



UNITED STATES MARINE CORPS

MARINE CORPS BASE  
PSC BOX 20004  
CAMP LEJEUNE, NORTH CAROLINA 28542-0004

BO 1754.1B  
MCCS  
14 AUG 2007

BASE ORDER 1754.1B

From: Commanding Officer  
To: Distribution List

Subj: FAMILY ADVOCACY PROGRAM (FAP)

Ref: (a) DoDDir 6400.1  
(b) SECNAVINST 1754.1B  
(c) SECNAVINST 1754.7A  
(d) SECNAVINST 1752.3B  
(e) MCO P5211.2B  
(f) MCO P1700.24B  
(g) MARADMIN 567/03 Credentials and Privileging  
(h) Under Secretary of Defense, Personnel and Readiness Memorandum, "DoD Policy for Implementation of Domestic Violence Misdemeanor Amendment to the Gun Control Act for Military Personnel," signed November 27, 2002  
(i) Under Secretary of Defense, Personnel and Readiness Memorandum, "DoD Policy for Implementation of Domestic Violence Misdemeanor Amendment to the Gun Control Act for DoD Civilian Personnel," signed November 27, 2002  
(j) NAVMC 2930  
(k) MARADMIN 206/06 (Restricted Reporting)  
(l) Deputy Secretary of Defense Memorandum, "Restricted Reporting Policy for Incidents of Domestic Abuse," signed January 22, 2006  
(m) Under Secretary of Defense, Personnel and Readiness Memorandum "Military Protective Orders (MPOs)," signed March 10, 2004  
(n) Under Secretary of Defense, Personnel and Readiness Memorandum "Notification of DoD-Related Fatalities Due to Domestic Violence or Child Abuse, signed March 4, 2005

Encl: (1) Definitions  
(2) Family Advocacy Program Manager (FAPM) Guidelines  
(3) Family Advocacy Program Officer (FAPO) Guidelines  
(4) Responsibilities of Family Advocacy Committee (FAC) Members  
(5) Incident Status Determination Process (ISDP)

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

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- (6) Domestic Abuse Severity Level Guidelines
- (7) Child Abuse Severity Level Guidelines
- (8) Military Protection Order
- (9) Sample Commanding Officer Policy Letter

1. Situation. To set forth policies and amplifying instructions regarding references (a) through (g) and to provide specific guidance for the administration of a protective Family Advocacy Program (FAP), complimented by a coordinated community response to family violence.

2. Cancellation. BO 1754.1A.

3. Mission

a. Mission. The FAP is a multifaceted, multidisciplinary program designed to address the problems associated with spouse and intimate partner abuse and child maltreatment within the Navy and Marine Corps community. Close cooperation between Marine Corps Base, Camp Lejeune, its tenant and subordinate commands, the military and civilian police, medical, legal, social and correctional agencies is essential to the success of a coordinated community response to domestic violence. The focus of the program is to prevent child and spouse abuse, to intervene to protect victims, and to hold offenders accountable for their actions. The responsibilities of the FAP are accomplished primarily by the Community Counseling Center (CCC). Definitions of terms used in this Order are found in enclosure (1).

b. Summary of Revision. This Order has been completely revised in its entirety and should be thoroughly reviewed.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Domestic violence and child maltreatment will not be tolerated by personnel assigned to Marine Corps Base, Camp Lejeune. There is zero tolerance for this behavior. The focus of the FAP will be prevention; victim safety and protection; offender accountability; rehabilitative education and counseling; and community accountability/responsibility for a consistent, appropriate response.

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(2) Concept of Operations

(a) Prevention. Awareness of the dynamics and effects of abuse, the characteristics of the offender and victims, and the services available to help families and individuals are essential to help prevent future abuse. Briefings to personnel are essential to ensure that all service members understand reporting requirements for suspected abuse incidents and the personal consequences of involvement in abusive conduct. Periodic briefings will be given to personnel who deal with abuse cases, such as commanding officers, chaplains, military law enforcement personnel, Family Child Care providers, Department of Defense Dependent Schools (DoDDS) personnel, youth recreational activities personnel, drug and alcohol counselors, medical staff, and social service providers. Instruction covering the dynamics of family abuse with emphasis on recognition, reporting requirements and procedures, and available resources for rehabilitation and victim services is critical for all military and civilian supervisors.

(b) Victim Safety and Protection. Upon discovery of an incident of domestic violence, primary concern will be focused on preventing subsequent abuse. One of the parties will be removed from the residence, if determined necessary to protect the victim, and will remain away from the other party until a proper risk assessment is made by a qualified member of the FAP. Military Protection Orders (MPO) and intervention will be used to minimize the subsequent risk to the victims. In some instances where the victim is an active duty service member and the offender cannot be removed from the residence, the victim may be removed in consideration of the need for safety. Responsive reaction and intervention after early indications of the abuse can prevent subsequent incidents of more serious consequences in the future.

(c) Offender Accountability. Offenders must be held accountable for their actions without allowing rationalization to minimize the nature of the offense and for faithful execution of rehabilitative measures as directed by their commanding officers. Marines deemed to have potential for continued service who are receptive to rehabilitation should normally be retained. Those without potential should be processed per reference (f). Per references (h) and (i), Lautenberg Amendment potentially affects any active duty member as well as civilian employee who has been convicted of domestic violence, making it imperative that commanders familiarize themselves with this law. The Lautenberg Amendment makes it a

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felony for anyone convicted of a misdemeanor crime of "domestic violence" (e.g., assault or attempted assault on a family member) to ship, transport, possess, or receive firearms or ammunition. There is no exception for military personnel engaged in official duties. The Amendment also makes it a felony for anyone to sell or issue a firearm or ammunition to a person with such a conviction. This includes commanders and NCO's who furnish weapons or ammunition to service members knowing, or having reason to believe, they have qualifying convictions.

(d) Rehabilitative Education and Counseling.

Research shows that most individuals involved in family maltreatment cases are not mentally ill or criminally motivated. In fact, offending service members are often proven performers who are recommended for retention. Many service members involved in child or spouse abuse have a record of solid job performance, and, once they are identified as abusive and placed in a rehabilitative program which holds them accountable for their actions, they can be taught to alter their behavior. Military families involved in abuse situations are often identified earlier than their civilian counterparts. Such early identification greatly improves the chances of either stopping abuse within the family or reducing the level and frequency of recurrent violence.

(e) Community Accountability/Responsibility. In accordance with references (a) and (d), installation commanders shall cooperate with civilian agencies and observe local laws related to child and domestic abuse incident notifications and reporting. Memoranda of Understanding (MOU) should be used as appropriate. To minimize gaps in service, commanders will work closely with local and state officials, but these efforts shall not exceed limits set forth in reference (d).

b. Subordinate Element Missions

(1) Family Advocacy Program Officer (FAPO) is a senior field grade officer appointed by the Base Commander and has direct access to the Base Commander. Expanded duties of this position are provided in enclosure (2). In summary the FAPO:

- (a) Oversees the operation and management of FAP.
- (b) Chairs the Family Advocacy Committee (FAC).

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(c) Provides recommendations concerning policy and program status to the Base Commander.

(d) Ensuring a coordinated community response to domestic violence with both on and off base entities.

(2) Family Advocacy Program Manager (FAPM) manages day-to-day operations of the FAP and acts as the installation's subject matter expert on child abuse and domestic violence. Expanded duties of this position are provided in enclosure (3). In summary the FAPM:

(a) Supervises and monitors the base FAP.

(b) Ensures program compliance.

(c) Chairs the Case Review Committee (CRC).

(d) Provides recommendations and coordinates actions necessary to ensure victim safety.

(e) Maintains a copy of the Family Advocacy Committee (FAC) minutes and letters of appointment of FAC and CRC members.

(3) The FAC has the responsibility for policy-making, coordination, and oversight for the installation's FAP. It is a multidisciplinary team composed of the FAPO, FAPM, Community Counseling Center (CCC) Clinical Director, Staff Judge Advocate (SJA), Chaplain, Victim Advocate, Superintendent DoDDS, Base Inspector, and representatives from PMO, Substance Abuse Rehabilitation Program (SARP), Naval Hospital, Child Development Services, Housing, Marine Corps Community Services (MCCS), and tenant commands. A summary of duties of FAC members are outlined in enclosure (4). Representatives from the Department of Social Services, Onslow County Women's Shelter, and other agencies as needed may be invited to participate in a consulting role. These representatives are to be senior within their organizations. Representation should not be delegated to junior members who have no policy-making authority within their respective organizations. The FAC will meet three times a year. The secretary, CCC shall serve as recorder to take minutes. The FAPM will provide a rough draft of the minutes to the FAPO within 14 days of the FAC meeting. The FAPO is responsible for sending out distribution of the final copy of minutes and meeting announcements to the members. The FAPM is responsible

for forwarding the FAPO all contact information for new FAC and CRC members. The FAPO is responsible for maintaining updated appointment letters for the CRC and FAC members to include drafting appointment letters for the Base Commander's signature and providing copies to the FAPM. The FAC functions include the following:

- (a) Advise the Base Commander on policy matters.
- (b) Ensure planning, resource management, monitoring, problem-solving and marketing.
- (c) Monitor and evaluate the coordinated community response, program goals and measures of effectiveness.
- (d) Address problems and emerging trends in child abuse/neglect and domestic violence.

(4) Community Counseling Center (CCC) - the CCC consists of a group of professional counselors credentialed in accordance with references (c) and (g), victim advocacy, case management, training and administrative support sections. The CCC is responsible for both FAP and general counseling services. Each reported FAP case is assigned to a clinical provider (the terms "clinical provider" and "clinician" are used interchangeably). The clinician assesses the circumstances surrounding the incident and overall pattern of abuse and in conjunction with the case manager prepares the case for presentation to a Case Review Committee (CRC).

(a) Case Review Committee (CRC). The Spouse Abuse and Child Abuse CRC's are multidisciplinary committees established with the CCC to assess all reported incidents of abuse. Permanent voting membership of the committees includes the Committee Chairman (FAPM or designated representative), a representative from the Substance Abuse Rehabilitative Program (SARP), a representative of the installation command, military law enforcement (PMO, NCIS, CID), SJA, Naval Hospital, and a representative from the service member's command. In addition to the voting members, DSS and NPSP provide non voting permanent professionals whose knowledge or background compliments the assessment of the cases. The CRC process requires that the chair votes only as a tie-breaker. Command representatives are voting members on the CRC; therefore, it is important for them to be familiar with the case prior to attending the CRC. Command representatives (including both the alleged offender and

victim) are voting members of the CRC. The command representative is allowed one vote per service member, (i.e. the voting representative may be accompanied by a unit member who is more familiar with the case and can provide necessary information but only the designated command representative may vote). Both commands for dual active members are to be in attendance. Command representation is required. In cases where the service member has completed End of Active Service (EAS) or transferred to an Inspector and Instructor (I and I) duty the command may waive its right to attend prior to case reviews. CCC staff will work with command representatives to provide them with as much information as possible, and the clinician will brief and debrief the representative before and after the case and CRC determinations. Enclosure (5) details the CRC four-step process. To ensure client confidentiality, command representatives will sign the FAP Disclosure Statement as well as the Attendance Matrix prior to hearing the case at CRC. Decisions by the CRC's include:

1. Status Determination. The CRC should determine based on the preponderance of information presented, whether or not an incident occurred. The decision is not based on the individual's character, work performance, or other factors outside of the incident at the time in question. History is not discussed at this time unless the case is one of emotional abuse. In cases of child neglect or sexual abuse where there appears to be a pattern of behavior or grooming behavior, higher headquarters guidance will be sought regarding the presentation of historical information in the status determination phase. In child maltreatment cases, the CRC process can occur without an abuser being identified if the abuser is unknown. Status determination is arrived at by a consensus of voting members who simply answers the question, "Did abuse occur?" Status determination includes three categories:

a. Substantiated. For an allegation of abuse to be substantiated, the preponderance of the information provided must indicate the incident occurred. It is not necessary to identify an alleged offender to substantiate a child abuse/neglect case.

b. Unsubstantiated - Unresolved. Insufficient information cannot fairly determine case status because sufficient information to make a decision is unavailable or unobtainable.

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c. Unsubstantiated - Did Not Occur. The preponderance of information/evidence indicated no abuse/neglect occurred.

(b) Level of Abuse. In cases of domestic violence, enclosures (6) and (7) shall be used as a guide to determine the level of abuse for the incident in question. The matrix is not all-encompassing but is a guide in assisting the CRC members in determining the level of severity.

(c) Risk Assessment and Identifying Primary/Secondary Aggressor. At this stage pertinent history is given and a summary of risk factors is provided. Real time (current status of the family) is provided. Open discussion ensues. In substantiated domestic violence cases where both parties are identified as offenders, the history will be used to assist the committee in identifying a primary and secondary aggressor. In both substantiated and unsubstantiated unresolved domestic violence and child cases, the potential for future risk from the identified/alleged offender is also determined at this point and is voted at each stage of the process, even if the votes do not substantiate the case, or if voting members abstain from part of the process. All votes are recorded. Following determination of the risk level, a treatment plan is provided by the CRC.

(d) Treatment and Victim Services. The committee will provide recommended or suggested treatment and intervention plans, when appropriate, to the offender's command. The disposition plans will include safety plans, rehabilitation, and other services for the offender, the victim, and other family members as deemed necessary.

(e) Victim Advocacy (VA) Section. VA services are provided for victims of domestic violence and adult victims of sexual assault. Staff is comprised of paid employees and a cadre of well-trained volunteer victim advocates. The volunteers serve primarily after hours with a staff back up. Detailed VA guidelines are provided in reference (b). (VA desktop and VA emergency services are engaged by phoning PMO. PMO will contact the VA). Victim Advocates assist victims in completing a personal safety plan tailored to fit the needs of the victim. Intensive safety planning includes:

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1. Safety during violent incident.
2. Safety when preparing to leave.
3. Safety in the home.
4. If you have children.
5. Safety with a protective order.
6. Safety on the job and in public.

(f) The Victim Advocate also:

1. Serves as a liaison between command, Community Counseling Center, and the victim. Provides available resource information to the victim. Victim Advocates maintain current lists of military and community resources. Accompanies the victim to court appearances and appointments upon request. Offers emotional support and encouragement.

2. In non-emergency cases, the Victim Advocate will contact the victim by telephone, within three working days (72 hours) of receiving the incident report. If there is no telephone, the Victim Advocate will make a home visit or contact the command if victim is active duty.

c. Training Section. The Community Counseling Center (CCC) serves as the training subject matter expert on FAP. Training is accomplished through command briefs at every level, Unit Family Advocacy Officer training and any specific training requests from the community both on and off base. The goal is to increase awareness of the FAP, the impact of domestic violence and what child maltreatment have on families and command readiness, to convey the Commandant's zero tolerance for these behaviors, to increase awareness about treatment programs available, and to provide command training at all levels on how the FAP process works. The MCCS Health Promotion Prevention and Education section is a separate entity and provides general awareness trainings on FAP.

d. Unit Family Advocacy Officer (FAO). Per reference (j), all commanders down to the battalion or squadron level will appoint a unit FAO in writing, to carry out the FAP at the unit level. That person will serve as a point of contact for the CCC in all FAP matters to include coordinating appointments, coordinating the attendance of a command representative at CRC

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meetings, assisting in monitoring open cases, and representing the command's interest. Units will ensure that the CCC is notified of changes in FAO assignments. In fairness to the active duty member, it is imperative that the FAO attend the initial FAO training soon after appointment to this duty. To ensure the CRC process runs smoothly and that the command representative is appropriate, the command representative attending the CRC should have a working knowledge of the case prior to the CRC.

e. Coordinating Agencies

(1) Provost Marshal's Office (PMO). Because of their 24-hour availability, mobility, communication networks and training, PMO is often the first agency which hears about cases of abuse. In addition to responding to reports of a crime, restoring the peace at the scene, investigating the complaint, and reporting suspected abuse, PMO will assess the safety needs of the victims (and others) and provide recommendations to the suspected abuser's Commanding Officer concerning the issuance of a Military Protection Order (MPO) or greater levels of restraint. PMO will also provide victim(s) with information concerning assistance and services. Should the suspected abuser be a civilian, PMO will provide recommendations regarding restraints on liberty to the Executive Officer, Marine Corps Base, Camp Lejeune or the Command Duty Officer (CDO). If restraint on liberties of a civilian is recommended, the Base Commander must make the final decision. When VA's are called to respond after hours to a victim's quarters, PMO will provide an escort to ensure the VA is not placed in harm's way. For regularly scheduled appointments after all other options have been exhausted, PMO may be requested to provide escort of the VA to the victim's quarters if there is a concern that the situation could become dangerous.

(2) Naval Hospital and Naval Dental Center. Sometimes abuse cases are discovered, usually under emergency conditions at the Naval Hospital, Battalion Aide Station, or a dental facility. The medical staff has the responsibility of reporting instances of suspected abuse to PMO immediately. PMO will notify NCIS or CID, as appropriate, and the FAPO or FAPM, who is responsible for relaying reported incidents to local civilian agencies when appropriate, and for follow up assessment, supportive and rehabilitative counseling, or referral. The military medical treatment facilities will follow all current

Bureau of Medicine Guidance in releasing medical information to FAP in accordance with the Health Insurance Portability and Accountability Act (HIPPA).

(3) Civilian Shelter. Shelter services in Onslow County are accessed via applicable shelter admissions procedures.

(4) Department of Social Services (DSS). North Carolina statutes require that all suspected incidents of child abuse or neglect be reported to DSS. In cases that meet the legal criteria, Onslow County DSS conducts the initial investigation, family assessment, treatment planning and follow-up of child abuse or neglect cases within the county including MCB, Camp Lejeune. A member of the DSS staff sits on the Child Abuse CRC as a permanent non voting member. In extreme cases that present potential for injury to the child, Child Protective Services may remove a child from the home to ensure its safety.

f. Program Guidance

(1) Incident Reporting

(a) A victim is often concerned that seeking assistance will have immediate repercussions on the military career of the active duty offender, thereby affecting the family's financial welfare. This potential impact may deter some victims from seeking care or reporting domestic abuse incidents. Reference (k) provides adult victims of domestic abuse incidents two options for reporting domestic abuse, hereafter referred to as "Unrestricted" and "Restricted" reporting. Restricted reporting is limited to adult victims of domestic abuse, who are eligible to receive military medical treatment. There is no "restricted" reporting option in child maltreatment cases.

1. "Unrestricted" Reporting. Victims of domestic abuse who want to pursue an official investigation, which includes law enforcement and command intervention of an incident, should report abuse through the chain of command, law enforcement, or by electing unrestricted reporting through the FAP. A victim advocate will be notified upon receipt of an unrestricted report and will offer the victim support and information per references (f), (k) and (l). Additionally, at the victim's discretion/request, a healthcare provider shall initiate care and treatment and conduct any forensic medical

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examination deemed appropriate. Details regarding the incident will be limited to those personnel who have a legitimate need to know.

2. "Restricted" Reporting. Victims of domestic abuse who desire "Restricted" reporting under this policy must report to one of the following specified individuals: a Victim Advocate, a Victim Advocate Supervisor, or a healthcare provider. Upon receiving a request from a victim for a restricted report, a healthcare provider will contact a victim advocate. Under this policy, healthcare providers are defined as individuals employed or assigned as healthcare professionals or credentialed to provide healthcare services at a military medical or military dental treatment activity, or a military family support center (includes clinical counselors who provide services in the Marine and Family Services Centers), or who provide such care at a deployed location or in an official capacity. This term includes military personnel, DOD civilian employees, or DOD contractor personnel. Designated counselors who provide services in Marine and Family Services centers also operate as victim advocate supervisors within the Marine Corps. This option affords a victim access to medical care, counseling, and victim advocacy without initiating the investigation process. When indicated, a victim under restricted reporting may request that a medical healthcare provider conduct a forensic medical examination for the purpose of collection and preservation of evidence with non identifying information. Victims, through contact with the victim advocate, will acknowledge in writing their understanding of the limitations of restricted reporting and why Marine Corps policy favors unrestricted reporting. A victim who receives appropriate care and treatment, and is provided an opportunity to make an informed decision about initiating a criminal investigation, is more likely to decide to make an unrestricted report to law enforcement and command.

(2) Covered Communications

(a) In cases where an adult victim elects "Restricted" reporting, the victim advocate and healthcare providers may not disclose covered communications either to the victim's or alleged offender's commander or to law enforcement, except as outlined in paragraph (b) below. Covered communication is defined as an oral, written or electronic communication of personally identifiable information related to a domestic abuse incident made by a victim to the victim

advocate, the victim advocate's supervisor, or to a healthcare provider, for the purposes of receiving medical care or information, referral to service providers, advice, or safety planning. It includes a record relating to such a communications (including statements, notations or reports) but does not include statistical data that does not identify an individual. Consistent with current policy, victims may also report domestic abuse to a chaplain and be afforded privileged communication which is not altered or affected by this Order.

(b) There are exceptions to confidentiality and restricted reporting and limitations on use. In cases where a victim elects "Restricted" reporting, the prohibitions on disclosing covered communications on the following persons or entities will be suspended when disclosure would be for one of the following reasons:

1. Disclosure to named individuals is authorized by the victim in writing.

2. Disclosure to command officials or law enforcement is necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

3. As a result of the victim's disclosure, the victim advocate or healthcare provider has reasonable belief that child abuse has also occurred. Disclosure will be to FAP and any other agencies authorized by law to receive child abuse reports. However, disclosure will be limited only to information related to the child abuse. In regards to child abuse, North Carolina general statutes state that "no privilege shall be grounds for any person or institution failing to report that a juvenile may have been abused, neglected, or dependant, even if the knowledge or suspicion is acquired in an official professional capacity."

4. Disclosure by a healthcare provider to disability retirement boards and officials is required for fitness for duty or for disability retirement determinations, limited only to that information which is necessary to process the disability retirement determination.

5. Disclosure is required for the supervision of direct victim treatment or services.

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6. A military, federal or state judge issues a subpoena for the covered communication to be presented to a military or civilian court of competent jurisdiction or to other officials or entities.

7. Disclosure is required by Federal or State statute or applicable U.S. International Agreement. Healthcare providers may also convey to the victim's commander, if applicable, any possible adverse duty impact related to an active duty victim's medical condition and prognosis in accordance with DODI 6025.18R, with DODI health information privacy regulations. However, such circumstances do not warrant an exception to policy whereby details of the domestic abuse is considered covered communication and may not be disclosed. Confidentiality of medical information will be maintained regardless of whether the victim chooses restricted or unrestricted reporting.

8. PMO will provide descriptions and appropriate investigative reports for on and off base domestic abuse incidents to the CCC in the most expeditious manner possible. Reports from civilian authorities will be obtained in accordance with valid Memorandums of Understanding (MOU) between appropriate agencies.

9. Unrestricted cases of suspected abuse treated at the Emergency Room, Acute Care Clinic, NAVCARE or any outpatient or inpatient area of the Naval Hospital, Camp Lejeune will be reported to the appropriate authorities expeditiously (e.g. PMO, NCIS, DSS, FAPM) per established protocol. Care will be taken to ensure the preservation of evidence unless such action would jeopardize the health of the victim.

10. Command referrals of suspected abuse will be immediately reported to the FAP.

11. Self-Referral. Service members and family members who are potential or actual offenders should seek help at the earliest opportunity. They may initiate the evaluation and intervention process by voluntarily disclosing the nature and extent of their problem to FAP personnel.

a. Voluntary disclosure may subject the offender to administrative or punitive action. Admission of abuse by an offender is, in itself, sufficient evidence to substantiate a case, and such an admission requires notification of the admission to the individual's commanding officer.

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b. In the case of voluntary self-referral, the command is encouraged to give consideration to the offender's genuine attempt to obtain treatment. A self-referral may indicate amenability to treatment. Determination as to whether the self-referral was truly voluntary rests with the individual's commanding officer after consultation with the FAP. The clearest case of self-referral occurs when only the offender and victim are aware of the abuse prior to the voluntary disclosure, and the self-referral was not brought about by the threat of disclosure. On the other hand, a member coming forward subsequent to a spouse's discovery of child abuse would not constitute voluntary self-referral.

12. FAP counselors are not investigators or law enforcement agents. Their function is to provide treatment designed to effect behavior modification and prevent future abuse. Nevertheless, counselors are required to report all unrestricted domestic abuse cases to the command, and to report ALL child abuse cases to civilian authorities in accordance with North Carolina state law. Therefore, even though voluntary self-disclosure is a mitigating factor which the FAP will make known to the command, the command and the civilian authorities may, at their discretion, initiate appropriate administrative or disciplinary action based on the counselor's report.

### (3) Incident Protocol

(a) Alleged active duty offenders will be removed from their residence by military police responding to a domestic incident when probable cause exists to believe that the suspected offender committed a criminal offense, poses a substantial risk to the family, or needs to separate until a CCC intake interview is completed with both parties. Anytime military police are called to a reported domestic violence scene, an incident complaint report will be filed. PMO will notify the appropriate command and provide recommendations for a MPO per references (f) and (m). Enclosure (8) provides an example of an MPO. Ordinarily, offenders should not be allowed contact with the victim until the victim has been seen by a CCC counselor or victim advocate.

(b) Offenders removed from their residence in off base cases will be taken by civilian law enforcement officers, based on a warrant for arrest, to the magistrate's office. The magistrate will determine whether the offender will be contacted. PMO personnel will then notify the appropriate

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commands of the situation. The use of the MPO's by commanding officers in these cases is recommended.

(c) Commands are to contact the CCC on the first working day following a report of domestic violence to schedule an intake and risk assessment. The intent of the removal from quarters is to provide safety for the victim and to eliminate coercion and intimidation of the victim. Once the proper assessments are made, the CCC will provide recommendations to the command concerning the return of the suspected offender to quarters. The command will notify the CCC before an MPO is rescinded to allow sufficient time to notify the victim of the potential return of the offender.

(d) Incidents that do not require the removal of the alleged offender will be handled by expedient appointments established between the command and the CCC.

(4) Reporting and Assessment. The CCC will notify the command when an incident of abuse or neglect has been reported and will request that the alleged offender report to the CCC, in accordance with references (b), (f) and (j), for an intake assessment. By reference (b) and (j), the evaluation aspects of the FAP are mandatory for active duty personnel. The alleged offender and victim will be interviewed separately to minimize collusion or coercion. A risk assessment will be conducted and recommended interim safety measures will be forwarded to the command if there is a question of potential risk to the victim(s). If an MPO is in effect, recommendations will be made to continue, modify, or cancel the MPO.

(5) Case Disposition Plans and Recommendations. The CRC will make a status determination on the case, identify the offender if possible, and make written recommendations within seven days of the meeting, to the command for disposition/treatment plans for the victim, offender, and family members. The command representative present at the CRC meeting should brief the commander on the outcome of the proceedings.

(6) Command Response. The command will review the recommendations and should provide a timely written response, generally within two weeks, to the CCC, indicating concurrence on all or part of the recommendations or nonoccurrence. Any command additions to the treatment plan should also be included if CCC assistance would be necessary in case monitoring. A command response is necessary to ensure that FAP personnel are

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aware of the command's intention so that the case can be monitored appropriately and the command kept informed on the progress of its members.

(7) Tracking. Progress of current cases will be monitored by the FAP clinical provider and relevant information (level of participation, absenteeism, and amenability to rehabilitation) will be provided to the command. Tracking will also enhance victim safety measures in place. Commands will be notified when members fail to show for their appointments and statistical reports will be issued to commands regarding their no show rates.

(8) Case Closure or Transfer. Upon review of open cases, the case manager will recommend transfer of a case to the appropriate FAP agency in the event that the service member is transferred to a new duty station and the case needs further monitoring. The clinical provider will request that the CRC close a case when:

(a) The CRC's approved treatment plan is completed and there have been no subsequent incidents of abuse.

(b) The command does not concur with the elements of the recommended treatment plan and case monitoring is not necessary or the individual fails to complete the command mandated rehabilitation plan. If the victim continues to receive services, the case will remain open.

(9) Rehabilitation. The goal of rehabilitation programs is to prevent recurrence of abuse, repair any lasting physical or psychological damage resulting from abuse, and when appropriate, return the family to a functional state. The CCC is responsible for assessment, referral, and rehabilitation services.

(a) Some problems, by the nature of their severity, duration, or frequency, are not amenable to treatment. In cases where there is good rehabilitative potential and the service member has a record of positive performance, the preferred course of action should include counseling and mandated treatment. This does not preclude appropriate disciplinary or administrative action prior to treatment. Failure to follow a mandated treatment plan should also result in disciplinary or administrative action.

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(b) When the service member is retained and placed in a counseling or rehabilitation program, cooperation and participation with the counseling regimen are essential. Failure to cooperate and satisfactorily complete the prescribed treatment, or repetition of the offense, should result in increasingly harsh disciplinary and administrative action.

(c) The length of rehabilitation varies with the nature and severity of the case and deployment schedule, but generally should not last more than one year.

(d) Substantiated cases will be closed after completion of treatment, or after concerted efforts to get client compliance with CRC recommendations. The case file will be retained in the CCC for five years, after which it will be archived according to current directives. In the event of a subsequent incident, the case will be reopened.

(e) Status of all cases will be reported by the CCC to the Central Registry, per reference (d), using DD Form 2486, Child and Spouse Abuse Incident Report. The report is submitted to CMC (MHF-20). A copy of the DD Form 2486 will be filed alphabetically and retained for five years after data entry. Subsequently, the files will be archived in accordance with all applicable guidelines.

(10) Institutional Child Abuse and Neglect. Child abuse that occurs in any setting in which the Marine Corps can be considered responsible for the welfare of the victim constitutes an institutional case. The abuse can be considered to be institutional if committed during a Marine Corps sponsored activity or by Marine Corps sponsored individual, regardless of the locale of the abuse. Because of the high visibility of these cases, special procedures are required to handle the investigation and reporting requirements. References (d) and (f) provide specific guidelines and requirements.

(11) Reporting Abuse-Related Deaths or Serious Injury. Per references (a), (f), (j), and (n), every case involving death or serious injury to a spouse or child, which is known or suspected to be the result of abuse or neglect, is to be reported by the CCC to CMC (MHF-20) within 24 hours of discovery. This report is in addition to the DD Form 2486 report requirements. The message format is provided in reference (f).

5. Administration and Logistics

a. Commanding Officers

(1) Ensure wide dissemination of the contents of this Order. Incorporate FAP-related issues of family violence and abuse into the Troop Information Program. Enclosure (10) provides guidelines for command policy letters.

(2) Appoint in writing a unit FAO as described in paragraph 4(d) and forward identifying information with phone number(s) to the CCC.

(3) Notify the CCC via the FAO when orders are issued reassigning service members in the FAP or when family members who are involved in treatment are transferred.

b. Commanding Officer, Naval Hospital

(1) Provide members for FAP Spouse and Child Abuse Case Review Committees. Due to staffing shortages, if a pediatrician and family physician are not available, the CRC members appointed may be a nurse, nurse practitioner, or physician's assistant who can provide medical interpretation and expertise to the CRC/members.

(2) Appoint in writing the primary and secondary representatives.

(3) Coordinate with FAP in all related duties under applicable instructions.

c. Director, Installation Security and Safety. Provide members for FAP committees as required by this Order.

d. Director, Manpower. Provide supervision for the execution of the FAP in accordance with this Order.

6. Command and Signal

a. Command. This Order is applicable to Marine Corps Base, Camp Lejeune and all tenant organizations.

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



W. A. MEIER

Executive Officer

DISTRIBUTION: A

Definitions

1. Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child, spouse, or parent, or inflicted through wanton or reckless disregard of the safety and welfare of the injured party.

2. Child Abuse/Neglect. Specific types of abuse and neglect are:

a. Physical Abuse of a Child. Includes, but not limited to:

(1) Major injuries such as brain damage, skull or bone fracture, subdural hematoma, sprain, internal injury, poisoning, scalding, severe cut(s), lacerations, bruises, or any combination which constitutes a substantial risk to the life or well-being of the child.

(2) Less severe physical trauma resulting from acts such as twisting or shaking (which can cause major injuries to children), bruises, welts, or any combination which does not constitute a substantial risk to the life or well-being of the child.

b. Sexual Abuse of a Child. The involvement of a child in an incident involving sexual abuse as defined in paragraph 18 of this enclosure. All sexual activity between a caretaker and child is considered sexual abuse. Although the defense of consent is often used in adult cases, it is generally presumed that children do not have the legal capacity to consent. No one can consent to an assault.

c. Neglect of a Child (or Deprivation of Necessities). Neglecting to provide nourishment, clothing, shelter, health care, education, and supervision, when an individual has a duty and the ability to provide for the child.

d. Emotional Abuse/Neglect of a Child. Any act of commission (such as threats of violence or disparaging remarks) or omission (such as passive/aggressive inattention to a child's emotional needs) on the part of the caretaker which causes low self-esteem in the child, undue fear or anxiety, or other physically-manifested damage to the child's emotional well-being.

e. Child Abuse/Neglect. A situation in which categories (a) through (d) above are present either singularly or in combination. Child. An unmarried person, either under the age of 18 years old or incapable of self-support because of a mental or physical incapacity, who is a natural, step, adopted, foster child, or ward of either a military member or a civilian for whom treatment is authorized in a military medical facility. This definition is further refined to include abuse of child by a parent, guardian, employee of a residential facility, or any staff person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of the responsible person(s).

f. Extra-familial. Term used to describe a child abuse or neglect case in which the offender's relationship to the child is outside the family. This category ranges from known individuals living or visiting in the same residence who are unrelated to the victim by blood or marriage to individuals unknown to the victim.

g. Educational Neglect. A type of child neglect that includes knowingly allowing the child to have extended or frequent absences from school without proper justification, neglecting to enroll a child in school, or preventing the child from attending school for other than justified reasons.

h. Incest. Any sexual activity between persons who are closely related either by blood or legally (except by marriage), such as through adoption. Sexual abuse by familial caretakers (other live-in guardians) may sometimes be viewed as incest depending upon the specifics of the case. For purposes of the FAP, any sexual activity occurring between a parent or step-parent and a child in the parent's custody is considered incest. Sexual activity between parent or step-parent and same sex child is to be treated as incest. Such treatment as incest does not preclude also considering such activity to be homosexual conduct.

i. Intra-familial. Term used to describe a child abuse or neglect case in which the offender has responsibility for child's welfare and is either a parent or is related by blood or marriage.

j. Caretaker. Anyone who has responsibility for the physical or emotional well-being of a child at any given time.

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3. Domestic Violence. Is a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person of the opposite sex who is:

- a. A current spouse.
- b. A person with whom the abuser shares a child in common.

c. A current or former intimate partner with whom the abuser shares or has shared a common domicile. There is no statute of limitations in terms of how long ago the couple shared a common domicile. Domestic Violence is an offense under the United States Code (U.S.C.), the UCMJ, or State law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex who is a current or former spouse or intimate partner or person the abuser shares a child in common. The term "spouse maltreatment" refers to a lawful spouse.

(1) Domestic violence includes but is not limited to:

(a) Physical. Use of physical force to intimidate, control, or force a spouse or intimate partner to do something against his or her will. Examples - grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives, firearm, or other weapon.

(b) Sexual. The forcing of the spouse or intimate partner by the offender to engage in sexual activity through the use of physical violence, intimidation, threats, coercion, or abuse when the offender's advances are refused.

(c) Psychological/Emotional Abuse. One or more of the following behaviors: explicit or implicit threats of violence, extreme assertive types of behavior, extreme jealousy, mental degradation (e.g., name calling) and isolating behavior. In psychological abuse, the intent of the abuser is to intimidate and control the victim through the force of wills.

(d) Fatality. A death resulting from the suspected or substantiated abuse/neglect.

4. Case Manager. A member of the FAP staff who coordinates services for clients and acts as the liaison between commands

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and clinicians at CCC. These staff members set up appointments and are generally the points of contact for commands.

5. Case Status. The finding of the Case Review Committee at the time the case is assessed and staffed by the committee. Possible determinations include:

a. Substantiated. The act or omission did occur. The information that supports the proposition that the abuse occurred is of greater weight or more convincing than the information that indicates that the abuse or neglect did not occur.

b. Unsubstantiated Did Not Occur. The preponderance of the information indicates no abuse or neglect occurred.

c. Unsubstantiated Unresolved. Insufficient information. Cannot fairly determine case status because sufficient information to make a decision is unavailable or unobtainable.

d. Table. More information is needed in order for the CRC to make a determination. The CRC members must specify the additional information required before a decision can be made.

6. Central Registry. The repository of Marine Corps abuse and neglect reports. The registry is maintained by CMC (MHF-20).

7. Clinician. A licensed counselor in the FAP who is responsible for providing mental health and safety assessments and provides individual and group counseling to clients.

8. High Risk. A term used to identify groups of individuals or families which statistically have a strong possibility of becoming involved in some form of abuse or neglect.

9. Incident Reporting. Domestic violence incidents fall into two categories, "unrestricted and "restricted" reporting.

a. Unrestricted reporting is for victims who wish to pursue an official investigation.

b. Restricted reporting is designed for victims who wish treatment but, in accordance with applicable policies, choose not to pursue an official investigation.

10. Launtenberg Amendment. A law that makes it a felony for anyone convicted of a misdemeanor crime of "domestic violence"

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(e.g., assault or attempted assault on a family member) to ship, transport, possess, or receive firearms or ammunition. There is no exception for military personnel engaged in official duties. The Amendment also makes it a felony for anyone to sell or issue a firearm or ammunition to a person with such a conviction. This includes commanders and NCO's who furnish weapons or ammunition to soldiers knowing, or having reason to believe, they have qualifying convictions.

11. Medical Protective Custody. Emergency medical care or custody of a child without parental consent which is approved by the medical treatment facility commander in a case where the circumstances or condition of the child in the care or custody of the parents presents imminent danger to the child's life or health.

12. Military Protection Order. A written order, signed by a service member's commanding officer, by direction and with the approval of the service member's commanding officer, or another commissioned or non-commissioned officer with authority over the service member, directing the service member to have no contact with a family member or other person, usually after an incident of family violence or harassment issued to maintain peace and good order in the community or to protect the other person from potential harmful acts by the service member. While this order may be given orally, telephonically, or in any written form, the preferred method for issuing an MPO is through the use of enclosure (10).

13. Neglect. See Abuse or Neglect.

14. Primary Aggressor. The person who maintains power and control in an abusive incident regardless of which one started the verbal or physical action, which one continued the dispute or which one provoked the event. This eliminates the terms co-battering, mutual battering, or mutual spouse abuse in most cases.

15. Sexual Abuse. Sexual behaviors which constitute an offense; sexually violating or exploiting another person; or engaging in sexual behavior without consent. Sexual behaviors include; but are not limited to, voyeurism, exhibitionism, fondling of breasts or genitals, oral stimulation of the genitals, penetration into one's vagina or anus by digit or object, vaginal or anal intercourse, or involvement with the manufacture of pornography.

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16. Stalking. A willful, malicious, repeated, uninvited and intrusive, although often unnoticed, following of another person, regardless of motive, which serves no reasonable legitimate purpose, and which course of conduct would alarm, annoy, intimidate, or harass a reasonable person. When the stalking is by a spouse/intimate partner, and there is a credible threat, or an atmosphere of veiled threats and intimidation exists, it can amount to domestic violence.

17. Victim Advocate. A representative for a victim who protects the interests of a victim by providing support services which can include, but are not limited to, crisis intervention, information, guidance (including interpretation of judicial proceedings) and resource assistance. Under the provisions of the Victims' Rights and Restitution Act of 1990, the responsible official has the responsibility of assigning a person to serve as the victim's advocate in certain family abuse cases. This person must be able to represent the victim's interests to either military or civilian authorities. While victim advocates are normally assigned to victims of domestic violence, cases of child abuse/neglect in which there is no supportive parent and the child is in custody/care of extended family or the court, a victim advocate will be assigned to provide guidance and advocacy to the caretaker on behalf of the child. The victim advocate may serve as a consulting member of the CRC and FAC.

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FAMILY ADVOCACY PROGRAM MANAGER (FAPM) GUIDELINES

1. Manage the Community Counseling Center (CCC) elements that contribute to the Family Advocacy Program (FAP). Supervise and monitor the installation FAP, including:
  - a. Personnel actions and contract coordination.
  - b. Job and/or work center descriptions.
  - c. Administrative and quality assurance standards.
  - d. Performance evaluation and counseling.
  - e. Supervision and training.
2. Ensure compliance with FAP standing operating procedures as outlined in this Order.
3. Act as the command's expert advisor and consultant on FAP issues and concerns. Act as consultant and expert advisor on child and spouse maltreatment matters to tenant commands located on base.
4. Develop written protocols and an installation SOP for implementation of the local CCC FAP.
5. Using references (b), (d), and (f) as guides, identify all incidents of suspected family violence, and ensure a full, timely, and coordinated discussion of all spouse or child abuse cases before the Case Review Committees (CRC).
6. Report instances of abuse, in a timely manner, to CMC (MHF-20), via DD Form 2486.
7. Provide recommendations and coordinate actions to ensure the safety of victims and family members, and ensure that crisis intervention and victim advocacy services are offered.
8. Coordinate and supervise case management within the CCC. Maintain FAP case records per guidelines in references (d) and (f).
9. Ensure that reports required by references (b), (d), (f), and (n) are submitted on time.
10. Serve as a member of the Family Advocacy Committee.

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11. Chair or appoint an acting chairperson when unavailable for each of the CRC's.

12. Train the CRC in the proper method of running the CRC, of conducting a case review, and of the sensitive nature of FAP case.

13. Assist the FAPO in the performance of his or her duties. Keep the FAPO informed of all situations in which individuals are at-risk and/or there is the potential for escalation of violence, a serious incident, or potential embarrassment to the command.

14. In conjunction with the FAPO, act as the point of contact and conduit for information to the command and PMO regarding the FAP.

15. Through the Coordinated Community Response (CCR), ensure FAP services are available on the base or in the adjacent community to meet the needs of the installation. Examples of such services are the New Parent Support Program, victim advocate program, crisis lines, outreach, prevention programs, crisis intervention, counseling, rehabilitation programs, and other direct intervention programs and efforts.

16. Interact and form professional liaison through the CCR with additional support services such as community crisis lines and emergency shelters; local respite services; other military and civilian family services; legal assistance (on and off base); emergency funding or clothing (Navy-Marine Corps Relief, American Red Cross); and others as appropriate.

17. Coordinate direct treatment to families and children, or to the victims of abuse and the perpetrators of abusive behavior.

18. Establish an education program in the prevention of and intervention in family maltreatment for the installation.

19. Coordinate the installation response to prevention and intervention in FAP incidents with PMO, Naval Hospital, Navy-Marine Corps Relief Community Health Nurse, MCCS Health Promotion Prevention and Education, and with Military and community-based prevention efforts.

20. Coordinate the on-going training and education plan at the installation for officers at all levels, SNCO's, NCO's, enlisted service members, family members, civilian employees, special

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groups (such as the SJA, CDAC, CDC staff), PMO, NCIS, and youth activities leaders.

21. Monitor the training on child abuse/neglect to child care personnel in accordance with the Military Child Care Act of 1989 and MCO 1710.30B.

22. Assist the Director, Child Development Center in screening child care providers by initiating the:

a. Screening of records of the CMC (MHF-20) Central Registry and previous commands.

b. Training child care providers on child abuse or neglect prevention to obtain their required credentialing.

23. Institute necessary steps to safeguard case data and Central Registry data from unauthorized disclosure.

24. Assist in providing direct counseling services through installation privileged counselors in the CCC when necessary.

25. Ensure that unit commanders are advised of the disposition and management of each reported and substantiated FAP case that involved members of their command and keep the installation commander informed concerning high visibility cases.

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FAMILY ADVOCACY PROGRAM OFFICER (FAPO) GUIDELINES

1. With the assistance and support of the Family Advocacy Program Manager (FAPM), oversee the operation of the Family Advocacy Program (FAP) in consonance with this Order and the directions of the installation commander.
2. Establish a Coordinated Community Response (CCR) to family violence to:
  - a. Implement command awareness and prevention programs to educate all service members and their families about the consequences of child and spouse abuse.
  - b. Ensure coordination in resolving domestic violence problems with local civilian agencies and Headquarters, U.S. Marine Corps (MHF-20).
3. Collaborate with the Provost Marshal, SJA, NCIS, CDAC, and the Naval Hospital to set up procedures to identify and provide safety for victims of child and spouse abuse. Report cases of abuse to the appropriate authorities.
4. Ensure that child and spouse abuse cases are handled discreetly and fairly for service members, and their families.
5. Ensure, in cooperation with the Family Advocacy Committee (FAC), coordination among all military and civilian agencies and professional disciplines involved with prevention of and intervention into family violence, and ensure that local commands develop memoranda of understanding providing for cooperation and reciprocal reporting of information with the appropriate civilian officials.
6. Keep apprised of new developments within the program which may go beyond the scope of the current order and work to adjust the order to encompass those changes.
7. Act as the commander's representative on issues of child and spouse maltreatment, domestic violence, and related issues.
8. In conjunction with the FAPM, assist subordinate unit FAO's by disseminating information and ensuring the development of a unit program, keeping them informed of the number of cases, the factors that appear to contribute to stress and child/spouse maltreatment, the high-stress periods, and potential deterrents, such as deployments, assisting them with identifying and referring high-risk personnel, and in the development of a unit

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identification and training program on family advocacy.

9. Coordinate liaison between the command and other military and civilian agencies involved in family violence.

10. In conjunction with the FAPM oversee management of fiscal and property assets with the guidance and concurrence of the Director, Comptroller or the Director, Installations and Environment, as applicable, including:

a. Submission of requests for O&MMC and OSD funding, preparation of exhibits for local input to the DoD Program Objective Memorandum (PMO), and creation and submission of appropriate reports to all levels of management.

b. Procurement of appropriate services, supplies, and equipment to support the local FAP operation.

11. On direction of the Commanding Officer, MCB, appoint and oversee Case Review Committee (CRC) for the FAP. Permanent membership of the CRC's shall consist of:

a. FAPM as chairperson.

b. Command representative.

c. Pediatrician (for child abuse cases) or family doctor (for spouse abuse cases). Due to personnel shortage, when a physician is not available, a nurse, nurse practitioner, or physician's assistant may be appointed as the voting member. These representatives must be able to provide medical guidance and opinion to the CRC members.

d. SJA representative.

e. Military law enforcement representative.

f. Base representative.

12. In conjunction with FAPM, ensure required reports are submitted to CMC (MHF-20).

13. Coordinate with the FAPM to ensure that all cases reported to the CCC and law enforcement agencies are also reported to the Central Registry per references (d) and (j).

14. Maintain membership on appropriate committees, councils, and boards.

RESPONSIBILITIES OF FAMILY ADVOCACY COMMITTEE (FAC) MEMBERS

1. The FAC operates with a permanent membership of voting members augmented by consulting, nonvoting members appointed by the Commanding Officer, Marine Corps Base. In general, all members of the FAC should:

a. Have a working knowledge of the goals, objectives, and components of the Family Advocacy Program (FAP), the FAP case management system, state and local laws concerning family maltreatment, and relevant community linkages.

b. Be familiar with the extent, demographics, and causes of family violence in military and civilian communities.

c. Have a working understanding of the role and expertise of other disciplines represented on the Committee.

d. Be advised on the effectiveness of the local FAP.

e. Encourage Base-wide cooperation and collaboration on family advocacy matters.

2. The permanent members are listed below along with their specific roles and responsibilities.

a. Family Advocacy Program Officer (FAPO). The FAPO chairs the FAC and:

(1) Ensures the FAC is receiving the support needed from all subordinate and tenant commands aboard the base to establish a coordinated community response for the prevention of spouse and child abuse, the protection of victims and family maltreatment, and offender accountability.

(2) Is responsible for ensuring that implementation of the Base FAP is consistent with Department of Defense and other service directives and policy.

(3) Serves as the link between the FAC and the commands.

(4) Coordinates with local social service providers to ensure reciprocal reporting procedures of allegations of abuse, consistent and effective safety measures for victims, and community services.

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(5) Serves as the liaison between the FAC and the Case Review Committee.

b. Staff Judge Advocate (SJA)

(1) Provides legal counsel regarding all aspects of the FAP.

(2) Assists in writing MOU's between MCB and other military and civilian agencies.

(3) Provides guidance to the FAC on military and civilian laws.

(4) Ensures that appropriate family advocacy related training is provided to Judge Advocates on a regular basis.

c. Provost Marshal's Office (PMO)

(1) Provides technical and law enforcement support to the program.

(2) Ensures all alleged cases of spouse and child abuse are reported to the FAPO or Family Advocacy Program Manager (FAPM).

(3) Ensures training of military law enforcement personnel involved with the response to and investigation of domestic violence cases in support of the FAP.

(4) Maintains liaison with civilian police departments as part of the Coordinated Community Response.

d. Commanding Officer, Naval Hospital

(1) Ensures that the necessary coordination exists between the hospital and other agencies involved with the FAP.

(2) Ensures the availability of the medical assistance and resources required for the prevention, identification, treatment and management of all family maltreatment cases.

(3) Ensures that all medical personnel and social service providers at the hospital are aware of the indicators of maltreatment and the procedures for reporting suspicious conditions or incidents.

e. Branch Head, Children, Youth and Teen Programs

(1) Advises on the effectiveness of the cooperation between the Branch Head, Children, Youth, and Teen Programs and Community Counseling Center on handling FAP cases.

(2) Provides policy recommendations on matters relating to the interaction of Children, Youth and Teen Programs and the FAP.

f. Family Advocacy Program Manager

(1) Serves as the liaison between the FAC and the Case Review Committee.

(2) Provides clinical expertise and information to the FAC.

(3) Brings problems with implementation of the FAP to the FAC's attention for problem solving.

INCIDENT STATUS DETERMINATION PROCESS (ISDP)

1. CRC follows a two-part review procedure and makes four decisions.

**Part I: Incident Status Determination and Severity Level  
Decision #1**

**INCIDENT STATUS DETERMINATION:** The task in this step is to decide if the specific incident that brought the case to the CRC is substantiated or unsubstantiated. The incident status determination is decided by a majority of votes of the permanent voting members of the CRC. After the presentations by the CRC members and using the FAP definitions and decision criteria listed below for the type of abuse under deliberation, the team determines if an incident meets the criteria for abuse and identifies who committed the abuse. Information regarding history and pattern of abuse are limited solely to deliberations on emotional abuse and neglect given the cumulative nature of this type of abuse, or when the CRC is trying to identify a primary and secondary offender in an incident involving the use of non-accidental use of physical force by both parties. Any other factors such as work performance, family stressors, emotional/psychological issues, and involvement in treatment are not discussed during Decision #1 deliberations but are deferred until the discussion of risk during Decision #3. When all the criteria noted below for the specific type of abuse under consideration have been discussed, the CRC follows the Headquarters established voting procedures to determine if an incident is substantiated, unsubstantiated-unresolved, or unsubstantiated-did not occur.

**SPOUSE/INTIMATE PARTNER ABUSE**

**Spouse/Intimate Partner Physical Abuse:**

Physical force includes, but is not limited to, pushing, shoving, slapping, grabbing, poking, hair-pulling, scratching, pinching, restraining, shaking, throwing, biting, kicking, hitting with a fist, hitting with a stick, strap, or other object; scalding, burning, poisoning, stabbing, applying force to throat, cutting off air supply, holding under water, using a weapon, use of restraints, use of one's body, size, or strength against the spouse. Was there non-accidental use of physical force? If yes, consider the exclusions:

- o Act occurred while spouse was in the act of using physical force, and
- o Sole function was to stop spouse's use of physical force, and
- o Act used minimally sufficient force to stop spouse's use of physical force or
- o Act was to protect self from imminent harm based on sense of threat and history of prior abuse

**Spouse/Intimate Partner Abuse Emotional Abuse:** Although a single act may be sufficiently harmful to substantiate an incident, CRC's should primarily consider if a pattern of power and control through emotionally abusive acts exists to substantiate this type of abuse. A single isolated act of name-calling or cursing at a spouse is not sufficient to substantiate an incident of emotional abuse. Additionally, verbal arguments, in and of themselves, are not sufficient to substantiate an incident of emotional abuse. When considering this type of abuse, a careful review of the definition of emotional abuse in Appendix B of the CRC Handbook is important. Was there intentional use? If yes, consider the following:

- o Berating, disparaging, degrading, humiliating victim and/or,
- o Restricting the victim's ability to come and go freely and/or,
- o Obstructing the victim's access to assistance (law enforcement, legal, medical, etc) and/or,
- o Threatening future physical harm or sexual assault and/or,
- o Restricting victim's access to or use of economic resources and/or,
- o Restricting victim's access to use of military services and/or,
- o Isolating victim from family, friends, or social support resources and/or,
- o Stalking and/or,
- o Trying to make the victim think she/he is crazy

**Spouse/Intimate Partner Neglect:**

Is the spouse incapable of self-care due to substantial limitations (physical, cultural, psychological)? If no, the criterion is not met for substantiation according to the definition in Section 2 of this six-part folder.

If yes, was there non-accidental intentional deprivation of

necessities (food, water, shelter, necessary psychiatric/medical services, appropriate care, or appropriate access to care)?

**Spouse/Intimate Partner Sexual Abuse:**

Was there use of physical force to compel the spouse to engage in a sex act against his/her will, whether or not the act was completed?

Were there physical or emotionally aggressive acts to coerce sex (threatening, posturing, etc)?

Was there an attempted or completed act on a spouse who was unable to give consent?

**CHILD ABUSE**

**Child Physical Abuse:**

Physical force includes, but is not limited to, dropping, pushing, shoving, slapping, grabbing, poking, hair-pulling, scratching, pinching, restraining, shaking, throwing, biting, kicking, hitting with fist, hitting with a stick, strap, or other object, scalding, burning, poisoning, stabbing, applying force to throat, cutting off air supply, holding under water, using a weapon. Was there non-accidental use of physical force on the part of a child's caregiver? If yes, consider the exclusions:

- o Act occurred while the child/adolescent was in the act of using physical force and,
- o Sole function was to stop the child/adolescent's use of physical force and,
- o Act was minimally sufficient to stop child/adolescent's use of physical force or,
- o Act was committed during developmentally appropriate physical play (horseplay, rough housing, wrestling, contact sport) or,
- o Act committed to protect the child from imminent harm

(grabbing a child's arm to prevent them from running into the street.)

**Child Emotional Abuse:**

Berating, disparaging, degrading, humiliating, or isolating the victim and/or, threatening abandonment or harm and/or, destroying personal property and/or, harming or threatening harm to pets or loved ones and/or, coercively confining a child's

movement as a means of punishment (tying to an object, binding a child's arms or legs, locking in a closet, etc) and/or, coercing the child to inflict harm on him/herself (ordering a child to kneel for long periods of time, etc.) threatening with a weapon.

**Child Sexual Abuse:**

Was there non-contact sexual exploitation of a child for the sexual gratification of the offender (tricking, enticing, threatening, and pressuring a child to participate in acts that do not include direct physical contact between the child and offender)?

Did the alleged abuse meet the criteria for rape? Rape is defined as the use of physical force, emotional manipulation, or a child's youth or naiveté to engage in penis-vulva or penis-anus penetration (of child, perpetrator, or both), however slight.

Did the alleged abuse meet the criteria for sexual assault? Sexual assault is defined as physical contact of a sexual nature between child and perpetrator not involving penis-vulva or penis/anus penetration, including, but not limited to:

- o Oral-genital or oral-anal contact or,
- o Non-penile penetration of vulva or rectum (for example, with hands, fingers, or objects) or,
- o Attempted penetration of the vulva or rectum or,
- o Groping, rubbing, fondling, stroking, or similar behavior—directly or through clothing.

**Child Neglect:**

Was there a deprivation of necessities or omission of care/supervision such that a child's welfare was harmed or threatened?" Consider the following:

- o Lack of supervision and/or,
- o Exposure to physical hazards and/or,
- o Educational neglect and/or,
- o Medical neglect and/or,
- o Deprivation of necessities and/or,
- o Abandonment.

*Proceed to Decision #2 ONLY if incident is substantiated.*

*Skip to Part II if incident is unsubstantiated/unresolved.*

**Decision #2**

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SEVERITY LEVEL (1-5): The purpose of this step is to guide safety planning and command response and is decided by a majority of votes of the permanent voting members of the CRC. The Severity Matrix is used as a guide only. The level of severity is specific to the incident substantiated and under deliberation in Part I. If there is more than one incident being considered, each incident is assessed individually. Given the focus on the current incident, history and pattern of abuse are not considered in determining severity level **except in incidents involving emotional abuse and neglect due to the cumulative nature of this type of abuse**. In addition to the act itself, consider impact on the victim:

- o Injury or potential for injury
- o Significant psychological distress
- o Level of fear of future abuse
- o Stress-related somatic symptoms that interfere with normal functioning. If the victim has prepared an impact statement, the above elements should be included relative to the incident under deliberation.

### **Part II-Risk Assessment and Treatment Planning Decision #3**

**RISK ASSESSMENT** (Low to High): The purpose of this decision step is to guide recommendations for safety planning and treatment/ intervention in Decision #4 and is decided by consensus of all CRC members. The assessment of risk (low, moderate, high) is a clinical opinion on the possibility for ongoing or escalating abuse. When a case is substantiated, the case manager presents findings from the formal risk assessment and provides the rationale for recommendations for intervention, command monitoring, or safety planning. If the incident is unsubstantiated unresolved, the case manager presents a summary of risk factors to guide secondary prevention recommendations if appropriate. Additionally, other CRC members present information relative to risk (i.e., history of abuse, pattern of abuse, work performance, stressors, social support, progress in treatment, etc).

#### **Decision #4**

##### **TREATMENT/COMMAND MONITORING/SAFETY PLANNING:**

Using a consensus-based process, options for treatment/ intervention, command monitoring, and safety planning are discussed by the CRC and a plan is developed. Multiple treatment options are prioritized and timelines are established for monitoring progress and ensuring service delivery is as seamless as possible.

**DOMESTIC ABUSE SEVERITY LEVEL GUIDELINES**

LEVEL OF ABUSE	LEVEL OF RESPONSE OR COMMAND INTERVENTION	LEVEL OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>1. LEVEL I Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b></p> <p>Minimal use of non-accidental physical force: pushing, shoving, grabbing, blocking exit, restraining, etc, that results in minimal victim impact as indicated below.</p> <p><b>Non-physical Emotional Abuse:</b></p> <p>No pattern of ongoing attempts by offender to control a partner through force, coercion, or intimidation such as</p> <ul style="list-style-type: none"> <li>• Isolating tactics,</li> <li>• Economic control</li> <li>• Other restrictions on the victim's autonomy</li> </ul> <p><b>Victim Impact:</b></p> <ul style="list-style-type: none"> <li>• No or inconsequential fear of recurring abuse</li> <li>• No visible or internal physical injury</li> <li>• No or inconsequential psychological distress as a result of the incident</li> </ul>	<p>Consider one or more of the following:</p> <p>*Informal command counseling.</p> <p>*Non career-threatening corrective measures.</p>	<p>*Level 1 incidents may qualify for Low Level/Low Risk designation and may not go to the CRC if the incident meets the following requirements:</p> <ul style="list-style-type: none"> <li>• No previously substantiated incidents involving SM or family members and,</li> <li>• Command, FAPM, and Case Manager concur and,</li> <li>• SM amenable to prevention or intervention services</li> </ul> <p>*Based on client need, may include one or more of the following:</p> <p>*Individual, family or marital counseling.</p> <p>*Preventive classes/services (e.g., life skills training: anger management, stress management, communication workshops, financial management, etc.)</p>	<p>*Focus should be on maximizing the SM and family's strengths</p> <p>*The intent is to provide counseling and educational services to restore the SM and his/her family to a healthy state, free of violence.</p>

LEVEL OF ABUSE	LEVEL OF RESPONSE OR COMMAND INTERVENTION	LEVEL OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>2. LEVEL II Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b> Mild use of non-accidental physical force: pushing, shoving, grabbing, blocking exit, restraining, hitting, slapping, kicking, etc that results in minor victim impact as described below.</p> <p><b>Non-physical Emotional Abuse:</b> Emerging pattern of power and control</p> <ul style="list-style-type: none"> <li>• Verbal intimidation (instilling fear)</li> <li>• Isolation and economic restrictions</li> <li>• Emotional and psychological put-downs and insults</li> </ul> <p><b>Victim Impact:</b></p> <ul style="list-style-type: none"> <li>• Minor injury not lasting more than 24 hours, minor redness, swelling, soreness</li> <li>• Low level of fear of recurring abuse</li> <li>• Low level psychological distress resulting from the incident</li> </ul>	<p>Consider one or more of the following:</p> <p>*Responses parallel to Level I but with increased attention to safety for the victim and monitoring of the offender</p> <p>*Command supports and monitors service member participation in the rehabilitation process.</p>	<p>**Level II incidents may qualify for Low Level/Low Risk designation and may not go to the CRC if the incident meets the following requirements:</p> <ul style="list-style-type: none"> <li>• No previously substantiated incidents involving SM or family members and,</li> <li>• Command, FAPM, and Case Manager concur and,</li> <li>• SM amenable to prevention or intervention services</li> </ul> <p>Based on the client's (who is client?) needs, may include one or more of the following:</p> <p>*Individual, family, or marital counseling.</p> <p>*Prevention classes/services (e.g., life skills training: anger management, stress management, communication workshops, financial management, etc.)</p>	<p>*The intent at this level is to stop an emerging pattern of abuse and to restore the family to a healthy state, free of violence.</p> <p>*At this level, the violence could escalate if the offender does not make an honest effort in a rehabilitation program.</p>

LEVEL OF ABUSE	LEVEL OF RESPONSE OR COMMAND INTERVENTION	LEVEL OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>3. LEVEL III Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b> Use of non-accidental physical force: pushing, shoving, grabbing, blocking exit, restraining, hitting, slapping, kicking, punching with a fist, strangling without loss of consciousness, physically assaulting a pregnant spouse that results in notable victim impact as described below. Although the abusive behavior (e.g. pushing) may be noted under Level I or II, pushing at Level III results in more significant injury or victim impact. An example would be pushing someone with minimal force, resulting in no injury and little victim impact (possible Level I), pushing someone onto a chair resulting in minor injury not lasting more than 24 hrs or minor fear of recurring abuse, (possible Level II), and pushing someone onto the floor resulting in a laceration requiring stitches and fear of future incidents (possible Level III).</p> <p><b>Non-physical Emotional Abuse:</b> Patterned use of power and control:</p> <ul style="list-style-type: none"> <li>• Placing victim in fear for his/her own physical safety</li> <li>• Pattern of isolating, emotionally abusing, or economically controlling the victim (e.g. limiting access to phone, transportation, child care, base services, or imposing a limited say about family economics, etc.)</li> <li>• Frequent use of put-downs, insults or criticism</li> <li>• Threats or use of reprisals for reporting or seeking help</li> <li>• Threats to harm victim or victim's family, friends, pets</li> <li>• Threats of or destruction of property</li> </ul> <p><b>Sexual Abuse:</b> Coercive unwanted sexual activity through threats and/or intimidation.</p> <p><b>Victim Impact:</b> *Physical injury lasting more than 24 hours that may warrant medical attention, bruising, swelling, cuts, abrasions, lacerations, defensive injuries, etc *Victim expresses fear of recurrent abuse *Psychological distress, may be showing signs of a stress reaction, depression, anxiety related to the incident, victim may be changing behavior as a reaction to the incident to avoid future violence</p>	<p>Consider one or more of the following:</p> <p>*Command monitors the offender's progress on a regular basis.</p> <p>*Ensure victim has been offered the services of a victim advocate.</p> <p>*Issue a Military Protective Order to ensure victim safety if situation warrants.</p> <p>*Examination of all supporting FAP, MPO, MTF, SACC, and other documents as well as SRB/OQR is warranted.</p> <p>*Consider appropriate administrative or disciplinary action and determine further career potential.</p> <p>*Entry into service member's record.</p> <p>*For a second substantiated offense, mandatory processing for administrative separation is required per MCO P1700.24B (paragraph 5003.9).</p> <p>*For a substantiated Level III offense, an entry into the FITREP under derogatory material (section 6b) is required per MCO 1610.7E (paragraph 4003) and MCO P1700.24B (paragraph 5003.7)</p>	<p>*Participation in a structured domestic violence group for offender</p> <p>*May recommend other adjunct intervention services (e.g. parenting classes, mental health evaluation, substance abuse counseling, financial management, etc.)</p>	<p>*At this level, the offender has crossed a threshold and intent is a combination of holding the offender accountable and providing safety for victims.</p> <p>*Consider that the incident may be a red flag that the offender is a danger to his/her family.</p> <p>*Monitor and reduce the risk of recurring violence.</p> <p>*Ensure safety planning for victim.</p>

LEVEL OF ABUSE	LEVEL OF RESPONSE OR COMMAND INTERVENTION	LEVEL OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>4. LEVEL IV Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b> Significant use of non-accidental physical force: pushing, shoving, grabbing, restraining, hitting, slapping, kicking, punching with a fist, strangling, physically assaulting a pregnant spouse, use of weapon. Again, consider the combination of abusive behaviors with the victim impact described below to determine the appropriate level of severity for behaviors that are noted across levels.</p> <p><b>Non-physical Emotional Abuse:</b> Significant patterned use of power and control:</p> <ul style="list-style-type: none"> <li>• Placing the victim in persistent fear for his or her own physical safety through threats and/or intimidation</li> <li>• Prolonged pattern of isolating or economically controlling the victim (e.g. prolonged limiting access to phone, transportation, child care, base services, money, social support, family)</li> <li>• Consistent use of put-downs, insults or criticism</li> <li>• Use of reprisals/punishment for reporting/seeking help</li> <li>• Threats to kill, maim, or seriously harm victim or victim's family, friends, or pets</li> <li>• Threatening suicide</li> <li>• Harming pets, destroying property</li> <li>• Stalking</li> </ul> <p><b>Sexual Abuse:</b> Coercing spouse to participate in unwanted sexual activity through threats, intimidation, or the use of force.</p> <p><b>Victim Impact:</b></p> <ul style="list-style-type: none"> <li>• Physical injury lasting more than 24 hours indicating medical attention/treatment is warranted regardless of whether the victim actually receives medical care, serious bruising, swelling, lacerations, defensive injuries, internal injuries, fractures, broken or lost teeth, loss of consciousness, head injury, etc</li> <li>• Persistent fear of recurring abuse to victim, victim's family, loved ones, or pets</li> <li>• Psychological distress evident in symptoms of a stress reaction, depression, anxiety related to the abuse, behavior changes to avoid future violence, learned helplessness, hopelessness, suicidality</li> </ul>	<p>Consider one or more of the following:</p> <p>*Command monitors the offender's progress.</p> <p>*Ensure victim has been offered the services of a victim advocate.</p> <p>*Issue a MPO until risk assessment and safety planning have been accomplished</p> <p>*For a second substantiated offense of level III or higher, mandatory processing for administrative separation is required per MCO P1700.24B (paragraph 5003.9).</p> <p>*For a substantiated offense, an entry into the FITREP under derogatory material (section 6b) is required per MCO 1610.7E (paragraph 4003) and MCO P1700.24B (paragraph 5003.7)</p> <p>*If service member is separated for this incident, initiate request for Transitional Compensation.</p>	<p>*Participation in a structured domestic violence group for offenders</p> <p>*Consider other adjunct intervention services (e.g. parenting classes, mental health evaluation, substance abuse counseling, financial management, etc.)</p>	<p>*Monitor level of danger due to risk of attacks involving serious harm to spouse/ or family/friends increased dramatically at this level.</p> <p>*Ensure comprehensive safety planning for the victim</p> <p>*Consider whether this offender has further potential for useful service in the military.</p> <p>*Deter further abuse and protect the victim and other family members.</p> <p>*Hold the offender accountable and protect the integrity of the Marine Corps.</p>

LEVEL OF ABUSE	LEVEL OF RESPONSE OR COMMAND INTERVENTION	LEVEL OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>5. LEVEL V Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b>            Severe potentially life-threatening use of non-accidental physical force: pushing, shoving, grabbing, restraining, hitting, slapping, kicking, punching with a fist, strangling to unconsciousness, physically assaulting a pregnant spouse, use of weapon. Again, consider the combination of abusive behaviors and the victim impact described below to determine the appropriate level of severity for behaviors that might be noted in previous levels.</p> <p><b>Non-physical Emotional Abuse:</b>            Pattern of extreme use of power and control:</p> <ul style="list-style-type: none"> <li>• Placing the victim in imminent fear for his or her own physical safety or danger for loss of life</li> <li>• Extreme use of isolation tactics, complete denial of access to phone, transportation, child care, base services, money, social support, family, medical care</li> <li>• Unrelenting use of put-downs, insults or criticism</li> <li>• Use of severe punishment for reporting or seeking help</li> <li>• Killing, maiming, or seriously harming pets</li> <li>• Pervasive destruction of property</li> <li>• Serious threats of homicide/suicide</li> <li>• Prolonged stalking</li> </ul> <p><b>Sexual Abuse:</b>            Rape, forcible sodomy</p> <p><b>Victim Impact:</b></p> <ul style="list-style-type: none"> <li>• Major and/or life threatening injury warranting medical attention regardless whether the victim actually receives medical care.</li> <li>• Injuries resulting in loss of consciousness, permanent disability, disfigurement or death.</li> <li>• Life threatening injury to pregnant spouse and/or fetus</li> <li>• Imminent fear of recurring violence or loss of life to victim, victim's family, loved ones, or pets</li> </ul> <p>Psychological distress evident in symptoms of a stress reaction, depression, anxiety related to the abuse, behavior changes to avoid future violence, learned helplessness, post trauma reaction or disorder, suicidal behavior</p>	<p>Consider one or more of the following:</p> <ul style="list-style-type: none"> <li>*Issue Military Protective Order (DD Form 2873).</li> <li>*Ensure comprehensive Victim Advocacy services are offered to the victim and family.</li> <li>*Consider pretrial detention.</li> <li>*Involve civilian court system or military judicial system when appropriate.</li> <li>*For a second substantiated offense of level III or higher, mandatory processing for administrative separation is required per MCO P1700.24B (paragraph 5003.9).</li> <li>*For a substantiated offense, an entry into the FITREP under derogatory material (section 6b) is required per MCO 1610.7E (paragraph 4003) and MCO P1700.24B (paragraph 5003.7)</li> <li>*If service member is separated for this incident, initiate request for Transitional Compensation.</li> </ul>	<ul style="list-style-type: none"> <li>*Rehabilitation in the military system may not be possible for this level of violence. May require intensive monitoring and batterer intervention outside the scope of services. Consider involving civilian criminal justice and intervention services.</li> <li>*Case file closes at the conclusion of services for victim and family.</li> </ul>	<ul style="list-style-type: none"> <li>*Closely monitor level of danger due to risk of attacks involving serious harm to spouse or family/friends increased dramatically at this level.</li> <li>*Deter further abuse and protect the victim and other family members.</li> <li>*Ensure comprehensive safety planning for the victim.</li> <li>*Hold the offender accountable and protect the integrity of the Marine Corps.</li> </ul>

**CHILD ABUSE SEVERITY LEVEL GUIDELINES**

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b><u>1. LEVEL I Consider one or more of the following:</u></b></p> <p><b>Physical Abuse:</b> Minimal use of non-accidental physical force: pushing, shoving, grabbing, restraining, or swatting, etc, resulting in minimal if any victim impact.</p> <p><b>Non-physical Emotional Abuse:</b> No pattern of intentional berating, disparaging or other verbally abusive behavior toward the child</p> <p><b>Neglect:</b> *Any one or combination of:</p> <ul style="list-style-type: none"> <li>• Deprivation of Necessities</li> <li>• Educational Neglect</li> <li>• Lack of Supervision</li> <li>• Medical Neglect, failure to seek routine medical/dental care</li> <li>• Exposure to physical hazards</li> </ul> <p>*Resulting in no or minimal potential for physical/emotional harm,</p> <p><b>Victim Impact:</b></p> <ul style="list-style-type: none"> <li>• Child's welfare not harmed or threatened</li> <li>• No or inconsequential fear of recurring abuse</li> <li>• No visible or internal physical injury</li> </ul> <p>No or inconsequential psychological distress as a result of the incident</p>	<p>Consider one or more of the following:</p> <p>*Informal counseling session with immediate supervisor.</p> <p>*Non-career threatening corrective measures.</p> <p>*Command supports and monitors participation in the rehabilitation plan.</p> <p>*Consider referral to New Parent Support Program if appropriate</p>	<p>**Level 1 incidents may qualify for Low Level/Low Risk designation and may not go to the CRC if the incident meets the following requirements:</p> <ul style="list-style-type: none"> <li>• No previously substantiated incidents involving SM or family members and,</li> <li>• Command, FAPM, and Case Manager concur and,</li> <li>• SM amenable to prevention or intervention services</li> </ul> <p>*Based on the client's needs, it may include one or more the following:</p> <p>*Individual or couples counseling with a focus on parenting issues</p> <p>*Prevention classes/services (e.g. parenting education or other services as appropriate.)</p>	<p>*Since this level acknowledges that there are cases of child maltreatment where the parent(s) or caregiver(s) acted in a way that is uncharacteristic of generally acceptable behavior; and cases where circumstances facilitated unintended acts of commission, the command should determine if there are stressors that indicate a need for preventive measures.</p>

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>2. LEVEL II Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b> Minor use of non-accidental physical force: pushing, shoving, grabbing, restraining, hitting, scratching, pinching, hair pulling without loss of hair, etc., with minor victim impact as indicated below.</p> <p><b>Non-physical Emotional Abuse:</b> Emerging pattern of intentional berating, disparaging or other verbally abusive behavior toward the child</p> <p><b>Neglect:</b> *Minor deprivation of necessities *Educational neglect, failure to provide for educational needs in accordance with state laws and local policies. *Lack of supervision *Medical neglect, failure to seek medical treatment for chronic illnesses (e.g. infections, fevers, colds, sicknesses) *Exposure to physical hazards</p> <p><b>Victim Impact:</b> *Child's welfare minimally harmed or threatened *No or inconsequential fear of recurring abuse *Minor redness/swelling/bruising on one area of limbs or buttocks *Minor psychological distress as a result of the incident</p>	<p>Consider one or more of the following:</p> <p>*Informal counseling session with immediate supervisor.</p> <p>*Non-career threatening corrective measures.</p> <p>*Command supports and monitors participation in the rehabilitation plan.</p> <p>*Encourage involvement in New Parent Support Program if appropriate</p>	<p>**Level II incidents may qualify for Low Level/Low Risk designation and may not go to the CRC if the incident meets the following requirements:</p> <ul style="list-style-type: none"> <li>• No previously substantiated incidents involving SM or family members and,</li> <li>• Command, FAPM, and Case Manager concur and,</li> <li>• SM amenable to prevention or intervention services</li> </ul> <p>*Based on the client's needs, it may include one or more the following:</p> <p>*Individual, couples, family treatment with a focus on parent/child issues.</p> <p>*Prevention classes/services (e.g. parenting education or other services as appropriate.)</p>	<p>*Command should assist in supporting offender treatment recommendations in order to curtail a potential developing pattern of maltreatment and restore the family to a healthy state free of violence.</p>

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b><u>3. LEVEL, III Consider one or more of the following:</u></b></p> <p><b>Physical Abuse:</b>            *Moderate use of non-accidental physical force: kicking, shoving, tripping, grabbing, direct hit or blow with moderate victim impact as indicated below.            *Use of instruments/objects to inflict injury.</p> <p><b>Neglect:</b>            *Non-organic failure to thrive            *Lack of supervision            *Deprivation of basic needs            *No use of seat belt or appropriate child safety device that results in harm/injury            *Medical/dental neglect resulting in pain or disability in spite of efforts at intervention/correction/referral            *Exposure to physical hazards that puts the child at risk for probable harm</p> <p><b>Emotional Abuse:</b>            *Recurring acts of ignoring, isolating, insulting, embarrassing, over pressuring, or threatening behavior</p> <p><b>Sexual Abuse:</b>            *Deliberate exposure to sexually explicit material or behaviors. Excludes sexual touching.</p> <p><b>Victim Impact:</b>            *Child's welfare harmed/ threatened            *Child appears fearful of recurring abuse/offender            *Injuries warrant medical attention such as bruises, welts, swelling, broken skin, hair loss            *Symptoms of psychological distress, stress reactions, behavioral changes, anxiety, depression, etc.            *Physical or developmental delay due to            *Lack of nurturing/proper nutrition</p>	<p>Consider one or more of the following:</p> <p>*Prosecution under the civilian court system.</p> <p>*Pretrial detention.</p> <p>*Issue a Child Removal Order if appropriate.</p> <p>*The incident may be a red flag that the offender(s) is a danger to his/her family. A close examination of all supporting FAP, CID/NCIS, MTF, SACC and other documents as well a SRB/OQR is warranted.</p> <p>*If service member is separated for this incident, initiate a request for Transitional Compensation.</p> <p>*Administrative discharge.</p> <p>*For a second substantiated offense of level III or higher, mandatory processing for administrative separation is required per MCO P1700.24B (paragraph 5003.9).</p> <p>*For a substantiated offense, an entry into the FITREP under derogatory material (section 6b) is required per MCO 1610.7E (paragraph 4003) and MCO P1700.24B (paragraph 5003.7)</p> <p>*If situation warrants, take appropriate actions to keep the victim and offender separated</p>	<p>*Compliance with CPS/FAP recommendations.</p> <p>*Participation in services (e.g. parenting classes, family counseling, etc.)</p> <p>*Attend classes on the effects of domestic violence upon children when appropriate.</p> <p>*Consider referral to New Parent Support Program if appropriate</p>	<p>*At this level, the offender(s) has crossed a threshold, and a combination of sanctions including accountability and rehabilitation is the best deterrent. A critical task is to assess the danger to the victim.</p> <p>*Ensure safety planning for the victim</p> <p>*Consider appropriate administrative or disciplinary action and determine further career potential.</p>

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>4. LEVEL IV Consider one or more of the following:</b>            Physical Abuse:            * Serious but not life-threatening use of non-accidental physical force            *Use of object or instrument as a weapon</p> <p><b>Neglect:</b>            *Non-organic failure to thrive            *Injury resulting from reckless behavior or failure to utilize safety precautions            *Abandonment of a child            *Medical/dental neglect resulting in pain/disfigurement/disability that could have been prevented            *Exposure to life threatening physical hazards</p> <p><b>Emotional Abuse:</b>            *Chronic recurring acts or pattern of isolating, insulting, threatening serious harm, threatening to kill, ignoring, and rejecting</p> <p><b>Sexual Abuse:</b>            *Repeated intentional exposure of a child to inappropriate sexually explicit materials or behaviors. Sexually inappropriate touching</p> <p><b>Victim Impact:</b>            *Serious injury warranting medical attention such as broken bones, internal injury, head injury, burns or extensive bruising on torso            *Signs of non-accidental trauma in various stages of healing            *Symptoms of stress reactions, anxiety, observable low self-worth, clinical depression, emotional or behavioral problems, self destructive or sexually reactive behavior            *Weight loss and dehydration despite intervention/referral efforts due to lack of nurturing and proper nutrition</p>	<p>Consider one or more of the following:</p> <p>*Command monitors the offender's progress.</p> <p>*Issuance of a CRO to enhance protective measures if appropriate.</p> <p>*For a second substantiated offense of level III or higher, mandatory processing for administrative separation is required per MCO P1700.24B (paragraph 5003.9).</p> <p>*For a substantiated offense, an entry into the FITREP under derogatory material (section 6b) is required per MCO 1610.7E (paragraph 4003) and MCO P1700.24B (paragraph 5003.7)</p> <p>*If situation warrants, ensure victim and offender are separated.</p> <p>*If the service member is separated for this incident, initiate the request for Transitional Compensation.</p>	<p>*Compliance with CPS/FAP recommendations.</p> <p>*Attendance at programs/services offered in coordination with other military/civilian agencies such as the effects of domestic violence on children.</p> <p>*Individual, couples, family therapy focusing on parenting</p> <p>*Consider referral to New Parent Support Program if appropriate</p>	<p>Hold offender accountable.</p> <p>*Deter further abuse, provide services to victims, and assist the family's return to a healthy state, free of violence.</p> <p>*Ensure comprehensive safety planning for the victim</p> <p>*Protect the integrity of the Marine Corps.</p>

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p><b>5. LEVEL V Consider one or more of the following:</b></p> <p><b>Physical Abuse:</b></p> <ul style="list-style-type: none"> <li>*Serious life threatening use of non-accidental physical force</li> <li>*Shaken Baby Syndrome</li> <li>*More than one occurrence of serious injury requiring medical intervention within a year.</li> </ul> <p><b>Neglect:</b></p> <ul style="list-style-type: none"> <li>*Non-organic failure to thrive</li> <li>*Medical/dental neglect resulting in disfigurement/disability/death</li> <li>* Egregious failure to utilize reasonable and available safety precautions.</li> <li>*Abandonment</li> <li>*Exposure to life threatening physical hazards</li> </ul> <p><b>Sexual Abuse:</b></p> <ul style="list-style-type: none"> <li>*Any sexual abuse/exploitation of a child, age 0-17, by an adult or minor more than 6 years older than the victim – may include penetration, threat, coercion, or pattern of progressive sex offenses.</li> </ul> <p><b>Victim Impact:</b></p> <ul style="list-style-type: none"> <li>* Life threatening injury, death, disability or disfigurement regardless of type of abuse/neglect noted above</li> <li>*Large burns, brain/spinal cord injury, multiple fractures permanent impairment</li> <li>*Battered child syndrome</li> <li>*Psychological/emotional/behavioral disorders that seriously impair functioning</li> </ul>	<p>Consider one or more of the following:</p> <ul style="list-style-type: none"> <li>*Issue CRO if appropriate.</li> <li>*Pretrial detention.</li> <li>*Consider civilian court system or military judicial system.</li> <li>*For a second substantiated offense of level III or higher, mandatory processing for administrative separation is required per MCO P1700.24B (paragraph 5003.9).</li> <li>*For a substantiated offense, an entry into the FITREP under derogatory material (section 6b) is required per MCO 1610.7E (paragraph 4003) and MCO P1700.24B (paragraph 5003.7)</li> <li>*If situation warrants, ensure the victim and offender are separated.</li> <li>*If service member is separated for this incident, initiate request for Transitional Compensation.</li> </ul>	<ul style="list-style-type: none"> <li>*Ensure comprehensive services are offered to the victim and family.</li> <li>*Consider referral to New Parent Support Program if appropriate</li> <li>*Rehabilitation for the offender at this level of child abuse may be beyond the scope of services offered by the Marine Corps. Intensive services coordinated through CPS and other civilian resources may be required.</li> </ul>	<ul style="list-style-type: none"> <li>*Hold offender accountable.</li> <li>*Protect the victim who would be vulnerable to ongoing abuse.</li> <li>*Ensure comprehensive safety planning for the victim.</li> <li>*Preserve the integrity of the Marine Corps.</li> </ul>

14 AUG 2007

**MILITARY PROTECTIVE ORDER**

**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; and National Defense Authorization Act for Fiscal Year 1995, Sec. 534.

**PRINCIPAL PURPOSE(S):** To inform the service member and the protected person that the commanding officer is issuing an order to the member prohibiting contact or communication with the protected person or members of the protected person's family or household and directing that the member take specified actions that support, or are in furtherance of, the prohibition.

**ROUTINE USE(S):** Any release of information outside of the Department of Defense shall be compatible with the purposes for which the information is being collected and shall be in accordance with an established routine use for the record system where the information is maintained.

**DISCLOSURE:** Voluntary. Failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

<b>1. SERVICE MEMBER</b>				<b>2. PROTECTED PERSON (Important: see NOTE)</b>			
a. RANK	b. LAST NAME	FIRST NAME	MI	a. RANK	b. LAST NAME	FIRST NAME	MI
c. UNIT				c. UNIT			
d. INSTALLATION				d. INSTALLATION			

**NOTE:** Omit information in item 2 that, if known to the service member in item 1, could endanger the protected person.

**3. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER**

**4. THE PROTECTED PERSON HAS ALSO BEEN ISSUED THE FOLLOWING COURT ORDERS:**

a. Civil protection order issued (Date - YYYYMMDD) _____, in _____ Court, _____ County, State of _____			
b. Order issued (Date - YYYYMMDD) _____, in _____ Court, _____ County, State of _____			Property Settlement Custody and/or Visitation

14 AUG 2007

<p>5. As a Commanding Officer with jurisdiction over the above-named service member, I find that there is sufficient reason to conclude that the issuance of an order is warranted in the best interest of good order and discipline. It is hereby ordered that (initial applicable portions):</p>	
a.	The above-named service member is restrained from initiating any contact or communication with the above-named protected person either directly or through a third party. For purposes of this order, the term "communication" includes, but is not limited to, communication in person, or through a third party, via face-to-face contact, telephone, or in writing by letter, data fax, or electronic mail. If the protected person initiates any contact with the service member, the service member must immediately notify me regarding the facts and circumstances surrounding such contact.
b.	The above-named service member shall remain at all times and places at least _____ feet away from the above-named protected person and members of the protected person's family or household including, but not limited to, residences and workplaces. Members of the protected person's family or household include:
c.	The above-named service member will vacate the military residence shared by the parties located at:
d.	Until further notified, the above-named service member will be provided temporary military quarters at:
e.	The above-named service member will attend the following counseling:
f.	The above-named service member will surrender his/her government weapons custody card at the time of issuance of this order.
g.	The above-named service member will dispose of his/her personal firearm(s) that are located or stored on the installation at the time of issuance of this order.
h.	Exceptions to this order will be granted only after an advance request is made to me and approved by me.
i.	Other specific provisions of this order:
<p>6. DURATION: The terms of this order shall be effective until _____, unless sooner rescinded, modified, or extended in writing by me.          ENFORCEABILITY: Violation of this order or an applicable civilian protection order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.</p>	
a. COMMANDING OFFICER'S SIGNATURE	b. DATE (YYYYMMDD)
<p>7. I hereby acknowledge receipt of a copy of this order and attest that I understand the terms and conditions it imposes on me.</p>	
a. SERVICE MEMBER'S SIGNATURE	b. DATE (YYYYMMDD)
<p>DISTRIBUTION: Service member _____ Protected person (Custodial parent of protected child) _____          Service member's local personnel file _____</p>	

DD FORM 2873 (BACK), JUL 2004

14 AUG 2007

COMMANDING OFFICER'S POLICY LETTER XX-07

From: Commanding Officer  
To: [Distribution List]

Subj: DOMESTIC VIOLENCE

Ref: (a) Department of Defense Memorandum, subj: Domestic  
Violence, of November, 2001  
(b) Chief of Service Letter/Memorandum/Message

1. **Background.** Reference (a) states that domestic violence will not be tolerated in the Department of Defense. Reference (b) states (paraphrase). Therefore, simply stated, domestic violence will not be tolerated within this unit/battalion. Such behavior is an offense to our core values. Accordingly, leaders at all levels are charged to aggressively take the appropriate steps to prevent domestic violence, protect victims, and hold those who commit domestic violence accountable.

2. Commanding Officers shall, in appropriate abuse cases, initiate administrative or disciplinary proceedings to hold offenders accountable for their actions. Further, all incidents of abusive behavior shall be reported to the Family Advocacy Program (FAP). If an offender is considered not to have potential for further military service, Commanding Officers should initiate separation procedures.

3. The FAP and the Victim Advocates are our primary tools to intervene with offenders to stop the violence. FAP and the Victim Advocate provide support for victims. Early intervention is critical. Commanding Officers will ensure that every report of domestic violence is investigated, and that victims are afforded a safe environment.

4. To meet these critical goals, we must continue to improve our coordinated community response. All service members and family members must be made aware of locally available resources for the prevention of domestic violence, procedures for responding to domestic violence, and the support services provided through family advocacy. Inclusion of this information through family newsletters, welcome aboard briefs and troop information programs is needed.

JOHN DOE  
Commanding