the client, in writing, at the first home visit that an HV is mandated to report suspected and known child abuse to civilian and military

authorities, report PSB-CY to FAP, and refer known and suspected domestic abuse to FAP.

b. Explain that Federal law and DoD policy authorize the release of certain information with those who have a need to know.

9. Safety for Home Visitors (HV). FAP procedures minimize risk and maximize personal safety prior to conducting a home visit. HVs have access to a government-issued cell phone and carry it with them during all HVs. HVs are trained on the procedures of government-issued cell phone usage.

a. HVs are notified of all new allegations of child abuse, domestic abuse, or PSB-CY made on an existing NPSP case.

b. Prior to the initial home visit, or when re-starting home visitation services, a risk assessment is completed by FAP if the family is involved with any child abuse or domestic abuse reports.

c. FAPM and/or NPSP Manager may assign staff to work in pairs or meet with parents in alternative settings besides the home in order to maximize staff safety.

10. Child Care. NPSP may arrange for childcare to be provided to families participating in NPSP prevention classes. NPSP staff does not provide childcare services in the course of their duties.

Chapter 5

Installation Response to Child Abuse, Domestic Abuse, and Problematic Sexual Behaviors in Children and Youth

1. Overview

a. An effective response to child abuse, domestic abuse, and PSB-CY requires involvement of many installation and community resources working together in a CCR. Fragmentation of program planning, needs assessment, service delivery, and program evaluation can be a detriment to Marine Corps support services. No single agency or department can adequately plan, provide, or evaluate the total array of services required. Operationally, the FAC functions as a systems level CCR.

b. Installations establish reporting procedures for handling all reports of child abuse, domestic abuse, and PSB-CY. The reporting system shall be available 24 hours a day and tailored to the installation's size, location, and other unique factors. If the reporting line and the 24/7 helpline use the same number, installations establish procedures differentiating protocols based on the type of call.

c. Procedures for documenting child abuse and unrestricted reports of domestic abuse, initiation of prompt investigation, and notification of COs are established in accordance with FAP policies, legal requirements/procedures, medical protocols, and MOU.

d. Definitions of child abuse, domestic abuse, and PSB-CY are provided in appendix A.

2. Reporting Requirements

a. For known or suspected incidents of child abuse involving Marine personnel or their families occurring on and off installations:

(1) Marines and all DON personnel shall report to the local FAP within 24 hours as per reference (k).

(2) Covered professionals, as defined by reference (y), are required to report to the local CWS agency or appropriate investigation agency in addition to FAP. Exceptions to the reporting mandate include specific privileged communications with chaplains or lawyers.

b. For known or suspected incidents of domestic abuse involving Marine personnel or their families occurring on or off installations:

(1) Command shall report to FAP and the appropriate law enforcement agency for possible investigation within 24 hours.

(2) Marines, family members, and all DON personnel are encouraged to refer to and consult with FAP for known and suspected incidents of domestic abuse involving persons eligible for FAP services.

c. For known or suspected incidents of PSB-CY involving Marine personnel or their families occurring on or off installations:

(1) CYP, MTF, or DoD school operating on the installation or otherwise under DoD administration shall report to FAP within 24 hours.

(2) Marines, family members, and all DON personnel are encouraged to refer to and consult with FAP.

3. Family Advocacy Committee (FAC)

a. The FAC is a multidisciplinary team that serves as the policy-implementing, coordinating, and advisory body to address the CCR to child abuse, domestic abuse, and PSB-CY at the installation. FAC members shall be trained upon appointment and annually thereafter.

(1) The commander, XO, or CoS of each installation serves as the FAC chair.

(2) The FAPM is the subject matter expert and provides logistical support for the FAC.

(3) Core members include:

(a) Installation Sergeant Major

(b) M&FP Director

(c) FAP P&E Specialist

(d) FAP Advocate

(e) SJA representative

(f) PMO, Criminal Investigation Division, or NCIS representative

(g) Chaplain or representative

(h) MTF representative

(i) DoD Education Activity (DoDEA) school representative if applicable

(j) Embedded Preventive Behavioral Health Capability (EPBHC) representative where available

(k) Other representatives as deemed appropriate by the FAPM

b. FAC meetings are held at least quarterly. The FAPM maintains minutes.

c. The FAC monitors collaboration between all installation agencies involved with the CCR in their respective roles and responsibilities as per reference (c). The FAC is responsible for the following:

(1) Development and approval of the annual prevention plan for the CCR of child abuse and domestic abuse, with specific objectives, strategies, and measurable outcomes as per reference (c). It includes a needs assessment, program description, and action plan. The annual prevention plan is submitted to HQMC MF FAP on the first business day of the calendar year.

(2) Monitor the execution and ongoing evaluation of the annual prevention plan based on the full coordination and collaboration of all relevant Marine Corps activities and civilian organizations.

(3) Monitor the implementation of the CCR. Monitoring includes a review of MOUs, outcome of inspections including steps taken to address problems identified in the most recent certification review of FAP, evaluation of the effectiveness of the CCR, risk management approach, and HQ recommendations resulting from fatality reviews.

(4) Review installation procedures to ensure notification of appropriate agencies in incidents of child abuse, domestic abuse, and PSB-CY.

(5) Establish installation procedures and criteria for:

(a) The safety of a child victim of abuse or other children in the household when they are in danger of continued abuse or life-threatening child neglect.

(b) Safe transit of children to appropriate care. When the installation is located outside the United States, the installation FAC must also issue procedures for a CRO and transit to a location of appropriate care within the United States. A CRO is for short-term placement of a child when there is no parent or suitable caretaker available to provide for the child's safety and needs. A CRO is issued by the abuser's (or military sponsor's) CO. Installation commanders may issue CROs in cases where the family resides in government quarters or in which good order and discipline aboard the installation is threatened.

(c) Collaborative case management between FAP, relevant courts, and the appropriate CWS agency when military children are placed in civilian foster care.

(d) Notification of the affected Marine's command when a dependent child has been taken into custody or foster care by local or state courts or a CWS agency.

(6) Designate a CCRT to respond to reports of PSB-CY using a trauma-informed CCR model as per reference (c).

(7) Require all installation agencies involved in the CCRT for PSB-CY to implement a trauma-informed parent engagement strategy.

(8) Define the roles, functions, and responsibilities of each member of the CCRT for PSB-CY in accordance with reference (c).

(9) Recommend local procedural and programmatic changes, when required, due to new Marine Corps policy, changes in the population served, program evaluation, and emerging community needs.

(10) Establish coordination among the following key partners interacting with the FAP in accordance with reference (c):

(a) MCCS

(b) SAP

(c) Community Counseling Program (CCP)

(d) SAPR

(e) CYP

(f) Exceptional Family Member Program (EFMP)

(g) MTF, mental health, behavioral health, and dental personnel

(h) Law enforcement

(i) SJA or servicing legal office

(j) Chaplain

(k) DoDEA school personnel

(l) Military housing personnel

(m) Transportation office personnel

(n) Insider Threat Program Manager

4. Memoranda of Understanding (MOU). In accordance with reference (c), the FAC shall verify that:

a. MOUs are established to improve coordination on:

(1) Child abuse, domestic abuse, and PSB-CY investigations

(2) Trauma-informed assessments

(3) Care and support

(4) Emergency removal of children from homes

(5) Fatalities

(6) Arrests

(7) Prosecutions

(8) Orders of protection involving military personnel

(9) Trauma-informed child advocacy, assessment, and services for all children impacted by PSB-CY

b. MOUs are established to set forth the respective roles and functions of the installation and the appropriate federal, state, local, or foreign agencies and organizations in accordance with status-of-forces agreements (SOFAs) that provide:

(1) CWS, including foster care, to ensure ongoing and active collaborative case management between the relevant courts, foster care agencies, and FAP.

(2) Medical examination and treatment.

(3) Mental health examination and treatment.

(4) Trauma-informed advocacy.

(5) Related social services, including state home visitation programs when appropriate.

(6) Safety shelter.

c. MOUs are established with above agencies or organizations in each potential servicing county when the installation serves multiple counties.

d. MOUs are reviewed annually and revisions are made as necessary. Documentation of installation attempts to establish local MOUs is required for agencies and organizations that decline.

5. Emergency Response Plan. The installation's written policy on the 24-hour emergency response plan to child abuse, domestic abuse, or PSB-CY incidents is disseminated to all installation commands and tenant activities. The policy shall include:

a. Procedures for 24-hour access to advocacy services through face-to-face or telephone contact as per reference (c) for restricted reports of domestic abuse and advocacy services.

b. A 24-hour mechanism for receiving reports of domestic abuse, child abuse, and PSB-CY including reports received from military and civilian law enforcement agencies, MTFs, CWS agencies, and individuals.

c. Procedures to activate the CCRTs as outlined in paragraph 6 below.

6. Ensuring Safety of Domestic Abuse Victims. The installation establishes a written policy setting forth the procedures and criteria for the protection of victims.

a. Working in conjunction with the command, FAP offers victims support and safety options, such as facilitating access to shelter, assisting with MPO and CPO requests, and processing expedited transfer or safety move requests as per reference (aa).

b. Commanders are responsible for the security and safety of their Marines and must take reasonable steps to protect individuals within their sphere of influence. See chapter 2 of this enclosure for commander responsibilities regarding MPOs.

7. Coordinated Community Response Team (CCRT). The CCRT mitigates imminent risk through a CCR. HRV situations include threats to seriously harm self, family members, intimate partners, and/or FAP personnel.

a. The FAPM will activate a CCRT in response to a PSB-CY report or a HRV situation.

b. The CCRT is convened either in person or telephonically immediately for HRV situations and within 24 hours or next business day for incidents of PSB-CY.

c. CCRT members provide guidance and recommendations in their respective areas of expertise. The CCRT consists of core members and ad hoc members with a need to know.

(1) CCRT for HRV core members:

(a) FAPM (CCRT Chair)

(b) CO

1. The CO may appoint a designee.

2. Designee shall be in the Marine's direct chain of command with direct knowledge of the Marine.

(c) SJA

(d) PMO, CID, or NCIS

(e) Chaplain

(2) CCRT for HRV ad hoc members may include:

(a) Behavioral Health Programs personnel working with the family

(b) CYP or DoDEA personnel

(c) Representative(s) from other agencies having legal, investigative, or protective responsibilities (e.g., base housing, community shelter, CWS agency)

(d) Mental Health clinic provider when one or more members of the family is involved with Mental Health

(e) Insider Threat Program Manager

(f) Other applicable military or civilian agency personnel

(3) CCRT for PSB-CY core members:

(a) FAPM (CCRT chair)

(b) SJA

(c) PMO, CID, or NCIS

(d) FAP Advocate

(4) CCRT for PSB-CY ad hoc members may include:

(a) Behavioral Health Programs personnel working with the family

(b) CYP or DoDEA personnel

(c) Representative(s) from other agencies having legal, investigative, or protective responsibilities (e.g., base housing, community shelter, CWS agency)

(d) Mental Health clinic provider when one or more members of the family is involved with Mental Health

(e) Other applicable military or civilian agency personnel

d. The CCRT assesses immediate threats of harm and develops a plan including crisis management, safety planning, and advocating risk mitigation of those threats.

e. Installations may already have duty-to-warn procedures and informal emergency responses resembling the CCRT. Duty-to-warn protocols, including contact with law enforcement and efforts to contact the potential victim(s), are in place for circumstances warranting activation of the CCRT. Each installation shall formalize CCRTs into existing SOPs.

f. Documentation that the CCRT for HRV activation occurred and the plan of action developed is placed in the family's FAP case record. Details of the CCRT's discussion is not included in any FAP client's clinical case record.

g. The number of CCRT activations is provided to the FAC quarterly and included in FAP metrics monthly. The FAPM reports lessons learned to the FAC to improve installation prevention planning.

h. CCRT for PSB-CY members are trained in PSB-CY prior to participation as per reference (c).

Chapter 6

Family Advocacy Program Response to Child Abuse and Domestic Abuse

1. Overview. FAP implements the installation commander's policy and guidance for responding to reports of child abuse and domestic abuse as per reference (c). FAP is not an investigative body and does not engage in evidence collection to include obtaining or storing photos/videos in any format. All evidence collection is completed by the appropriate law enforcement agency.

2. Screening. Not every notification to FAP is considered an official report of child abuse or domestic abuse. The screening process determines the appropriate course of action and if the allegation falls within the DoD parameters of abuse as defined in reference (e).

a. Upon receipt of referral, FAP conducts a screening to determine if the referred case/incident falls within the DoD parameters of child abuse, domestic abuse, or PSB-CY.

(1) Referrals from law enforcement or command are treated as unrestricted reports of domestic abuse if determined to fall within the DoD parameters of abuse.

(2) All referrals for child abuse are taken as reports unless the referral falls outside the DoD parameters of abuse.

b. Qualified FAP personnel contact the victim to offer supportive services regardless of the referral source. Additionally, if the referral comes from a source other than law enforcement or command, FAP educates the victim on reporting options. Additional information on reporting is located in paragraph 4 of this chapter.

3. Initial Response to Child Abuse

a. FAP coordinates with the appropriate CWS agency, military and civilian law enforcement, and other agencies to provide services to victims of child abuse to include the protection of children, direct case management, and coordination of care of children placed in foster care.

b. FAP notifies the Director of a DoD sanctioned activity when there is an alleged incident of child abuse at the DoD sanctioned activity by an employee or volunteer while on official duty.

c. There is no restricted reporting option for child abuse incidents.

d. FAP provides developmentally appropriate services and support to infants and toddlers and their families who are involved in an incident of child abuse in accordance with reference (c).

e. FAP does not conduct forensic interviews with children. Such interviews shall be completed by the responsible law enforcement agency, CWS agency, or Children's Advocacy Center. FAP may conduct clinical assessments to determine clinical needs and service recommendations.

4. Initial Response to Domestic Abuse

a. Victims of domestic abuse are provided information regarding unrestricted and restricted reporting options upon initial contact from FAP.

(1) Unrestricted Reporting. Adult victims of domestic abuse who wish to pursue an official investigation of the incident should use standard reporting channels (e.g., chain of command, FAP, or law enforcement).

(2) Restricted Reporting. Restricted reporting affords adult victims access to advocacy services, counseling services, and in some cases medical services without command or law enforcement involvement. The restricted reporting option may help victims to feel comfortable and safe about reporting domestic abuse. Only adult victims are eligible to elect restricted reporting. Adult victims of domestic abuse who desire restricted reporting under this policy may disclose the abuse to one of the following specified individuals:

(a) FAP Clinical Counselor

(b) FAPM or FAP Supervisor

(c) FAP Advocate

(d) DoD healthcare provider (i.e., MTF personnel), in accordance with applicable laws

b. If the victim elects restricted reporting, the Advocate or Clinical Provider continually assesses the situation for imminent danger of life-threatening physical harm to the victim or another person as per reference (a). If there is good faith to believe that there is a serious and imminent threat to health and safety, the provider must consult with the supervisor in conjunction with the SJA to determine if criteria to disclose the restricted report to command and law enforcement exists in accordance with reference (a).

c. In cases where the adult victim elects restricted reporting, the Advocate or Clinical Provider may not disclose covered communications to anyone in the chain of command of either the victim or alleged abuser, or to law enforcement within or outside DoD. Adult victims shall be made aware that disclosures in the presence of individuals not authorized to take a restricted report may result in an unintended unrestricted report.

d. A physician, nurse, or mental health professional at a MTF initiates the appropriate care and treatment, and reports the domestic abuse only to a qualified FAP personnel as per reference (a). Qualified FAP personnel contact the victim and provide information on reporting options and offer advocacy services.

e. The victim elects a reporting option in writing using the Victim Preference Statement form, provided by the qualified FAP personnel.

f. For purposes of command awareness and gathering of accurate data, the FAPM provides the installation commander information concerning the number of restricted domestic abuse reports received via the FAC on a quarterly basis. The FAPM does not provide any identifying information about the victim or alleged abuser to the installation commander, the FAC, or units.

g. Sexual assault applies to victims 18 years and older who are not the spouse or intimate partner of the abuser as defined by reference (a). Sexual assault falls under the SAPR program in accordance with reference (m). FAP informs the SARC within 24 hours of any incident of sexual assault. The SARC may refer the client to FAP for additional supportive services.

5. Self-Referral

a. Marines, family members, and DoD personnel who are eligible for FAP services and are potential or alleged abusers or victims of child abuse or domestic abuse are encouraged to seek help early. Through self-referral, individuals may initiate the evaluation and intervention process by voluntarily disclosing the nature and extent of the abuse or risk of abuse to qualified FAP personnel.

b. Self-referral occurs only when the alleged abuser and victim are both aware of the abuse prior to disclosure to FAP and the self-referral was not made under threat of third party disclosure. The following does not constitute self-referral:

(1) An abuser who comes forward after the intimate partner or non-abusing parent reports abuse.

(2) When directed by a third party such as command or law enforcement.

(3) Information disclosed in response to official questioning in connection with any military or civilian investigation.

c. FAP Clinical Counselors advise the client of the counselor's duty to follow established protocol for reporting allegations of abuse to appropriate military and civilian law enforcement regardless of referral source.

6. Notification to Law Enforcement and Command. The FAP shall:

a. Report all allegations of suspected child abuse involving Marine personnel or their family members (including DoD civilian employees, DoD contracted employees, or their family members overseas if they are eligible for MTF services) within 24 hours of receiving the incident report to the appropriate CWS agency and law enforcement agency as per reference (c).

b. Report all unrestricted reports of domestic abuse involving Marine personnel and their current or former intimate partners within 24 hours from the receipt of the incident report to the appropriate military law enforcement agency in accordance with reference (c).

c. Report all child abuse allegations of sexual abuse, grievous bodily harm, or life-threatening neglect of a child to NCIS and the appropriate CWS agency as per reference (c).

d. Notify the unit commander within 24 hours after receiving any child abuse report or unrestricted report of domestic abuse pertaining to the family of one of his or her Marines. The date of notification to the command shall be recorded in the client case record and FAP case record. The initial report provides the commander with all available and relevant information, including the type of abuse, the alleged abuser, and the FAP case manager or

point of contact. The initial report to the command should be regarded as a report of suspected abuse. The primary purpose of this initial report is to share information during the assessment process. All command contacts are recorded at minimum in the client case record as per reference (c).

e. Submit an initial incident report for reported incidents of child abuse and unrestricted reports of domestic abuse via Marine Corps Central Registry with the corresponding incident number no less than five business days from the date of receipt of the incident report.

7. Disclosure of Information

a. Protected information collected during FAP referrals, intake, and risk assessments is only disclosed in accordance with reference (o).

b. For every new reported incident of child abuse and unrestricted report of domestic abuse, FAP documentation at a minimum contains an accurate accounting of all risk levels, actions taken, assessments conducted, severity levels, and clinical services provided from the initial report of an incident to case closure.

c. A client case record is opened for every alleged abuser and victim referred to FAP. A FAP case record is opened in accordance with procedural requirements required by references (c).

8. Exceptions to Confidentiality and Restricted Reporting and Limitations on Use. In cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities is suspended when disclosure would be for the following reasons as per reference (a):

a. Named individuals when disclosure is authorized in writing.

b. Command or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety to the victim or another person.

c. Agencies authorized by law to receive reports of child abuse when, as a result of the victim’s disclosure, the provider has a reasonable belief that child abuse has also occurred. Disclosures are limited only to information related to the child abuse.

d. Disability Retirement Boards and officials when disclosure by the provider is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.

9. Risk Management Approach. Installation agencies involved in the CCR comply with their roles, functions, and responsibilities as per reference (c).

a. Safety. When FAP receives a report of child abuse or domestic abuse, a FAP privileged/credentialed clinician conducts a comprehensive assessment to:

(1) Evaluate and ensure the safety of all parties including the victim, alleged abuser, other family members, and community.

(2) Assess relevant risk factors, including the risk of lethality.

(3) Determine appropriate risk management strategies, including clinical counseling and monitoring or supervising the abuser's behavior to protect the victim, household, and community.

(4) Develop a victim safety plan.

b. FAP Assessment. The FAP assessment consists of an incident assessment and clinical assessment. Individuals who are not MTF eligible complete the incident assessment and receive information and referrals for additional support services. A clinical assessment is completed if counseling services are offered.

c. Incident Assessment

(1) The HQMC MF-approved risk assessment tools are used to conduct assessments. The tools assist FAP in gathering information on:

(a) The act and impact of the reported allegation.

(b) The abuse history of the victim(s) and alleged abuser(s).

(c) Risk factors that may affect the frequency, severity, or impact of abuse.

(d) Issues that may help determine credibility of each person.

(2) FAP staff may obtain CWS agency, medical, and law enforcement reports or discuss the case with such entities to develop a full picture of the situation.

(3) When discussing the history of abuse in the current relationship, the client may disclose specific incidents. Such disclosures are not the same as reports of abuse, but may lead to additional reports.

d. Risk Assessments. FAP conducts risk assessments of abusers, victims, and other family members to assess the risk of future abuse and communicate increased levels of risk to the appropriate agencies for action, as appropriate. Risk assessments are conducted:

(1) Quarterly on all open FAP cases.

(2) Monthly on FAP cases assessed as high risk and those involving children placed in out-of-home care by court order, child sexual abuse, and severe child neglect.

(3) Within 30 days of change since the last risk assessment that presents increased risk to the victim or warrants additional safety planning.

e. Ongoing Risk Assessments. FAP staff conduct ongoing risk assessment activities until the case closes in the following situations as per reference (c):

(1) During each contact with the victim.

(2) During each contact with the abuser.

(3) Whenever the abuser is alleged to have committed a new incident of domestic abuse or child abuse.

(4) During significant transition periods for the victim or abuser.

(5) After destabilizing events such as accusations of infidelity, separation or divorce, pregnancy, deployment, administrative or disciplinary action, job loss, financial issues, or health impairment.

(6) When any clinically relevant issues are uncovered, such as childhood trauma, domestic abuse in a prior relationship, or the emergence of mental health problems.

f. Communication of Risk

(1) Risk levels and CCSM recommendations are communicated to command.

(2) During service provision, the FAP Clinical Counselor communicates any increased level of risk to the CCSM Chair.

(3) Increase in risk levels are communicated to command, law enforcement, or civilian officials for the purposes of updating safety plans and notifying individual targets of threats.

g. Risk Management and Deployment. Procedures are established to manage child abuse and domestic abuse incidents that occur before or during a deployment.

(1) When a Marine is involved in an open child abuse or domestic abuse case, the following occurs:

(a) Every effort is made to interview the Marine before the deployment.

(b) A safety assessment is conducted with family members regardless of whether or not an interview with the deployed Marine occurred.

(c) Case management and clinical counseling services shall be offered to all eligible family members throughout the process. FAP coordinates with appropriate mental health providers within the deployed area to interview and assess the deployed Marine if the assessment does not occur prior to the deployment or if it is reported during deployment.

(2) The IDC shall be held within required timeframes regardless of deployment status.

(3) The gaining commander of the abuser is notified in advance of an early/regular scheduled return from deployment to allow safety precautions to be planned and implemented in consultation with FAP. The parent command implements procedures to reduce the risk of child abuse or domestic abuse in coordination with FAP.

10. Clinical Intervention

a. General Principles for Clinical Intervention

(1) In accordance with reference (c), clinical intervention is a continuous risk management process that includes identifying risk factors, safety planning, clinical assessment, formulation of an individual service plan, clinical counseling based on assessing readiness for and motivating behavioral change and life skills development, periodic assessment of behavior in the counseling setting, and monitoring behavior and periodic assessment of outside-of-counseling settings.

(2) The primary goals of clinical intervention in child abuse and domestic abuse are to ensure the safety of the victim and community, promote the cessation of abusive behaviors, and restore the health of the victim, abuser, and family unit.

(3) Successful intervention for child abuse and domestic abuse requires a coordinated effort by law enforcement, medical, FAP personnel, and command to include sharing information and records in accordance with applicable laws and regulations. Law enforcement personnel gather investigative facts, and credentialed FAP staff conduct the clinical assessment and make recommendations to the command regarding victim safety. The commander takes appropriate action to ensure the safety of victims and holds abusers appropriately accountable.

b. Professional Standards. Anyone who is offered or receives FAP services are treated with respect, fairness, and dignity as dictated by both professional ethics and reference (f).

(1) FAP Clinical Counselors who conduct assessments of and/or provide clinical counseling to abusers are not required to advise individuals of their right against self-incrimination under Article 31, Uniform Code of Military Justice per reference (s), or of their right to legal counsel. The FAP Clinical Counselor's role is based upon therapeutic rather than law enforcement or disciplinary concerns.

(2) FAP Clinical Counselors and Advocates adhere to laws, regulations, and policies regarding safeguarding and disclosure of information pertaining to victims and abusers.

(3) FAP staff do not discriminate based on race, color, religion, gender, disability, national origin, age, sexual orientation, or socioeconomic status. Cultural differences in attitudes are recognized, respected, and addressed in the clinical assessment process.

c. Clinical Case Management. FAP has the responsibility for clinical case management. Clinical case management includes completing intake documents; engaging the client in the FAP process; completing an assessment; developing ISPs; connecting the client with resources; consulting with family members; collaborating with mental health professionals; providing client psycho-education; and crisis intervention.

11. Clinical Counseling Services

a. All involved parties in a child abuse or domestic abuse case are offered appropriate counseling or referrals as provided below:

(1) Marines, their family members, and eligible intimate partners who are involved in child abuse or domestic abuse incidents as a victim, alleged abuser, or non-abusing parent of a child abuse victim, are offered counseling, advocacy, referrals, and support services by FAP.

(2) DoD civilian personnel and contractors who are eligible beneficiaries of MTF services and who are involved in child abuse or domestic abuse incidents as a victim, alleged abuser, or non-abusing parent of a child abuse victim are offered counseling, advocacy, referrals, and support services by FAP.

(3) Non-MTF eligible persons are given information and referrals to local agencies that provide shelter, counseling, and support.

(4) Inspector-Instructor Marines, Selected Marine Corps Reserve Marines in a duty status, and geographically dispersed Marines are served by the nearest military installation FAP.

(5) Eastern Recruiting Region is served by Marine Corps Recruit Depot (MCRD) Parris Island, South Carolina.

(6) Western Recruiting Region is served by MCRD San Diego, California.

(7) Incidents are reported to appropriate command when the Selected Marine Corps Reserve Marine is not in a duty status at the time of the incident. The commander shall coordinate with local law enforcement, civilian resources, and Marine Forces Reserve MCCS.

(8) Victims and abusers needing medical mental health services are referred to MTFs, TRICARE, and civilian private practitioners. However, this does not preclude the provision of FAP counseling services. Referrals for counseling for abusers and victims for the purpose of abuse related services shall not be made to Military OneSource, Military and Family Life Counselors, or the CCP. These resources remain available for non-abuse related issues.

b. FAP Clinical Counselors select an evidence-informed counseling approach that directly addresses the clinical needs of the client. Appropriate trauma-informed care is provided.

c. All curricula, approaches, and modalities are approved by HQMC MF prior to their use. Clinical Counselors are trained in the curriculum, approach, or modality prior to use.

d. FAP Clinical Counselors develop an ISP with the client for all individuals receiving counseling services.

(1) ISP development is based on a structured assessment of the particular relationship, family dynamics, and risk and protective factors present. Each ISP is developed with the client and contains measurable goals and objectives. Each abuser should have a counseling contract in accordance with reference (f) that lists his/her responsibilities and consequences of non-compliance.

(2) FAP Clinical Counselor ascertains whether the abuser may be allegedly committing child abuse when they are the caregiver of one or more children. If so, they shall:

(a) Notify the appropriate CWS and law enforcement agency.

(b) Address the impact of such abuse of the child(ren) as a part of the abuser's clinical counseling.

(c) Seek to improve the abuser's parenting skills in conjunction with other skills.

(d) Continuously assess the abuser as a parent throughout the counseling process.

(e) Notify the appropriate CWS agency if a child witnessed domestic abuse in the home.

(f) Address the impact to children witnessing or otherwise exposed to domestic abuse as part of the abuser's domestic abuse clinical counseling.

(g) Provide counseling to children who are impacted by child abuse or exposed to domestic abuse.

(h) Offer a clinical assessment to all children in the home or to whom the alleged abuser has access.

e. Clinical counseling may be provided in one or more of these modalities appropriate to the situation:

(1) Group counseling is the preferred mode of intervention for domestic abusers. It applies the concept of problem universality and provides opportunities for members to learn from and support each other as per reference (f). The maximum group size for abuser group counseling with one or two facilitators is 12 participants.

(2) Individual counseling

(3) Family counseling

(4) Couple counseling shall not be recommended until the clinical assessment process and investigation is completed, or while a MPO is in place in accordance with reference (f). Couple counseling shall not be used if one or more of these factors are present:

(a) The abusing individual:

1. Has a history or pattern of violent behavior and/or of committing severe abuse.

2. Lacks a credible commitment or ability to maintain the safety of the victim or any third parties.

(b) Either the victim, abuser, or both:

1. Participates under threat, coercion, duress, intimidation, or censure, and/or otherwise participates against their will, as assessed by the FAP credentialed provider.

2. Has a substance abuse problem that would preclude him or her from substantially benefiting from couple counseling.

3. Has one or more significant mental health issues (e.g., untreated mood disorder or personality disorder) that would preclude him or her from substantially benefiting from couple counseling.

(c) Couple counseling shall be suspended or discontinued if monitoring indicates an increase in the risk for abuse or violence.

f. If the abuser's counseling is provided by a clinician outside FAP, FAP requests disclosure of information pertaining to the abuser's counseling for the purpose of monitoring the abusing individual's progress toward identified counseling goals. This includes certificates of completion, if applicable. If a release of information cannot be obtained or verification of service completion cannot be made in accordance with references (b) and (f), the case is closed as unresolved.

g. To determine when counseling shall end, the FAP Clinical Counselor assesses progress in counseling and reduction of risk using the criteria set forth below. If a risk factor is not addressed within the domestic abuse clinical intervention, but is being addressed by another clinical service provider, the FAP Clinical Counselor ascertains the progress and results from the clinical service provider providing counseling for the other risk factor(s). Counseling should be assessed at least quarterly in light of information from numerous sources, especially the victim, and adjusted to address emergent or exacerbated concerns. Clinical service providers shall always consider the victim's safety concerns. Progress in clinical counseling and risk reduction is indicated by a combination of:

(1) Abuser Behaviors and Attitudes. An abuser is demonstrating progress in counseling when he or she:

(a) Demonstrates the ability for self-monitoring and assessment of their behavior.

(b) Develops a relapse prevention plan.

(c) Monitors signs of potential relapse.

(d) Completes all CCSM service recommendations.

(2) Information from the Victim and Other Relevant Sources. The abuser is demonstrating progress in counseling when the victim and other relevant sources of information communicate the abuser:

(a) Ceased all domestic abuse.

(b) Reduced the frequency and severity of non-violent abusive behavior.

(c) Delayed the onset of abusive behavior.

(d) Demonstrated the use of improved relationship skills.

h. In accordance with references (c) and (f), the client case record is closed when one or more of the following apply:

(1) Successful completion of clinical service recommendations that show a behavioral change and reduction of risk.

(2) When an abuser is participating, but is not progressing in counseling due to unwillingness to take responsibility for abuse or address the clinical issues present. If the abuser is a Marine, the command is notified and consulted about potential service discontinuation.

(3) A minimum of three unexcused absences of scheduled appointments over the course of counseling. FAP notifies the command of each absence in writing if the client is a Marine and is directed to participate in services.

(4) When the client chooses to not participate in services.

12. Response to Suspected Institutional Child Abuse. Institutional child abuse is abuse that occurs in a DoD-operated or sanctioned activity setting. Reference (g) requires the following notifications:

a. Any person with a reasonable belief that a child has been physically abused, sexually abused, emotionally abused, or neglected by a care provider in a DoD-sanctioned activity shall report it to the appropriate CWS agency and the installation FAP as per references (b) and (c).

b. The installation FAP notifies the appropriate law enforcement agencies within 24 hours.

c. Cases of suspected institutional sexual abuse also require the FAPM to:

(1) Immediately notify the Marine Corps CID or NCIS in accordance with reference (g) and locally developed MOUs.

(2) Prepare DD Form 2951 in conjunction with an email notification when the case is opened. Upon case closure, DD Form 2952 is submitted with the closeout email summary. The DD Form 2951 must be submitted to HQMC MF FAP within 24 hours of receipt of report.

(3) Consult with the person in charge of the DoD-sanctioned activity and the appropriate law enforcement agency to estimate the number of potential victims and determine whether an installation response team may be appropriate to address any investigative, medical, and public affairs issues.

(4) Notify the installation commander of the allegation. Make a recommendation as to whether an installation response team is appropriate to assess the current situation and coordinate the installation’s response to the incidents.

(5) Provide a follow-up notification to HQMC MF FAP regarding the allegation when any of the following conditions exist:

(a) Significant changes in the status of the case.

(b) More than five potential victims.

(c) Sponsors of the victims are from different Military Services or DoD components.

(d) Increased community sensitivity to the allegation.

(e) HQMC MF FAP requests follow-up information.

13. Family Advocacy Command Assistance Team (FACAT). The FACAT is a multidisciplinary team composed of specially trained and experienced individuals who are on-call to provide advice and assistance on cases of child sexual abuse that involve DoD-sanctioned activities or PSB-CY as per reference (g).

a. Requesting a Family Advocacy Command Assistance Team (FACAT). An installation commander may request a FACAT through HQMC MF FAP when there is an allegation of PSB-CY or institutional child sexual abuse in a DoD-sanctioned activity and at least one of the following apply:

(1) Additional personnel are required to:

(a) Fully investigate a report of child sexual abuse by a care provider in a DoD-sanctioned activity.

(b) Assess the needs of the child victims and their families.

(c) Provide supportive counseling to the child victims and their families, and children of families experiencing PSB-CY.

(d) Fully investigate a report of PSB-CY.

(2) The victims are from different Military Services or other DoD components, or there are multiple care providers who are the subjects of the report, and they are from different Military Services or other DoD components.

(3) Significant issues in responding to the allegations have arisen between the Military Services or other DoD components and other Federal agencies or civilian authorities.

(4) The situation has potential for widespread public interest that could negatively impact performance of the DoD mission.

b. Deployment of a Family Advocacy Assistance Team (FACAT)

(1) The DASD (MC&FP) will deploy and configure the FACAT based on the information and recommendations of the requestor, the installation FAPM, and HQMC MF FAP as per reference (g). Such circumstances include where:

(a) The victims are from different Military Services or other DoD components, or there are multiple care providers who are the subjects of the report, and they are from different Military Services or other DoD components.

(b) Significant issues in responding to the allegations have arisen between the Military Services or other DoD components and other Federal agencies or civilian authorities.

(c) The situation has potential for widespread public interest that could negatively impact performance of the DoD mission.

(2) The DASD (MC&FP) provides fund citations to the FACAT members for their travel orders and per diem information regarding travel arrangements. The FACAT members are responsible for preparing travel orders and making travel arrangements per HQMC guidance.

c. Family Advocacy Command Assistance Team (FACAT) Tasks. The FACAT meets with the installation's designated response team to assess the current situation and assist in coordinating the installation's response to the incidents where indicated. Such tasks include:

(1) Investigating the allegations, while observing the applicable rights of the subject of the investigation.

(2) Conducting medical and mental health assessment of the victims and their families.

(3) Developing and implementing plans to provide appropriate counseling and support for the victims, their families, and non-abusing staff of the DoD-sanctioned activity.

(4) Managing public affairs issues.

d. Reports of Activities. The FACAT chief shall prepare three types of reports:

(1) Daily briefs for the installation commander or designee.

(2) Periodic updates to HQMC MF FAP and to the DASD (MC&FP).

(3) After-action brief for the installation commander briefed at the completion of the deployment and transmitted to the DASD (MC&FP) and HQMC MF FAP.

14. Response to Abuse-Related Deaths

a. The FAPM shall notify HQMC MF FAP within 24 hours for every case involving the following:

(1) Death known or suspected to have resulted from an act of child abuse.

(2) Death known or suspected to have resulted from an act of domestic violence.

(3) Suicide related to an act of child abuse or domestic abuse.

(4) Child sexual abuse in a DoD-sanctioned activity.

(5) Potential for media interest.

b. The absence of FAP history does not preclude an incident from being presented to the IDC to determine if the death was the result of abuse. All reported incidents of abuse shall be presented to the IDC if an ISD has not been made. The case is entered into the Marine Corps Central Registry as per reference (d).

c. The FAPM is responsible for notifying the local chain of command, to include major commands. Additionally, the FAPM must submit a DD Form 2901 within 24 hours of receipt of report to HQMC MF FAP. HQMC MF FAP is responsible for notifying DASD (MC&FP) and within 72 hours of the initial report to the installation FAP.

d. All reports and forms associated with documents collected in connection with the fatality are filed accordingly in the FAP record. A copy of the entire Behavioral Health Program record is submitted to HQMC MF FAP at case closure. Collateral reports received from outside entities to include medical, law enforcement, and the coroner/medical examiner's office shall be included.

e. A Fatality Review Committee is conducted at the HQMC MF FAP level as per reference (a). Cases are reviewed only when all criminal proceedings have been completed.

15. Reporting Sexual Assault. In sexual assault incidents, the client is provided a warm hand off to the installation SARC to provide victim support and reporting options. Cases of intimate partner sexual abuse shall not be reported to the SARC.

Chapter 7

Clinical Case Staff Meeting

1. Overview

a. The CCSM involves clinical service providers with expertise in child abuse, domestic abuse, and PSB-CY who provide clinical consultation using a multidisciplinary approach. The purpose is to provide risk determination, safety planning, needs identification, and service recommendations for persons involved in incidents of child abuse, domestic abuse, and PSB-CY in accordance with references (b), (e), and (f).

b. The attendees of the CCSM monitor the risk for all children impacted by PSB-CY. Any increase in risk is immediately communicated to the PSB-CY CCRT.

c. The attendees of the CCSM generate clinical recommendations for:

(1) Supportive and counseling services for victims of child abuse and domestic abuse who are eligible for treatment in a MTF.

(2) Ongoing coordinated case management including risk assessment and ongoing monitoring of child abuse and domestic abuse victims' safety, between military and civilian agencies.

(3) Supportive services and appropriate clinical intervention for alleged abusers who are eligible for treatment in a MTF.

d. In absence of unusual circumstances or a refusal to participate in the FAP assessment, a case must not be presented to the CCSM until the assessments of the victim, alleged abuser, and all other family members are completed. Attempts to engage the victim, alleged abuser, and all other family members and any resultant refusals to participate in the assessment shall be included in the CCSM presentation. The assessment of the alleged abuser and victim shall be completed separately for victim safety. The purpose of the FAP assessment is to:

(1) Gather information to evaluate and ensure the safety of the victim, alleged abuser, other family members, and community.

(2) Assess relevant risk factors, including the risk of lethality.

(3) Determine appropriate risk management strategies, including clinical services; monitoring the alleged abuser's behavior to protect the victim and any individuals who live in the household; and victim safety planning.

e. The assessment includes information about whether the Marine is scheduled to be deployed or has been deployed within the past year and the dates of scheduled or past deployments.

f. Prior to any assessment, informed consent shall be obtained from every person (parent/legal guardian signs for minors) who participates in assessments, intervention services, supportive services, or clinical counseling. Informed consent must be obtained following a verbal explanation

of program services, including limits of confidentiality and privacy by a clinical provider.

g. The CCSM operates independently from the IDC and shall not wait for an ISD to make counseling intervention and referral recommendations.

h. All newly reported FAP cases, including PSB-CY, shall be presented at the CCSM no more than 30 calendar days after the initial report to FAP. In the circumstances of paragraph 1.c. above, the case may be presented administratively and clinical case discussion shall resume during the first available CCSM after assessments are complete. Frequency of case presentation is covered in paragraph 4 of this chapter.

2. Preparation. Reference (e) requires the FAP Clinical Counselor to plan and deliver the following before the case is presented at the CCSM:

a. Safety planning and supportive services to a victim who is eligible to receive treatment in a MTF.

b. Immediate safety planning and referrals to non-military resources and services to intimate partners and child victims who are not eligible for care in a MTF.

c. Protective measure recommendations to the commander regarding an alleged abuser for a victim. Such measures include a MPO, weapons removal, relocation, escort assignment, restrictions, bar from the installation, removal of child(ren), etc.

d. Clinical counseling to the victim and to the alleged abuser, as appropriate, who are eligible to receive treatment in a MTF.

e. Consultation with the director or principal of a DoD-sanctioned activity in which an allegation of extra-familial child abuse has arisen to ensure all investigations, assessments, and safety planning measures are in place pending presentation of the allegation to the IDC.

3. Attendees

a. CCSM attendees provide clinical consultation directed to:

(1) Ongoing safety planning for the victim.

(2) The planning and delivery of supportive services and clinical counseling, as appropriate, for the victim and other family members, and the results of such services.

(3) The planning and delivery of counseling for the alleged abuser, as appropriate, and the results of the services.

(4) Case management, including risk assessment and ongoing safety monitoring and protective measure recommendations.

b. The FAPM or a FAP Clinical Supervisor chairs the CCSM.

c. Attendance at CCSMs is limited to those with expertise in child abuse, domestic abuse, PSB-CY and, on a case-relevant basis, includes all facets of FAP. The FAPM must exercise discretion on involvement of other

military or civilian medical, mental health, or clinical social services providers who may add value to the clinical case discussions, in accordance with reference (e), including:

(1) A representative from the civilian CWS agency in child abuse incidents only.

(2) The Advocate is present for discussion of safety planning, supportive, and counseling services when advocacy services are provided to the victim or non-abusing parent. The Advocate will only be present for discussions related to victim safety and shall not be present during any discussion related to the abuser. The Advocate is present for all discussions when providing advocacy services for families impacted by PSB-CY.

(3) A HV in child abuse or domestic abuse incidents in families where there is an expectant parent or child 5 years or younger.

(a) HVs providing supportive services to families in which there has been an abuse incident, cannot be the primary or sole service provider.

(b) The goals and objectives of the NPSP supportive services are clearly identified as separate from the abuse intervention.

(4) Information regarding restricted reports shall not be discussed during the CCSM.

4. Agenda. In accordance with reference (e), the agenda of CCSMs shall include:

a. A review of newly reported child abuse and domestic abuse incidents within 30 days of the report to FAP, and whether or not the incidents were previously presented to the IDC.

b. Currently open cases are reviewed:

(1) At least monthly for incidents of child sexual abuse, high risk for violence or injury, chronic child neglect, foster care placement, PSB-CY and civilian court-involved child abuse cases.

(2) At least quarterly for all other incidents.

(3) For cases transferring from another installation, within 30 days of case transfer.

(4) Cases must be reviewed within 30 days of any significant event or pending significant event that would impact care, including, but not limited to:

(a) Geographic move

(b) Deployment

(c) Pending separation from the Marines Corps

(d) Retirement

c. Each individual and FAP case shall be presented to CCSM prior to

closure. A consensus of the CCSM is required to close any individual client case or FAP case. A FAP case shall not be closed until all individuals are recommended for closure. Individual case closure shall be made in accordance with reference (c). Child abuse cases that result in open and ongoing CWS agency involvement shall not be closed until the CWS agency has closed their case or the family or child is no longer eligible for services.

5. Discussions. Persons attending the CCSM provide clinical consultation to the clinical case manager as needed for each incident to elicit thorough discussion of:

a. The safety plan and protective measures in place.

b. The severity of the incident and lethality of harm as determined by the Family Advocacy Program Incident Severity Scale if the incident meets criteria.

c. The results of all risk assessments and psychosocial history and the assignment of a risk level.

d. Clinical intervention, as appropriate, to address the needs of each victim and any other family members for supportive services.

e. The success of the intervention and supportive services in protecting and assisting the victim, potential changes to or enhancement of the intervention and supportive services, and the appropriateness of terminating the intervention when clinically indicated.

f. Clinical intervention to address the behavior of each abuser, in accordance with reference (f).

g. The success of such clinical intervention in assisting the abuser in changing their behavior, changes to or enhancement of counseling provided to each abusing individual, and the appropriateness of terminating counseling when clinically indicated.

h. Coordination of military and civilian service providers for relevant assessments, supportive services, counseling, and clinical intervention.

i. Barriers to counseling and ways to address the barriers.

j. With respect to victim safety, discussions include:

(1) The current victim statement describing the impact of the abuse on the victim, including financial, social, psychological, and physical harm suffered by the victim, if any.

(2) The victim’s safety plan and any recommended changes.

(3) Steps taken by military or civilian authorities to ensure the victim’s safety and the safety of any children cared for in the home.

(4) The effect of any new incidents of abuse since the last CCSM discussion of the case on the risk of further abuse or risk of increased severity to the victim.

k. Coordination with command and other collateral contacts, such as the CWS agency, schools, law enforcement, advocacy, and NPSP.

l. Recommendations for command intervention (i.e., MPO).

m. Recommendations for continued child placement in foster care for the FAPs outside the United States without an appropriate CWS agency.

6. Quorum. The participation of two tier II or tier III FAP privileged/credentialed clinical service providers is required to achieve a quorum. The quorum includes the CCSM Chair. At small and remote installations, quorum may be achieved by teleconferencing or video conferencing CCSM members from another installation.

7. Record of Discussions. Notes of CCSM presentation and results from the presentation are documented in the FAP record.

8. Confidentiality of Discussions

a. FAP Clinical Counselors may only disclose the results of the CCSM discussion as follows:

(1) Results pertaining to the victim or non-abusing parent of a child victim may be disclosed to the victim or non-abusing parent and to others only as authorized by procedures set forth in reference (o). FAP Clinical Counselors may not otherwise disclose the results of the CCSM discussion pertaining to the victim to any other person.

(2) Results pertaining to the alleged abuser may be disclosed to the alleged abuser and to others only as authorized by procedures set forth in reference (o). FAP Clinical Counselors may not otherwise disclose the results of the CCSM discussion pertaining to the alleged abuser to any other person.

b. The FAP Clinical Counselor shall not reveal the identity of any person at the CCSM who made specific comments. The FAP Clinical Counselor must not disclose any other information from the CCSM discussion to any other person except as authorized by procedures set forth in reference (o).

c. Any person who attended a CCSM but who does not directly provide clinical services shall not disclose any information from the CCSM discussions except as authorized in accordance with references (e) and (o).

d. Information disclosed at the CCSM that is protected from disclosure under reference (o) shall not be disclosed except as authorized by procedures set forth in the reference.

Chapter 8

Incident Determination Committee

1. Overview. Every unrestricted report of abuse that meets the threshold for consideration must be presented to the IDC for an ISD unless there is no possibility, as mutually determined by the FAPM and Clinical Counselor or Clinical Case Manager who responded to the report, that the incident could meet any of the criteria for abuse in accordance with reference (e).

a. Primary Managing Authority (PMA). The IDC occurs at the location that has the PMA for the case as follows:

(1) In child abuse cases:

(a) The sponsor's installation when the alleged abuser is the sponsor; a non-sponsor DoD-eligible family member; or a non-sponsor, status unknown.

(b) The alleged abuser's installation when the alleged abuser is a non-sponsor active duty Service member; a non-sponsor, DoD-eligible extra-familial caregiver; or a DoD-sponsored out-of-home care provider.

(c) The victim's installation when the alleged abuser is a non-DoD-eligible extra-familial caregiver.

(2) In domestic abuse cases:

(a) The alleged abuser's installation when both the alleged abuser and the victim are active duty Service members.

(b) The installation FAP who received the initial referral when both parties are alleged abusers in bi-directional domestic abuse involving dual military spouses or intimate partners.

(c) The alleged abuser's installation when the alleged abuser is the only sponsor.

(d) The victim's installation when the victim is the only sponsor.

b. Purpose. The purpose of the IDC is to determine which incidents of alleged child abuse and unrestricted reports of domestic abuse meet the DoD criteria for abuse and entry into Marine Corps Central Registry in accordance with references (d) and (e). This determination is known as the ISD.

(1) With respect to child abuse incidents, an ISD may differ from findings of a local civilian CWS agency. Such differences may occur because the DoD criteria that defines abuse may be more or less inclusive than the criteria used by the civilian CWS agency and/or because the IDC may have different, less, or more information than the civilian CWS.

(2) With respect to domestic abuse, the ISD may differ from the findings of law enforcement agencies. 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 law enforcement agency and because the IDC may have different, less, or more information than the law enforcement agency.

(3) An IDC meeting is not a disciplinary proceeding as per reference (e) and the requirements for due process for disciplinary proceedings are not applicable to IDC meetings and actions.

(a) A commander may not take administrative or disciplinary action against a Marine based solely upon an ISD for an act of child abuse or domestic abuse allegedly committed by the Marine; however, a commander may take disciplinary or administrative action based on legal or other appropriate advice independent of the ISD.

(b) When making an initial disposition decision pursuant to Rule 306 of the "Manual for Courts-Martial, United States" (reference (u)) with respect to an act of child abuse or domestic abuse that qualifies as an offense under the Uniform Code of Military Justice (UCMJ) or State or federal law, a commander may consider information presented to the IDC.

(c) Information presented to an IDC may be introduced into evidence in a disciplinary proceeding in accordance with reference (e) provided such information otherwise meets all applicable legal requirements.

2. Composition. The IDC is a multidisciplinary team chaired by the deputy to the installation commander as per reference (e). In the chair's absence, the IDC may be chaired by an alternate of comparable grade or position who reports directly to the installation commander.

a. Core Voting Members. The Chair of the IDC shall appoint core members and alternate core members of the IDC in writing. Core IDC members shall have one vote. Core members shall remain consistent for the duration of each IDC meeting. Core IDC members shall be limited to:

(1) IDC Chairperson

(2) Installation Sergeant Major

(3) A military officer or staff non-commissioned officer from PMO or CID (only 1 may be appointed as the core voting member as determined by the IDC chair)

(4) Judge Advocate from installation SJA Office

(5) FAPM or FAP Clinical Supervisor

b. Non-core Voting Members

(1) Non-core voting members are appointed in writing. The unit commander is intended to be the command representative at the IDC. In the event that the commander cannot attend, the commander appoints the XO as the primary alternate, and the SEA E8 or E9 in rank who report directly to the commander, as the secondary alternate. The command representative must be a uniformed Marine.

(2) The unit commander, or the commander's alternate, may attend the meeting for that portion in which the incident(s) involving the alleged abuser or victim of his or her command is presented. The commander or alternate shall have one vote with respect to that incident. If active duty members are identified as victims in an incident involving bi-directional

abuse, both of their commanders or alternates may attend the presentation and vote on both incidents.

(3) The commander or alternate of an active duty, non-sponsor, and non-abusing parent may attend the meeting for that portion in which a child abuse incident involving the child of such parent is presented. The commander or alternate shall have one vote with respect to the incident.

c. Non-core, Non-voting Members

(1) A representative from the military criminal investigative organization detachment may attend as a non-voting member when investigative information is available that can inform the IDC in their determination process.

(2) The DoDEA school principal or director of a DoD-sanctioned activity attends the meeting as a non-voting member for that portion in which an incident(s) involving an employee or volunteer as an alleged abuser is presented. There are no alternates appointed for the principal of a DoDEA school or director of a DoD-sanctioned activity as this is a non-core, non-voting role.

(3) The IDC Chairperson may invite a non-voting guest to attend and present pertinent relevant information related to an incident if this party has additional information required to determine whether an incident meets the appropriate criteria as outlined in reference (e).

d. Attendance. No victim or alleged abuser is authorized to attend the IDC, nor is an attorney for such individuals permitted to attend the IDC. Attendance at the IDC is limited to individuals with an authorized "need to know" or who have relevant information to present.

3. Training. All IDC members, attendees, and alternate members including DoDEA schools and directors of DoD-sanctioned activities are trained prior to attendance at an IDC and at least annually thereafter in accordance with reference (e). Voting members shall NOT vote unless they have completed the IDC training requirement(s).

4. Notice of Meeting

a. The IDC shall meet, at a minimum, monthly at the call of the IDC Chair.

b. The FAPM shall serve as the IDC coordinator and shall oversee the compiling and distributing of the agenda for each meeting to each IDC member no less than 5 business days before the scheduled IDC meeting.

c. Every unrestricted reported incident of domestic abuse as well as every reported incident of child abuse or neglect must be presented to the IDC for an ISD as per reference (e).

d. FAP staff should exhaust all reasonable means to ensure the alleged abuser(s) and victim(s) are notified regarding the upcoming IDC meeting on their case. Unconfirmed notification shall not delay IDC proceedings.

e. Non-core voting members and invited guests shall receive notification of their requested participation in the IDC no less than 5 business days

before the scheduled IDC meeting. However, a delay in notification to non-core voting members shall not delay IDC proceedings.

5. Deliberations

a. The IDC shall only discuss information that is relevant and pertinent to the current specific allegation(s) presented and the criteria each type of alleged abuse as per reference (e).

b. The FAPM or FAP Supervisor shall introduce the case at IDC. The commander of the sponsor opens the discussion of the incident by presenting the information that the command has received about the incident. When a law enforcement response or criminal investigation occurs with respect to the incident, the PMO/CID or NCIS shall present information for the criteria relevant to the incident, if providing such information does not negatively impact ongoing investigation, in accordance with reference (e). Each IDC member and authorized guest may present additional information relevant to determining whether the incident meets the appropriate criteria as per reference (e).

6. Delay of Meeting

a. An ongoing criminal investigation or command action involving FAP victims or alleged abusers does not serve as authority to delay FAP from performing assessments or providing counseling services.

b. In instances where delaying a FAP assessment or counseling is warranted, FAP consults with the installation SJA and/or command to make an appropriate decision. Non-action by FAP directly impacts the safety of those involved in the case and requires command awareness. FAP staff informs all concerned of the risks for delaying an assessment or counseling and documents this communication in the FAP case record.

c. In some circumstances, the IDC may decide that available information is insufficient to make a determination within the required timelines and there is reasonable expectation that additional information may be obtained in the near future which would impact the ISD.

d. A motion from a core voting member to table a case may be made and voted upon by IDC members. Cases initially tabled must be included on the IDC agenda at least monthly until relevant information is obtained. Commanders shall not wait for ISD results prior to taking action, if any, upon a Marine.

7. Quorum. At least two thirds of voting members, including the Chair, must be present to consider an incident or make an ISD.

8. Voting. The IDC shall complete ISDs within 60 calendar days of the initial report of child abuse or domestic abuse to FAP.

a. Core members or their alternates and all involved active duty members' commanders or their alternates shall participate in ISD voting by show of hands. Each voting member shall cast a vote based on the totality of the available information and on a "preponderance of the information" standard. The IDC chair votes last for each criterion and in the case of a tie, the IDC chair votes twice. A decision tree algorithm is used to facilitate the voting and assist in making ISDs for cases to be entered into

the Marine Corps Central Registry.

b. If an IDC member has a conflict of interest, the IDC member shall notify the IDC Chair prior to voting and request to abstain (if the IDC member is a voting member).

c. The decision of whether the incident meets the specified criteria shall be made by a majority vote of the voting members in attendance. In deciding whether to enter the reported incident into the Central Registry, do not use recantation by the victim, in and of itself, to conclude that abuse did not occur.

d. Each type of abuse has two possible criteria:

(1) Part A: An act or failure to act.

(2) Part B: Impact including physical injury or harm or reasonable potential for physical injury or harm, or psychological harm or reasonable potential for psychological harm, and/or stress-related somatic symptoms resulting from such act or failure to act.

e. There may be a Part C containing one or more exclusions that negate Part A and B criteria.

f. Each voting member shall vote "meets" or "does not meet" criteria for Part A for each type of abuse outlined in reference (e).

(1) If the vote indicates that the IDC determined that the incident did not meet the specified criteria for Part A for the type of abuse, the ISD shall be determined as "did not meet criteria". No further IDC discussion or deliberation concerning the incident is required.

(2) If the vote indicates that the IDC determined that the incident met the specified criteria for Part A, the IDC shall consider the Part B criteria. If there are no Part B criteria, the ISD shall be determined as "meets criteria" and no further IDC discussion or deliberation concerning the incident is required.

g. If the IDC determined that the incident met the specified criteria for Part A for each type of abuse, each voting member shall vote "meets" or "does not meet" criteria for Part B. Each member who voted on Part A shall also vote on Part B, regardless of agreement of whether or not Part A met criteria. Note the following exception, if Part A vote is "meets" criteria for child sexual abuse, child abandonment under child neglect, or spouse or intimate partner sexual abuse, then no Part B vote is required. The exceptions noted above are considered to have a significant impact on the victim so no Part B (impact evaluation) is required in accordance with reference (e).

(1) If the vote indicates that an incident met the criteria for Part A but did not meet the specified criteria for Part B for the type of abuse, the ISD shall be determined as "did not meet criteria." No further IDC discussion or deliberation concerning the incident is required.

(2) If vote indicated that an incident met the criteria for both Part A and Part B for the type of abuse, the ISD shall consider the Part C criteria. If there is no Part C criteria, the ISD shall be determined as

"meets criteria" and no further IDC discussion or deliberation concerning the incident is required.

h. If the IDC determined that the incident met criteria for Parts A and B, each voting member must vote "meets" or "does not meet" the specified criteria for any Part C exclusions. If the vote indicates that the incident does not meet the specified criteria for any Part C exclusion, then the ISD shall be "meets criteria". If the vote indicates that the incident meets the specified criteria for Part C exclusion, then the ISD shall be "does not meet criteria".

9. Record of Deliberations

a. Minutes are maintained for two years by FAP and include the following:

(1) Administrative. Date of meeting, members present, members absent, and others present.

(2) Cases. Incident number; type of abuse alleged; referral date; overview of incident; and ISD to include tallied votes for each portion of the decision tree algorithm. No PII shall be included in the minutes.

b. The ISD is recorded in the FAP record of incident but is not included or otherwise noted in the medical, clinical, or service record of any Marine or family member.

c. The ISD and explanation of FAP process for reviewing the ISD is communicated to the unit commander(s) of each active duty member involved in an ISD and to the family member or other person who is an alleged abuser, victim, or parent of a child victim, as per reference (e).

d. ISD data is entered into Marine Corps Central Registry within 15 business days of the ISD. Upon entry completion, the submission is provided to HQMC MF. The ISD is documented in the FAP case record, not in individual client records.

10. Confidentiality of Deliberations

a. IDC members and guests at an IDC meeting shall not disclose the deliberations or individual votes in making ISDs to other individuals.

b. Information disclosed within the IDC meeting that is protected from disclosure as per reference (o) shall not be disclosed by those attending the meeting to others.

11. Reconsideration Process

a. Following notification of the ISD, the abuser, victim, parent or legal guardian of the child victim, commander on behalf of their associated Marine, or IDC member may request a reconsideration of the ISD. Reconsideration requests are made within 60 calendar days of the notification of the ISD. A reconsideration of an ISD is only permitted based on the following criteria:

(1) The IDC did not have all the relevant information available at the time of the ISD. This information must have existed or been discovered within 60 days of the IDC determination. The requestor may provide

documentation that was not available or information that was not considered at the time of the IDC determination. Information that was not available due to the requestor's failure to cooperate during intake and interviews is NOT a basis for a request for reconsideration.

(2) There is evidence that the IDC did not follow policy published in this Order and/or reference (e).

(3) Not guilty or guilty finding after a military or civilian trial. The alleged abuser or victim must submit a request for review of the ISD within 60 calendar days of the date of the findings of a military or civilian trial.

(a) The charges adjudicated at trial must be directly related to the incident which formed the basis of the ISD for domestic abuse or child abuse.

(b) Following the conviction of an abuser at trial, the victim may submit evidence that if considered by the IDC may produce a substantially more favorable result for the victim or the evidence in question directly impacted the finding of guilt.

(c) A case dismissal is not grounds for a reconsideration.

b. All requests for reconsideration must be in a written format and contain specific justification for the reconsideration. ISD reconsideration requests are submitted as follows:

(1) Marine (or Service Member) Requestor. The written request for ISD reconsideration is made to the installation FAPM with a copy to the requestor's chain of command.

(2) All Others. The written request for ISD reconsideration is made to the installation FAPM.

c. The FAPM will present the ISD reconsideration request to the IDC.

d. The IDC votes to approve/deny the ISD reconsideration request. In the case of a tie, the IDC chair votes twice.

e. The FAPM provides the requestor written notification regarding the approval or denial for reconsideration with justification for the decision signed by the IDC Chair.

f. If the ISD reconsideration is approved:

(1) The FAPM includes the case in the upcoming IDC agenda and notifies all involved parties.

(2) The ISD is reconsidered at the next IDC.

(3) During reconsideration, the IDC follows the same published procedures used in an initial IDC review.

g. If the initial reconsideration request is denied, the requestor may submit the reconsideration request to HQMC MF FAP at "HQMCFAP@usmc.mil" organizational box within 60 calendar days of notification of ISD

reconsideration request denial. HQMC MF FAP will determine if an ISD reconsideration is warranted, but will not change the ISD.

(1) HQMC MF FAP shall notify the requestor in writing of the determination of the reconsideration.

(2) If HQMC MF FAP determines that a reconsideration is warranted, HQMC MF FAP shall identify a different installation IDC to reconsider the ISD.

(a) The FAPM of that installation shall include the case in the upcoming IDC agenda and notify all involved parties.

(b) The ISD shall be reconsidered at the next IDC following the same published procedures used in an initial IDC review.

h. Marine Corps Central Registry entries shall not be delayed pending review by the installation IDC or HQMC MF FAP. The Central Registry record updates with the results if the ISD is changed. Notify the HQMC MF FAP Marine Corps Central Registry Manager if the incident involves individuals from other Services.

i. Each requestor may only submit one request for reconsideration. The secondary request for review by HQMC MF FAP following a denial by the installation IDC Chair is part of the initial request.

Chapter 9

Family Advocacy Program Response to Problematic Sexual Behavior in Children and Youth

1. Overview. Any incident or suspected incident of PSB-CY that is received by the installation commander, law enforcement, CYP, MTF, or DoDEA shall be reported to and reviewed by FAP.

a. Referrals for PSB-CY include reports of children or youth exhibiting problematic sexual behavior towards other children while not in a caretaking role either on or off the installation. PSB-CY is defined in appendix A to this enclosure.

b. PSB-CY referrals are not presented to the IDC but are managed by FAP. Parents of children exhibiting problematic sexual behavior and parents of children impacted by problematic sexual behavior are offered clinical and child-centered advocacy services.

c FAP provides services to those eligible to receive treatment at a MTF. Impacted children who are not eligible for FAP services will receive initial safety planning and be referred to civilian support services. Children exhibiting PSB-CY will receive referrals to appropriate civilian intervention or treatment programs.

2. Primary Managing Authority (PMA). When FAP receives a report of PSB-CY when the impacted child(ren) is/are at a different location than the exhibiting child(ren), the PMA is:

a. The sponsor’s installation when the exhibiting child is the dependent of the sponsor, regardless of the dependency status of the impacted child.

b. The sponsor’s installation when the impacted child is the dependent of sponsor and the exhibiting child is a non-dependent, ineligible to receive treatment in a MTF.

c. When the impacted child(ren) and exhibiting child(ren) are assigned to different serving FAPs or are from different Service branches, both servicing FAP offices are kept informed of the status of the case, regardless of PMA.

3. Initial Response. The FAPM activates the CCRT upon receipt of a PSB-CY referral. The CCRT for PSB-CY is tasked with monitoring the risk to and safety of all children and youth involved in problematic sexual behavior (whether exhibiting or impacted by the behavior), making recommendations for counseling, supportive services, case management, and coordinating parent engagement. Each member of the CCRT provides guidance in their area of expertise.

a. FAP provides the CCRT with available information from a variety of sources to include the referral source, any children or youth impacted, and their family members. Information is provided to identify additional risks factors, determine the context of the behavior, and assist with safety planning.

b. The family of the impacted child is offered advocacy services. The CCRT determines if it is appropriate to also offer advocacy services to the family of the exhibiting child.

4. Parent Engagement. Parent engagement is critical to service delivery for children and youth impacted by and exhibiting PSB-CY.

a. Parent engagement strategies must include a plan for how all members of the CCRT will engage parents about their agencies' specific role and responsibilities. Communication with the parents is maintained throughout the process.

b. FAP uses parent engagement strategies that are trauma-informed and developmentally aligned. FAP provides parents with information and skills needed to support developmentally appropriate sexual behaviors in children and youth and are offered counseling services. Parent engagement strategies include the following at a minimum:

(1) Education on normative sexual behavior.

(2) Information on indicators that sexual behavior may be problematic.

(3) Information on additional resources and helping agencies.

5. Family Advocacy Program Communication of Reports

a. Within 24 hours, FAP shall communicate all reports of PSB-CY to the appropriate law enforcement agency.

b. Within 24 hours after a trauma-informed assessment of any children or youth involved in PSB-CY, FAP shall communicate:

(1) All suspected incidents of child abuse in military families to the appropriate CWS agency and appropriate law enforcement agency.

(2) All suspected incidents of co-occurring domestic abuse that involve children to the appropriate law enforcement agency and appropriate CWS agency for:

(a) The safety of all children potentially impacted by PSB-CY and any other children living in the home of the child or youth exhibiting PSB-CY.

(b) Safe transit of such child(ren) or youth to the appropriate care. When the installation is located outside the United States, FAP must initiate procedures for transit to a location of appropriate care.

(c) Ongoing collaborative case management between FAP, relevant courts, and the appropriate CWS agency that may serve children and youth impacted by PSB-CY.

6. Advocacy

a. Installation FAP provides child-centered advocacy services to parents of children impacted by PSB-CY and to parents of children exhibiting PSB-CY if determined appropriate by the CCRT.

b. While Advocates do not meet with the child(ren) solely, the advocacy services provided to the parents are for the benefit of the child(ren). Advocacy for families experiencing PSB-CY aims to ensure parents:

(1) Have the tools needed for child safety.

(2) Possess the knowledge of resources available based on a family's specific needs.

c. At initial contact the advocate:

(1) Obtains informed consent following a verbal explanation of program services, including limits of confidentiality and privacy.

(2) Completes a safety plan with the parent(s).

(3) Documents the contact in the HQMC MF-approved Advocacy Client Log. The Advocacy Client Log is kept in the FAP Case Record.

7. Clinical Services. Installation FAP provides clinical services to children and youth exhibiting and impacted by PSB-CY, parents, and family. A FAP Clinician is assigned at referral to FAP. The practices and definitions contained in chapter 6 of this enclosure apply. If the installation FAP does not have a FAP Clinician available with the requisite expertise, the installation FAP refers the child or youth to an outside agency or another nearby FAP. Clinical services may include evidence-informed clinical services, referral to clinical evaluation or treatment for co-occurring behavioral health concerns, and referral to Exceptional Family Member Program for co-occurring developmental issues.

a. FAP provides trauma-informed clinical assessments for any child or youth exhibiting or impacted by PSB-CY and other family members who are eligible to receive treatment at a MTF. The assessment includes:

(1) Biopsychosocial and appropriate assessment tools specific to PSB-CY.

(2) Review of information from the referral source and any relevant contact.

(3) Assessment to determine whether any credible information exists to indicate co-occurring child abuse or domestic abuse.

(4) Risk and protective factors.

(5) Safety assessment.

b. In coordination with the CCRT, FAP develops an intervention and safety plan based on the clinical assessment of any child or youth exhibiting PSB-CY. The intervention and safety plan documents and recommends:

(1) Actions that may be taken by members of the CCRT to reduce the risk of another act of PSB-CY and assignment of responsibilities for such actions.

(2) Evidence-informed, trauma-informed clinical counseling.

(3) Actions that may be taken by appropriate authorities to assess and monitor the effectiveness of the safety plan.

c. FAP offers trauma-informed, developmentally appropriate services to children and youth impacted by PSB-CY including clinical assessment and intervention to address risk and protective factors associated with child trauma and counseling services.

d. Through meetings of the CCSM, risk and safety are monitored monthly at a minimum for all children and youth impacted by PSB-CY. Any increase in the level of risk is communicated to the CCRT, appropriate law enforcement, and CWS agency.

8. Continuity of Services. FAP establishes continuity of services before the transfer or referral of a case involving PSB-CY to other service providers at installations, in the civilian community, or in CWS agencies.

9. Case Closure. FAP services are terminated and the case is closed when intervention to the child or youth exhibiting PSB-CY is completed or discontinued for any reason and supportive services provided to the impacted child are completed or discontinued for any reason. Upon closure, FAP notifies:

a. CCRT.

b. Through the CCRT, any appropriate civilian court currently exercising jurisdiction over a child or youth who has engaged in PSB-CY.

c. CWS agency currently exercising protective authority over any involved children or youth.

d. The parent or legal guardian of any child or youth involved in the incident as appropriate.

10. Notification. Installation FAP notifies HQMC MF FAP of suspected incidents of PSB-CY within 24 hours of report. Additionally, reference (b) directs installation FAPs to provide and maintain data on the nature of reports, screening and assessment, and service recommendations.

a. To support this requirement, installation FAPs complete the HQMC MF FAP PSB-CY data collection tool.

b. No PII is required. Do not upload any PII into the data collection tool.

Chapter 10

Advocacy Program

1. Overview. Each installation offers 24/7 advocacy services to provide comprehensive assistance and support to victims of domestic abuse, non-abusing parents of child abuse victims, and parents of children who have been impacted by PSB-CY. Child-centered advocacy services may be offered to parents of children exhibiting PSB-CY when determined appropriate by the CCRT. Standards for Advocates as well as the scope of the program is delineated in reference (j).

2. General Program Requirements

a. Both immediate and ongoing advocacy services shall be offered to victims of domestic abuse, non-abusing parents of victims of child abuse, and parents of children who have been impacted by PSB-CY who are eligible to receive treatment at a MTF.

b. Victims ineligible to receive treatment at a MTF shall be offered immediate safety planning and referrals to civilian support services for all subsequent care needs and services.

c. Advocates shall inform victims of domestic abuse of both the restricted and unrestricted reporting options. Services provided by Advocates shall be consistent with the victim's written election made on the DD Form 2967.

d. In cases where the report is received from a third party or the situation is high risk and consistent with the duty-to-warn criteria of imminent danger, the victim receives services consistent with the unrestricted reporting option.

e. Advocates maintain professional competencies and ethical standards in accordance with reference (j).

3. Advocate Responsibilities

a. Initial Response and Safety Planning. Advocates shall:

(1) Respond to all calls received on the 24/7 helpline within 15 minutes.

(2) Inform all victims of Limits of Confidentiality and their right to refuse services. Document informed consent using the HQMC MF-approved Advocacy Client Log.

(3) Provide every victim with a copy of the DD Form 2701, Initial Information for Victims and Witnesses of Crime, and provide each victim a complete explanation of their rights.

(4) Inform the victim of both restricted and unrestricted reporting options.

(5) Assess the situation for imminent danger of life-threatening physical harm to the victim or another person, considering the existence and frequency of the risk factors in accordance with reference (a). Follow

installation FAP duty-to-warn procedures if there is a good faith belief that there is a serious imminent threat to the health or safety of the victim or another person and consult with the local SJA.

(6) Discuss an initial safety plan and, with the active participation of the victim, develop a plan and instructions for retaining the plan.

(7) Encourage the victim to seek medical treatment, if appropriate, and accompany the victim to the MTF, if requested. When child abuse is reported, encourage the non-abusing parent to seek medical treatment for the child victim and immediately report the suspected incident to the FAPM and the local CWS agency.

(8) Notify victims who file an unrestricted report of domestic abuse involving Special Victim Investigation and Prosecution (SVIP) covered offenses of their right to consult with the local SJA for legal support as per reference (a).

(9) Inform the victim or non-abusing parent of the legal actions available to promote safety such as seeking services via the Victim Legal Counsel, Victim and Witness Assistance Program (VWAP), MPOs, and CPOs. Advocates shall provide referrals for these services as requested. In cases where an MPO is issued, the Advocate works with the command to facilitate the receipt of a copy of the order by the named protected person (i.e. victim or non-abusing parent in child cases).

(10) Offer victims written information, as appropriate, regarding local resources for immediate safety and long-term protection and support; workplace safety; housing; childcare; clinical resources; medical services; chaplain resources; TCAD; and other military and civilian support services.

(11) Assist with coordination of transportation and notify command of the needs of the victim or non-abusing parent. Advocates may not transport individuals or provide childcare.

(12) Follow FAP safety procedures to minimize risk and maximize personal safety.

(13) Follow installation FAP procedures regarding crisis situations and reporting if a crisis occurs during contact with a victim.

b. Ongoing Advocacy. As a part of the ongoing advocacy services to the victim, Advocates shall:

(1) Inform relevant providers, command, and law enforcement, if appropriate, of the victim's safety plan if the victim has elected the unrestricted reporting option.

(2) Maintain follow-up contact with the victim at a minimum every 30 days until the victim elects to end advocacy services.

(3) Develop a safety plan with the victim, if one has not already been completed, and review and update it every 30 days with the victim in accordance with in reference (a).

(4) Support the victim in decision-making, establishing short and long term goals, and advocating on her/his own behalf.

(5) Provide the victim information and referrals to local military and civilian resources including the National Domestic Violence Hotline.

(6) Assist the victim in gaining access to service providers and victim support resources.

(7) Accompany the victim to appointments and court proceedings related to the abuse incident upon the victim's request.

(8) Refer victims who relocate outside of the respective FAP jurisdiction to the nearest FAP or civilian program for continued services.

(9) Assess the victim's need for additional safety measures and resources throughout service provision and prior to case closure.

c. Advocacy After Duty Hours

(1) Advocates provide face-to-face assistance to victims within two hours when requested by the victim or other appropriate entities. Advocates should be within a 50 mile driving radius of the installation when in an on-call duty status.

(2) The FAPM is responsible for having a plan in place that provides coverage for the 24/7 helpline and ability to offer 24/7 advocacy services when the Advocate(s) are unable to serve in an on-call duty status. Installation SOPs contain specific actions to prevent the duty phone from being unstaffed. While the Advocate is on-call, the FAPM or Clinical Supervisor shall be readily available to serve as the POC for instances where additional assistance is needed.

(3) Advocates are appropriately compensated via compensatory time/overtime for any hours worked in excess of 40 hours per week when on-call after duty hours. Advocates shall also receive reimbursement for local mileage traveled to provide support to victims either on the installation or off the installation within the limits of guidance in the current Joint Travel Regulation.

d. Child-Centered Advocacy. Advocates provide child-centered advocacy services to parents of children impacted by problematic sexual behavior and for non-abusing parents of child abuse victims. Child-centered advocacy focuses on providing families tools needed to mitigate risk and promote child safety, assess needs, and increase knowledge of resources.

e. Systems Advocacy. Advocates promote a CCR for both the prevention and intervention of child abuse and domestic abuse. While important, the Advocate does not sacrifice providing individual advocacy services to accomplish systems advocacy functions. In support of systems advocacy, Advocates shall:

(1) Collaborate with other agencies and activities to improve system response to, and support of, victims.

(2) Advocate for victim services that involve the victim in the decision-making process.

(3) Collaborate with law enforcement and criminal investigative units in the establishment of procedures to ensure:

(a) Notification of the Advocate when such units are notified of a domestic abuse incident.

(b) Collaboration on safety planning and safety measures.

(c) Ongoing HQMC MF-approved training of military and civilian law enforcement personnel on the Advocate's role.

(4) Collaborate with the DoD-sponsored MTF in the establishment of procedures to ensure:

(a) Notification of the Advocate for all incidents of suspected or reported domestic abuse.

(b) Ongoing HQMC MF-approved training of MTF and dental facility personnel on the Advocate role.

(5) Establish liaison with FAP clinical and prevention staff.

(6) Establish liaison with civilian victim resources.

(7) Actively participate as a member of the installation FAC.

(8) Participate in interdisciplinary councils or group meetings that seek to promote advocacy efforts and coordination of victim care.

f. 24/7 Helpline Protocol. FAP helplines located throughout the Marine Corps often serve as the first POC for victims of domestic abuse. Helplines are required to be manned and answered 24/7/365. Staff must be trained in helpline protocols prior to manning the line. The installation will ensure a SOP is in place for management of the helpline.

g. Training and Public Awareness. In conjunction with FAP P&E Specialists, Advocates assist with education, training, and public awareness both within the military and civilian communities.

4. Transitional Compensation for Abused Dependents (TCAD)

a. TCAD is a congressionally-mandated program that provides up to 36 months of nontaxable monetary payments and benefits to eligible dependents of Marines who are separated from the military due to dependent-abuse offenses, as per reference (i). The program helps ease the unexpected transition from military to civilian life for eligible dependents.

b. The following military dependents are eligible for TCAD:

(1) Dependent spouse legally married to the Marine at the time of the dependent abuse incident. Intimate partners are not eligible.

(2) Child(ren) living with the Marine and/or the spouse or in utero at the time of the dependent abuse offense. Children in utero at the time of the offense and shall be eligible for payment from the date of birth. Proof of paternity and birth is required.

c. The Marine must be on active duty status for at least 30 days for dependents to be eligible.

d. The Marine must be convicted of a dependent abuse offense and separated from active duty under a court-martial sentence; forfeiture of all pay and allowances under a court-martial sentence; or administratively separated from active duty under applicable Military Service regulations as a result of a dependent abuse offense.

e. Eligible dependents of Marines separated from active duty service where dependent abuse was present but not the reason for administrative separation or court-martial may apply for TCAD benefits under the exceptional eligibility provisions in accordance with reference (i). Exceptional eligibility may apply where there is supporting documented evidence of dependent abuse during the current service obligation (i.e., police reports, medical reports, and civilian protective order).

f. Advocates have the following responsibilities related to TCAD:

(1) Educate commands and other relevant installation personnel on TCAD.

(2) Educate victims on TCAD and assist eligible victims with applying for the benefit.

(3) Serve as the liaison between HQMC MF TCAD POC and the applicant to provide the applicant with appropriate updates on application status and guidance on all questions regarding the application process.

Chapter 11

Staff Training Requirements

1. Overview. HQMC conducts Family Advocacy Staff Training (FAST) courses for installation staff and leaders to support completion of training requirements.

2. All Staff. All FAP staff are required to complete training on the following topics:

a. Research-supported protective factors that promote and sustain healthy family relationships.

b. Risk factors for and the dynamics of child abuse, domestic abuse, and PSB-CY.

c. Requirements and procedures for reporting child abuse.

d. The availability of Advocates and response to restricted and unrestricted reports of incidents of domestic abuse.

e. The dynamics of domestic abuse, reporting options, reporting procedures, safety planning, and response unique to the military culture that establishes and supports competence in performing core advocacy duties.

f. Roles and responsibilities of the FAP and the command under the installation's CCR associated with a report of child abuse, including the response to a report of child sexual abuse in a DoD-sanctioned child or youth activity, or domestic abuse incident, and actions that may be taken to protect the victim.

g. Available resources on and off the installation that promote protective factors, support families at risk before abuse occurs, and provide other applicable services.

h. Procedures for the management of child abuse and domestic abuse incidents that happen before a Marine is deployed.

i. The availability of TCAD for victims of child abuse and domestic abuse and HQMC implementing policy and guidance.

j. Overview of NPSP, Clinical services, P&E Program, Advocacy services, and FAP policy.

k. IDC and CCSM purpose and process.

l. DoD definitions of abuse and PSB-CY.

m. Staff safety guidelines.

n. Orientation of Marine Corps culture including Service rank structures and military protocol.

o. Privacy Act and limits of confidentiality.

p. Suicide prevention.

q. Installation quality assurance procedures.

3. Clinical Staff. In addition to the requirements in paragraph 2 of this chapter, all clinical staff shall receive training on:

a. Assessment skills for use with children and adults.

b. Evidence-informed curriculum and counseling modalities before use.

c. Continuing education units (CEU) as addressed in chapter 12 of this enclosure.

d. Helpline protocol and procedures if manning the phone.

e. If providing direct services to children, youth, and families impacted by PSB-CY must have or obtain, within 1 year of employment, training on:

(1) Child and adolescent development

(2) PSB-CY

(3) Trauma-informed care

4. New Parent Support Program (NPSP) Staff. In addition to the requirements in paragraph 2 of this chapter, all NPSP staff shall receive training on:

a. Identifying and reporting suspected child abuse and domestic abuse.

b. Shaken Baby Syndrome, sudden unexplained infant death, and safe sleeping environments.

c. Postpartum depression and other mental health issues impacting maternal and child health.

d. The role of attachment in the social emotional development of children and strategies for enhancing bonding and attachment.

e. Assessing developmental milestones and referral procedures for indicators of special needs or developmental delays.

f. Assessing and strengthening adaptation to parenthood.

g. Assessing and strengthening parental capacity for problem-solving, building and sustaining trusting relationships, and seeking help when necessary.

h. Promoting developmentally appropriate parenting skills and disciplinary techniques, and parent and child communication skills.

i. Facilitating informal and formal community networks to build positive relationships and reduce social isolation.

j. Utilizing community-based services and formal and informal community networks to provide concrete support for families who may be in crisis.

k. Strategies to engage and support the Marine's role in childrearing, especially during separations due to deployment and other military operations.

l. Methods for screening for, assessing, and addressing protective and risk factors associated with child abuse and neglect using a strengths-based family centered developmental approach.

m. Military briefing creation and delivery.

n. Evidence-informed curriculum before use.

5. Prevention and Education (P&E) Specialists. In addition to the requirements in paragraph 2 of this chapter, all P&E Specialists shall receive training on:

a. FAC purpose and process.

b. Community capacity building.

c. Military briefing creation and delivery.

d. Evidence-informed curricula that assist Marines and their families in dealing with interpersonal relationships and marriage, improving parenting skills, and adapting to stressors of military life.

6. Advocates. In addition to the requirements in paragraph 2 of this chapter, all Advocates shall:

a. Complete and maintain National Advocate Credentialing Program certification.

b. Conduct an in-brief with at minimum VWAP, PMO, SJA, SAPR Program Manager, and Victim Legal Assistance Counsel.

c. Complete training on the TCAD application process.

d. Complete training on the purpose and process of the FAC.

e. Complete Helpline training prior to manning the line.

f. If providing child-centered advocacy services to parents or guardians of children and youth impacted by PSB-CY must have or obtain, within 1 year of employment, training in all of the following:

(1) Child and adolescent development

(2) PSB-CY

(3) Trauma-informed care

(4) Supervision by FAPM or Clinical Supervisor

Chapter 12

QUALITY ASSURANCE AND PROGRAM EVALUATION

1. Quality Assurance

a. Installation Quality Assurance Objectives. Effective quality assurance ensures that Marines are receiving consistent and high-quality services regardless of duty station. The goal of the quality assurance process is to:

(1) Assess and monitor the quality of services and compliance with Marine Corps and national standards. Opportunities for improvement using a client driven outcomes management system that solicits direct consumer feedback, encourages individualized service delivery, and enables ongoing monitoring of service effectiveness for providers.

(2) Justify resources to maintain and exceed standards.

(3) Integrate, track, and trend quality assurance information quarterly to identify patterns or processes, which may need in-depth review.

(4) Identify program weaknesses and improvement opportunities through self-studies, compliance reviews, data analysis, and customer feedback.

(5) Prepare the program for certification using national standards. FAP shall monitor sustainment of compliance through the annual self-study during non-site review years.

b. HQMC MF Quality Assurance Process. The quality assurance process monitors the quality and consistency of services and verifies compliance with national, DoD standards contained in reference (c), and Marine Corps standards.

(1) Installation FAPs are required to undergo certification using standards developed by a national accrediting body not less than once every four years. Results of certification including areas needing improvement will be shared with the installation FAC.

(2) Clinical and FAP records are audited in accordance with references (f) and (n).

(3) NPSP records are audited in accordance with reference (n).

(4) The helpline is audited by HQMC MF FAP personnel to verify that advocate services are available 24/7/365.

(5) IDCs and CCSMs are audited by HQMC MF FAP personnel for adherence to policy, quality assurance, and to provide training and support to the FAP.

(6) HQMC MF is required to review this Order annually to verify that it is necessary, current, and consistent with higher headquarters policy.

c. Installation Quality Improvement. Installation FAPs shall develop an internal process improvement plan to maintain continual readiness and to ensure that privileged/credentialed counselors provide required and effective services in a timely manner.

2. Program Evaluation. HQMC MF may issue written guidance for evaluation activities. The data extracted from existing systems by HQMC MF may support:

a. Needs assessments

b. Evaluating FAP processes

c. Evaluating the outcome of FAP activities

d. Evaluating the impact of FAP activities

e. Evaluating the feedback about FAP from various stakeholder groups

f. Planning, policy development, and resource allocation

3. Staff Credentials and Qualifications. FAP staff shall undergo a criminal history check in accordance with reference (t) and comply with privileging/credentialing requirements and qualifications as follows:

a. Clinical Counselors. All personnel who conduct clinical assessments and/or provide clinical services for the FAP shall meet the following minimum education, licensure, and certification qualifications:

(1) Master's or doctoral-level human service and/or mental health professional degree from an accredited university or college program. Tier II and III also require a minimum of two years of experience working in the field of child abuse or domestic abuse.

(2) Licensure/Tier system requirements:

(a) Tier I: Experience working or serving as a volunteer or intern in the field of child abuse and domestic abuse, or with contemporary social issues involving families. Tier I providers are under a plan of supervision and collect supervised hours to be applied toward licensure. Licensure shall be obtained within 36 months of hire.

(b) Tier II: Providers must have at least 2,000 hours of full time, post-masters supervised clinical care experience, and have a current state or U.S. territory license in good standing to practice independently in at least one of the following: clinical social worker, a licensed marriage and family therapist, licensed professional counselor, or clinical psychologist that meet the DoD requirements.

(c) Tier III: Providers shall meet Tier II criteria, and have attained two years full time post licensure clinical experience. Tier III providers are eligible to provide clinical supervision and have the ability to function as the sole provider at a location.

(3) All Clinical Counselors who provide direct services to children, youth, and families impacted by PSB-CY shall have or obtain, within 1 year of employment, training in all of the following:

(a) Child and adolescent development

(b) PSB-CY

(c) Trauma-informed care

(4) All privileged/credentialed providers requesting renewal of privileges/credentials shall maintain their state license in good standing and complete 15 hours of CEUs relevant to child abuse and domestic abuse and an additional 17 hours of CEUs within their discipline every two years.

b. Clinical Supervisor. Clinical Supervisors shall meet the following standards:

(1) Education and Licensure compliant with paragraph 3a of this chapter.

(2) Privileged/credentialed at the Tier III level.

(3) Minimum of two years of post-licensure experience as a clinical supervisor of professional clinical providers.

c. Family Advocacy Program Managers (FAPM). In addition to the Tier III education, licensure, and privileges/credentials listed in paragraph 3a above FAPMs shall have the following experience:

(1) Five years of post-licensure experience in child abuse and domestic abuse and;

(2) Three years post license experience supervising licensed clinicians in a clinical program.

d. New Parent Support Program (NPSP) Home Visitors (HV). All NPSP service providers shall meet the following standards.

(1) Clinicians providing NPSP services shall minimally have:

(a) A Master’s degree in social work, counseling, or marriage and family therapy.

(b) A current, valid, unrestricted clinical license to practice social work, counseling, or marriage and family therapy independently.

(c) Two years of direct experience in the prevention, intervention, or counseling of child abuse or domestic abuse, or the provision of maternal or child health support services.

(d) Supervision by a FAPM, Clinical Supervisor, or NPSP Manager.

(2) Registered nurses providing NPSP services shall minimally have:

(a) A Bachelor’s degree in nursing.

(b) A current unrestricted license in one of the States or U.S. territories.

(c) Two years of direct experience in child abuse or domestic abuse, maternal or child health, community health, or mental health.

(d) Supervision by a FAPM, Clinical Supervisor, or NPSP Manager.

e. New Parent Support Program (NPSP) Managers. NPSP Managers shall meet the following minimum standards:

(1) Education and licensure compliant with paragraph 3.d. of this chapter.

(2) Two years in a supervisory role and two years of direct experience in child abuse or domestic abuse, maternal or child health, community health, or mental health.

(3) Administrative supervision provided by the FAPM.

f. Prevention and Education (P&E) Specialists. All FAP personnel who provide P&E services shall have the following minimum qualifications, as per reference (c):

(1) A Bachelor's degree from an accredited university or college in any of the following disciplines:

(a) Social work

(b) Psychology

(c) Marriage and family therapy

(d) Child and adolescent counseling

(e) Counseling or behavioral science

(f) Nursing

(g) Education

(h) Community health or public health

(2) Two years of experience in a family and children's services public agency or family and children's services community organization, one year of which is in prevention, intervention, or counseling of child abuse and domestic abuse.

(3) Supervision by the FAPM or Clinical Supervisor.

g. Advocates. All FAP personnel who provide advocacy services must meet the following minimum qualifications:

(1) A Bachelor's degree from an accredited university or college in any of the following disciplines:

(a) Social work

(b) Psychology

(c) Marriage and family therapy

(d) Child and adolescent counseling

(e) Counseling or behavioral science

(f) Criminal justice

(2) Two years of experience in assisting and providing advocacy services to victims of domestic abuse or sexual assault.

(3) Obtain the National Advocate Credentialing Program certification within 18 months of date of hire.

(4) All Advocates who provide child-centered advocacy services to parents or guardians of children and youth impacted by PSB-CY shall have or obtain, within one year of employment, training in all of the following:

(a) Child and adolescent development

(b) PSB-CY

(c) Trauma-informed care

(5) Supervision by FAPM or Clinical Supervisor.

h. Non-Clinical Case Managers. Non-clinical Case Managers provide administrative support for clinical case management without any direct service to individuals or families. Non-clinical Case Managers shall meet the following minimum requirements:

(1) A Bachelor's degree from an accredited university or college in any of the following disciplines:

(a) Social work

(b) Psychology

(c) Marriage and family therapy

(d) Child and adolescent counseling

(e) Counseling or behavioral science

(f) Criminal justice

(2) Two years of experience in providing case management in a clinical environment

(3) Supervision by FAPM or Clinical Supervisor.

Appendix A

GLOSSARY OF TERMS AND DEFINITIONS

Abuser: An individual adjudicated in a military disciplinary proceeding or civilian criminal proceeding who is found guilty of committing an act of child abuse or domestic abuse, as well as an individual alleged to have committed child abuse or domestic abuse who has not had such an allegation adjudicated.

Advocate: Advocates provide immediate and ongoing advocacy and outreach to victims of domestic abuse, non-abusing parents of victims of child abuse, and parents of children who have been impacted by PSB-CY.

Caregiver: An individual providing care to a child under express or implied agreement with the parent, guardian, or foster parent.

Child: An unmarried person under 18 years of age 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. A biological child, adopted child, stepchild, foster child, ward, a sponsor's family member (except the sponsor's spouse) of any age who is incapable of self-support because of a mental or physical incapacity, and for whom treatment in a DoD medical treatment program is authorized.

Child Abuse: The physical, sexual, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is interfamilial or extra-familial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under expressed or implied agreement with the parent, guardian, or foster parent.

Child Neglect: The negligent treatment of a child, through egregious acts or omissions below the lower bounds of normal care giving, which shows a striking disregard for the child's well-being perpetrated by a parent, guardian, foster parent, or by a caregiver.

Clinical Counselor: An individual who conducts clinical assessments and provides clinical counseling. The clinician possesses at minimum a Master's degree in a mental health profession from an accredited university or college, a clinical license in good standing in a state that authorizes independent clinical practice, clinical experiences with domestic abuse, and is privileged/credentialed by the HQMC Privileging/Credentialing Review Board.

Clinical Services: Clinical services include screenings, clinical assessments, service planning, evidence-informed interventions, clinical case management, and appropriate referrals. The primary goals of clinical services in domestic and child abuse cases are to ensure the safety of the victim and community, and to promote the cessation of abusive behaviors. Counseling for domestic and child abuse consists of individual, couple, group, and family therapy.

Clinical Case Staff Meetings (CCSM): The CCSM is an interdisciplinary team limited to those with clinical expertise in child abuse and domestic abuse. CCSMs provide ongoing clinical case consultation.

Coordinated Community Response (CCR): A comprehensive, collaborative, and victim-centered response which includes prevention, education, and response/recovery components. Members often include health, police, judicial and legal services, shelters and protection services, schools and other educational institutions, religious or cultural groups, and other stakeholders in the community.

DoD-sanctioned activity: A DoD-sanctioned activity is defined as a U.S. Government activity or a nongovernmental activity authorized by appropriate DoD officials to perform child care or supervisory functions on DoD controlled property. The care and supervision of children may be either its primary mission or incidental in carrying out another mission (e.g., medical care). Examples include Child Development Centers, DoD Dependents Schools, School Age Care, Family Child Care, Youth Activities, and child care activities that may be conducted as a part of a chaplain's program or as part of another Morale, Welfare, or Recreation Program.

Domestic abuse: Domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is an intimate partner.

Duty-to-Warn: A legal obligation to disclose information to prevent harm to self or others.

Evidence-Informed Practices: A practice or program that demonstrates effectiveness when evaluated in the target population using the most rigorous research methods.

Expedited Transfers/Safety Moves: A process for transferring service members who file an unrestricted report of domestic abuse, regardless of whether the spouse or intimate partner is a member of the Armed Forces.

Family Advocacy Command Assistance Team (FACAT): A multidisciplinary team composed of specially trained and experienced individuals who are on-call to provide advice and assistance on cases of child sexual abuse that involve DoD-sanctioned activities.

Family Advocacy Committee (FAC): The policy-making, coordinating, and advisory body to address child abuse and domestic abuse at the installation.

Family Advocacy Staff Training (FAST): The HQMC Family Advocacy Staff Training (FAST) course provides effective on-going education to family advocacy personnel in prevention, education, and intervention of child abuse and domestic abuse. HQMC provides required staff training as part of the FAST course. FAPMs are expected to attend the FAST FAPM course.

Family Readiness: The state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service.

High Risk for Violence (HRV): A level of risk describing families or individuals experiencing severe abuse or the potential for severe abuse, or alleged abusers engaging in high-risk behaviors such as making threats to

cause grievous bodily harm, preventing victim access to communication devices, stalking, etc. Such cases require coordinated community safety planning activities that actively involve installation law enforcement, command, legal, and FAP.

Incident Determination Committee (IDC): The IDC is a multidisciplinary team which reviews suspected incidents of child abuse and intimate partner abuse and determines which suspected incidents meet the DoD criteria for child and intimate partner abuse.

Incident Status Determination (ISD): The ISD is the decision made by the IDC related to the suspected child abuse and intimate partner abuse incident. The ISD was adopted in FY10 to provide a standardized process in determining if alleged domestic abuse or child abuse has occurred. This process increases reliability in making the incident status determination.

Informed Consent: The process of informing clients of the purpose of services, risks related to services, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent.

Military Community: Service members, military families, military leadership, and military and civilian family readiness service providers.

Met Criteria: The IDC has determined that abuse or neglect, as defined by OSD, occurred.

New Parent Support Program (NPSP): NPSP is a voluntary program providing education and support to USMC families who are expectant parents, or families with children ages zero through five, to reduce risk factors for child abuse and domestic abuse and increase protective factors. NPSP staff include licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, and licensed registered nurses. Services are primarily provided through individualized home visits.

Outreach: Systematic efforts to make contact with members of the military and civilian communities outside of established family readiness access points.

Prevention and Education (P&E) Specialist: P&E provides education and prevention-focused services to the USMC installations and community. P&E services are designed to improve family and individual functioning, thereby preventing/reducing the factors associated with child and domestic abuse. P&Es also provide life skills training classes on relationships, anger management, stress management, and parenting.

Problematic Sexual Behavior in Children and Youth (PSB-CY): Behaviors initiated by children and youth under the age of 18 that involve sexual body parts (genitals, anus, buttocks, or breasts) in a manner that deviates from normative or typical sexual behavior and are developmentally inappropriate or potentially harmful to the individual initiating the behavior, the individual(s) impacted by the behavior, or others.

Sexual behaviors initiated by a child or youth under the age of 18 are more likely to deviate from normative or typical sexual behavior and be developmentally inappropriate and/or potentially harmful when they are characterized by one or more of the following:

- Occur at a higher frequency than is typical given the child's or youth's age and development. Are preoccupying or are a greater focus of the child's or youth's interactions and interests than other behaviors.
- Interfere with the child's or youth's social development and/or general functioning.
- Do not respond to caregiver or other adult intervention.
- Involve sexual knowledge, language and/or behaviors that are inappropriate for the child's or youth's chronological or developmental age.
- Include aggression, force, threats, or coercion.
- Include intrusive sexual behavior, such as penetration.
- Are deliberative rather than spontaneous or exploratory in nature.
- Include alcohol or other mind-altering substances.
- Involve aggressive or violent pornography.
- Engender strong upset feelings in any other child or youth involved in the behaviors.
- Are non-mutual.
- Occur between children or youth who are distinct in terms of age, cognitive, social, and/or physical development or otherwise demonstrate developmental inequalities.

Safety Planning: A process whereby a FAP clinical provider or advocate, working with a victim, creates a plan, tailored to that victim's needs, concerns, and situation, that will help increase the victim's safety and help the victim to prepare for, and potentially avoid, future violence.

Transitional Compensation for Abused Dependents (TCAD): Once a Marine is separated from the USMC for a dependent abuse offense, TCAD provides financial assistance, temporary medical assistance, and commissary privileges to eligible family members while they reestablish their lives. TCAD benefits are provided to recipients for a period of up to 36 months.

Unrestricted and Restricted Reporting: Unrestricted reporting of domestic abuse is for adult victims of domestic abuse who wish to pursue an official investigation of the alleged incident(s) of abuse with USMC command and law enforcement involvement. All reports of child abuse are unrestricted. Restricted reporting affords adult victims access to medical, advocacy, and counseling services without USMC command and law enforcement involvement.

Victim and Witness Assistance Program (VWAP): A program that assists victims and witnesses of crimes punishable under the UCMJ from initial contact with the program through investigation, prosecution, and confinement.

Youth: A person between 5 and 18 years of age.

Appendix B

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

CCP	Community Counseling Program
CCR	Coordinated Community Response
CCRT	Coordinated Community Response Team
CCSM	Clinical Case Staff Meeting
CEU	Continuing Education Unit
CID	Criminal Investigation Division
CO	Commanding Officer
CoS	Chief of Staff
CPO	Civilian Protective Order
CRO	Child Removal Order
CWS	Child Welfare Services
CYP	Child and Youth Programs
DASD	Deputy Assistant Secretary of Defense
DC, M&RA	Deputy Commandant, Manpower and Reserve Affairs
DoD	Department of Defense
DoDEA	Department of Defense Educational Activity
DON	Department of Navy
DON/AA	Department of Navy/Assistant for Administration)
DRMD	Directives and Records Management Division
EFMP	Exceptional Family Members Program
EPBHC	Embedded Preventative Behavioral Health Capability
FAC	Family Advocacy Committee
FACAT	Family Advocacy Command Assistance Team
FAP	Family Advocacy Program
FAPM	Family Advocacy Program Manager
FAST	Family Advocacy Staff Training
FOIA	Freedom of Information Act
HRV	High Risk for Violence
HQMC	Headquarters Marine Corps
HV	Home Visitor
IDC	Incident Determination Committee
ISD	Incident Status Determination
ISP	Individualized Service Plan
MARFORRES	Marine Forces Reserve
MC&FP	Military Community and Family Policy
MCCS	Marine Corps Community Services
MCO	Marine Corps Order
MF	Marine and Family Programs
MOU	Memorandum of Understanding
MPO	Military Protective Order
MSC	Major Subordinate Commands
MTF	Military Treatment Facility
NARA	National Archives and Records Administration
NCIS	Naval Criminal Investigative Service
NPSP	New Parent Support Program
OSD	Office of the Secretary of Defense
P&E	Prevention and Education
PCS	Permanent Change of Station
PII	Personally Identifiable Information
PMA	Primary Managing Authority
PMO	Provost Marshal’s Office

POC	Point of Contact
PSB-CY	Problematic Sexual Behavior – Child and Youth
SAP	Substance Abuse Program
SAPR	Sexual Assault Prevention and Response
SARC	Sexual Assault Response Coordinator
SEA	Senior Enlisted Advisor
SJA	Staff Judge Advocate
SOFA	Status of Forces Agreement
SOP	Standard Operating Procedures
SVIP	Special Victim Investigation and Prosecution
TCAD	Transitional Compensation for Abused Dependents
UCMJ	Uniform Code of Military Justice
XO	Executive Officer