



UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001

MCBO P1752.2B
B 374/7
30 May 06

MARINE CORPS BASE ORDER P1752.2B

From: Commander

To: Distribution List

Subj: FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES

Ref: (a) MCO P1700.24B

(b) Clinical Counseling Services Desk Guide

(c) Case Review Committee (CRC) Handbook

Encl: (1) LOCATOR SHEET

1. Purpose. To amplify instruction contained in the references and to provide specific guidance for the FAP aboard MCB Quantico.

2. Cancellation. MCBO P1752.2A.

3. Summary of Revision. This revision contains a significant number of changes and should be reviewed in its entirety.

4. Information. The FAP is a multifaceted, multidisciplinary program designed to address the problems associated with spouse abuse and child maltreatment within the Marine Corps community. Close cooperation between MCB Quantico, its tenant commands, law enforcement, medical, legal, social and correctional agencies is essential to the success of a coordinated community response to domestic violence involving Marines serviced by MCB Quantico. The focus of the program is to prevent child and spouse abuse, to intervene for the protection of victims, and to hold offenders accountable for their actions. The policies and procedures outlined in this manual supplement those contained in reference (a).

5. Scope. Command support and involvement by members at all levels is essential to prevent domestic violence and to strengthen the Core Values of the Marine Corps.

6. Definitions. Terms relating to the FAP in this manual are defined in reference (a).

MCBO P1752.2B

30 May 06

7. Certification. Reviewed and approved this date.



J. W. LUKEMAN
Chief of Staff

DISTRIBUTION: A

LOCATOR SHEET

Subj: FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES

Location: _____
(Indicate the location(s) of the copy(ies) of this manual.)

FAP PROCEDURES

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

FAP PROCEDURES

CONTENTS

CHAPTER

- 1 GENERAL INFORMATION
- 2 PROGRAM IMPLEMENTATION
- 3 DUTIES AND RESPONSIBILITIES
- 4 PREVIEW GUIDELINES FOR CASE REVIEW COMMITTEE (CRC)
STATUS DETERMINATION AND APPEAL PROCESS

APPENDIX

- A FAMILY ADVOCACY PROGRAM (FAP) CASE TRANSFER
PROCEDURES
- B REPORTING PROCEDURES FOR PROVOST MARSHAL OFFICE (PMO)
- C FAMILY ADVOCACY PROGRAM (FAP) NOTIFICATION AND
REPORTING PROCEDURES
- D FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR SPOUSE
ABUSE CASES
- E FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR CHILD
ABUSE CASES
- F FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR CHILD
SEXUAL ABUSE CASES
- G FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR OUT-OF-
HOME CHILD ABUSE AND/OR NEGLECT CASES
- H CHILD SUPERVISION AND BABYSITTING GUIDELINES

FAP PROCEDURES

CHAPTER 1

GENERAL INFORMATION

	<u>PARAGRAPH</u>	<u>PAGE</u>
HISTORY	1000	1-3
POLICY	1001	1-3
OBJECTIVES	1002	1-3
REPORTS	1003	1-4

FAP PROCEDURES

CHAPTER 1

GENERAL INFORMATION

1000. HISTORY. The Marine Corps Family Advocacy Program (FAP) has evolved from a Navy managed program centered in Navy medical treatment facilities to a coordinated Marine Corps effort operating from the Marine Corps Community Services Division, Marine and Family Services (MFS) Branch. The Marine Corps developed a Coordinated Community Response (CCR) model in 1992 in support of DoD guidance in the prevention, identification, reporting, evaluation, treatment, and followup of spouse abuse, sexual assault, child abuse, child neglect, child sexual abuse, and/or emotional maltreatment of children. The FAP, a vehicle by which the CCR is accomplished, is a command-sponsored program that incorporates a multidisciplinary team approach to prevent abuse, protect victims, and hold offenders accountable.

1001. POLICY. This policy ensures that all agencies, individuals, and disciplines involved in family advocacy matters cooperate and coordinate their efforts in order to protect victims and hold offenders accountable for their behavior. This policy also includes support services for victims of rape and sexual assault. It is necessary for all personnel involved in FAP to be familiar with this manual.

1002. OBJECTIVES

1. By using a CCR as its foundation, the program will:

a. Identify cases of potential domestic violence early. Incorporate standardized prevention and Professional Military Education (PME) whenever possible;

b. Incorporate standardized prevention and educational awareness programs for spouse and child abuse in PME whenever possible;

c. Maintain quality assurance by providing information to all service members and their families on the recognition and prevention of domestic violence and child abuse;

d. Encourage a climate that prevents domestic violence; and

- e. Create an atmosphere that encourages victims of abuse to come forward and seek help.
2. The CCR will:
 - a. Provide victim protection, safety, and support;
 - b. Establish consistent arrest and detainment policy by initial interveners and commands;
 - c. Establish mandatory reporting requirements for suspected cases of domestic violence, child abuse and child neglect for all military personnel serviced by MCB Quantico; and
 - d. Establish a consistent policy of command disciplinary sanctions within the guidelines of the Uniform Code of Military Justice and the Matrix of Abuse Levels (reference (a)), used by the Case Review Committee (CRC), to hold offenders accountable.

1003. REPORTS

1. Reporting requirements ensure MFS programs are operated effectively according to regulations, program standards, measures of effectiveness, quality assurance plans, and program inspection criteria.
2. Central registry data are contained in either of two CMC maintained computer data tracking programs:
 - a. Child and Spouse Abuse, or
 - b. Rape and Sexual Assault. The FAP Manager and/or other authorized FAP personnel will enter appropriate data into the HQMC Central Registry by means of the DD Form 2486, Child/Spouse Abuse Incident Report. This report will be electronically submitted to the CMC (MRO), (with a printed copy to the FAP case record), within 15 days after the CRC decision on the case. Case transfers to other installations also require an appropriate report submission.

FAP PROCEDURES

CHAPTER 2

PROGRAM IMPLEMENTATION

	<u>PARAGRAPH</u>	<u>PAGE</u>
ORGANIZATION	2000	2-3
CASE REVIEW COMMITTEE	2001	2-4
CASES TO BE CONSIDERED LOW-LEVEL/LOW-RISK (LL/LR)	2002	2-6
PROCEDURES FOR LOW-LEVEL/LOW-RISK CASES	2003	2-6
INVESTIGATION AND REPORTING	2004	2-7
FAMILY ADVOCACY TREATMENT	2005	2-7
CLINICAL COUNSELING	2006	2-9

FAP PROCEDURES

CHAPTER 2

PROGRAM IMPLEMENTATION

2000. ORGANIZATION

1. The Family Advocacy Committee (FAC) is established to provide oversight and direction to the FAP. The FAC will review FAP policy and procedures, ensure the Case Review Committee (CRC) is operating effectively, resolve systemic problems or recommend local policy changes to the Comdr MCB.

2. The FAC facilitates a Coordinated Community Response (CCR) with all agencies responding to domestic violence through memorandum of understanding (MOU) or other means.

3. The FAC will meet bi-annually or on an "as needed" basis. The Family Advocacy Program Officer (FAPO) will request agenda items and will forward minutes of the meeting to the Comdr MCB and committee members for review.

4. The FAC is chaired by the FAPO, and will consist of members appointed in writing by the Comdr MCB. Membership will consist of permanent voting committee members and non-voting consulting members. Each permanent member will have a designated alternate. Non-voting consulting members will also be appointed in writing.

a. The permanent voting membership will consist of the following with a designated alternate assigned to serve in their absence:

- (1) FAPO (Chairman);
- (2) Family Advocacy Program Manager (FAPM);
- (3) Sergeant Major, MCB;
- (4) Director, Command Substance Abuse Counseling Center (CSACC);
- (5) Staff Judge Advocate (SJA);
- (6) Provost Marshal Office (CO, Security Battalion);
- (7) Director, Naval Criminal Investigative Services (NCIS);

- (8) Command Chaplain;
- (9) CO, Naval Health Clinic; and
- (10) Command Inspector General.

b. Non-voting consulting members may include:

- (1) Director, Marine and Family Services (MFS) Branch
- (2) Base and tenant commands sergeants major;
- (3) Victim advocates;
- (4) New Parent Support Program Manager; and
- (5) Child Protective Services (CPS) representatives of neighboring communities.

2001. CASE REVIEW COMMITTEE

1. The CRC is multi-disciplinary and administrative in nature. The Comdr MCB appoints members by letter. Permanent voting members are: the FAPM (as the chairperson), the command representative, and one representative from each of the following: SJA, Naval Health Clinic, FAPO, CSACC, a command representative, and law enforcement for each case presented. Only one law enforcement representative will vote on any given case at any time. The Criminal Investigative Division (CID) representative is the permanent voting member on the CRC. The Naval Criminal Investigative Services (NCIS) agent is a non-voting member except if the CID agent is also the case agent; the vote will be deferred to the NCIS agent. CID and NCIS agents will refrain from voting on cases where they were the investigating agent. A representative from CPS is a voting member when present. The non-voting members are:

- a. FAP Clinical Case Manager;
- b. Victim advocates;
- c. NCIS representative; and
- d. New Parent Support Program representatives.

2. With the exception of those incidents identified by FAP and the involved command as low-level/low-risk (per reference (a)), all allegations of maltreatment will be referred to the CRC.

3. Naval Criminal Investigative Services

a. The CRC determines by open vote whether an incident is substantiated, unsubstantiated/did not occur, or unsubstantiated/unresolved, based on the preponderance of evidence presented. If substantiated, the CRC will identify the primary aggressor, the level of abuse in the relationship (using the Matrix of Child and Spouse Abuse Guidelines, located in CRC Member Handbook), and the appropriate treatment recommendations.

b. Following the CRC case determination, the active duty member's CO will be provided documentation of the CRC outcome. A command response form is enclosed and should be returned to the FAPM within 5 days. It will indicate the CO is concurrence or non-concurrence with the committee's recommendations.

c. The CO may take administrative or disciplinary action independent of the committee's recommendations as appropriate using the matrix as a reference. Organizations involved in the CRC process will share information on a "need-to-know" basis. Command representatives who attend the CRC are cautioned not to discuss CRC information, deliberation or voting details with the service member. The command representatives who attend CRC will brief appropriate senior command personnel on the case outcome.

4. Cases will be presented to the CRC within 30 days of the initial incident report, or receipt of a transfer case from another installation. Open, substantiated cases will be reviewed every 90 days at a minimum or as required by the circumstances of the case.

5. Cases to be transferred to another installation will be reviewed at the CRC. Case transfer procedures are described in appendix A. Transfer letters and return acknowledgment will be sent with the record to the gaining FAPM.

6. Cases are closed after 12 months or upon completion of treatment recommendations, unless another report of a domestic violence incident has been received.

7. Closed cases will be maintained at FAP for 5 years, and then archived per reference (a).

8. Requests for FAP records will be submitted to the base Adjutant's Office, G-1, MCB Quantico, who will notify the FAPM of request, review, and release all or portions of record, as necessary. Under no circumstances will records of a victim be released to the alleged offender. All efforts will be made to protect the victim when considering information to be released.

9. Neither the victim nor the alleged offender will attend the CRC.

2002. CASES TO BE CONSIDERED LOW-LEVEL/LOW-RISK (LL/LR)

1. LL/LR is defined as an incident in which there is minor physical contact involving minor injury, if any. The level of risk to the victim is low and the victim is not fearful of further abuse.

2. The LL/LR Program is designed to provide alternative procedures for cases that meet the criteria, encourage self-reporting, and increase the use of services for victims and offenders.

3. When the FAP clinical case manager identifies LL/LR violence, the case manager will consult with the FAPM, the victim advocate, and the command representative for a final decision. If these parties cannot come to an agreement, the case must go to the CRC for determination.

4. If an agreement is reached, the command will endorse the LL/LR Disposition Form.

2003. PROCEDURES FOR LOW-LEVEL/LOW-RISK CASES

1. The spouses/parents must BOTH be assessed for program appropriateness and amenability to rehabilitation. Victim Advocate Services will be offered for all instances of spouse and child abuse regardless of level.

2. Recommended intervention services are based on the nature of the case and the needs of the offender and victim.

3. The case manager will document a treatment rehabilitation plan and forward to the command for review.

4. Failure of either partner/parent to agree with LL/LR disposition will result in CRC review of the case. With concurrence, the command will monitor client progress and notify FAP of any concerns.

5. No personal identifying information will be entered in the central registry for cases identified as LL/LR.
6. Cases will be closed upon command concurrence.

2004. INVESTIGATION AND REPORTING

1. All allegations of suspected domestic violence and child abuse/neglect shall be reported immediately to the Provost Marshall Office (PMO). PMO is responsible for ensuring all reporting is performed in a timely and appropriate manner. PMO must report all incidents of spouse and child abuse to FAP as outlined in appendix B. All service members, civilians and contract personnel associated with the DoD, except legal counsel (when engaged in a professional/client relationship) and chaplains (acting in a clerical role), are considered mandatory reporters and MUST report suspected cases of domestic violence and child abuse/neglect.
2. Upon receipt of an alleged incident of domestic violence, FAP will follow the reporting procedures as outlined in appendix C and D for spouse abuse cases and appendices E through H for child abuse cases.
3. The victim advocate will be notified by PMO of all suspected cases of rape, sexual assault, and domestic violence.

2005. FAMILY ADVOCACY TREATMENT. The primary focus of treatment is to prevent a continuation of domestic violence and to protect victims. FAP treatment or Prevention Education classes may include any of the following:

1. Sixteen-week Domestic Violence Treatment Group for offenders;
2. Learning to Live Without Violence Class (4 sessions);
3. Anger Management Class;
4. Stress Management Class;
5. Individual Counseling;
6. The New Parent Support Program Services;
7. Parenting Class;
8. Women's Education/Support Group;

9. Couple's Communication Class;
10. Couple's or Family Counseling;

NOTE: To maintain victim safety, couple's counseling recommendation by CRC will begin only after power and control and/or violence issues have been successfully addressed.

11. Spouse Orientation Class; and
12. Referrals to other agencies: CSACC, Financial Counseling, Mental Health Services, etc.

2006. CLINICAL COUNSELING

1. The Counseling Services will provide short-term counseling (approximately 4-8 weeks) per reference (a). When extended treatment is required, clients may be referred to local military medical treatment facilities or appropriate civilian agencies.
2. All counseling staff must possess the education, experience, training, and license per reference (a) and be credentialed by HQMC (MRO). Staff and volunteers without credentials will not provide clinical counseling. Clinical graduate student interns placed in MFS through MOU with a sponsoring university are permitted to provide clinical counseling, but must receive direct clinical supervision by a credentialed staff member.
 - a. All incidents of suspected abuse reported to the counselor during clinical counseling services will be referred to Family Advocacy via the Intake Worker.
 - b. Case records will include a Privacy Act Statement and all other appropriate documentation per the Clinical Counseling Desk Guide. Clinical counseling clients will be advised of the contents of the Privacy Act Statement, prior to the initial counseling session.

FAP PROCEDURES

CHAPTER 3

DUTIES AND REPSONSIBILITIES

	<u>PARAGRAPH</u>	<u>PAGE</u>
COMMANDING OFFICERS.	3000	3-3
COMMANDING OFFICERS' PROCEDURES	3001	3-4
FAMILY ADVOCACY PROGRAM OFFICER (FAPO)	3002	3-5
DIRECTOR, MARINE AND FAMILY SERVICES BRANCH, MARINES CORPS COMMUNITY SERVICE DIVISION	3003	3-5
INSTALLATION REPRESENTATIVE	3004	3-6
COMMAND REPRESENTATIVE	3005	3-6
STAFF JUDGE ADVOCATE	3006	3-7
PROVOST MARSHAL OFFICE	3007	3-7
COMMAND SUBSTANCE ABUSE COUNSELING CENTER (CSACC) REPRESENTATIVE	3008	3-8
NAVAL HEALTH CLINIC (NHCL)	3009	3-8
COMMAND CHAPLAIN	3010	3-9
FAMILY ADVOCACY PROGRAM MANAGER.	3011	3-9
FAMILY ADVOCACY AND CLINICAL COUNSELORS.	3012	3-10
VICTIM ADVOCATE.	3013	3-11
NEW PARENT SUPPORT PROGRAM	3014	3-12
CHILD PROTECTIVE SERVICES REPRESENTATIVE	3015	3-13

FAP PROCEDURES

CHAPTER 3

DUTIES AND REPSONSIBILITIES

3000. COMMANDING OFFICERS. The COs shall:

1. Assist in the prevention of domestic violence and child abuse/neglect by delivering a strong message that both are crimes and will not be tolerated in the Marine Corps;
2. Obtain a Family Advocacy Program (FAP) brief from the Company FAP representative within 45 days of assuming command, and from the Family Advocacy Program Manager (FAPM) within 90 days of assuming command;
3. Assign in writing a senior noncommissioned or warrant officer (normally the company first sergeant) to serve as the Company Family Advocacy Officer (FAO) and provide the FAPM with a copy of this letter. The Company FAO will serve as the direct liaison with FAP;
4. Ensure the Company FAO representatives receive a FAP brief from the FAPM within 45 days of assuming the FAO responsibilities. This will ensure training in the confidentiality of FAP cases and the FAO role in the Case Review Committee (CRC);
5. Ensure Company FAOs and appropriate command representatives attend all meetings of the CRC when a case pertaining to a service member in the command is being reviewed;
6. Arrange for all service members to receive education and awareness briefings concerning FAP matters and ensure spouse and child abuse prevention education is incorporated within the Company Professional Military Education Program;
7. Assist in the protection of victims of spouse and child abuse. Hold offenders accountable through appropriate disciplinary actions as outlined in reference (b); and
8. Report immediately, all cases of suspected domestic violence and child abuse/neglect to Provost Marshal Office (PMO), regardless of the level of command at which the problem is identified.

3001. COMMANDING OFFICERS' PROCEDURES

1. When the command learns of a domestic violence incident, the Comdr MCB may issue a Military Protection Order (MPO) to prevent any further incidents, until the risk level can be evaluated by FAP.
2. In support of FAP, the commanding officer will:
 - a. Order the service member to contact the FAP the next working day;
 - b. Ensure that the victim advocate has been provided victim contact information;
 - c. Receive appropriate information from the FAP clinical case manager about the initial assessment of the service member and the spouse; and
 - d. Ensure the Company FAO contact the spouse and notify him/her that the service member will be allowed to return to the home if the victim advocate, FAP Case Manager, and spouse concur that the risk is low. If the spouse cannot be contacted by the command FAO, the MPO should remain in effect until such notification can take place.
3. Support the FAP and treatment recommendations of the CRC to ensure that Marines attend recommended treatment sessions.
4. Take appropriate action if an offending service member fails to cooperate fully in the rehabilitative program or demonstrates continued abusive behavior, as recommended in reference (a).
5. Determine when a service member has a civilian protective order or temporary restraining order issued against him/her, and issue an MPO that covers the same areas and restrictions as the civilian order.
6. Ensure the Company FAO maintains a confidential file pertaining to the case, containing at the minimum:
 - a. PMO Incident Report.
 - b. FAP letters of case disposition.

c. Records of contacts with service member while he/she is in a mandatory rehabilitation program.

7. Use the matrix guidelines for spouse and child abuse levels and related rehabilitation and command actions when making decisions about a service member's case.
8. Report all incidents of rape and sexual assaults immediately to PMO and FAP.
9. Incorporate this manual into all turnover files as appropriate.

3002. FAMILY ADVOCACY PROGRAM OFFICER (FAPO). The Comdr MCB will designate the FAPO in writing. The FAPO will:

1. Ensure implementation and accountability of the program;
2. Serve as chairman of the base Family Advocacy Committee (FAC) and serve as a permanent voting member of the FAC;
3. Serve as permanent voting member of the CRC and as alternate chairperson in the absence of a FAPM;
4. Notify the Comdr MCB of FAC committee recommendations as warranted. Submit FAC minutes to the Comdr MCB;
5. Ensure the FAP complies with all appropriate DoD regulations, and Marine Corps orders; and
6. Appoint FAC members in writing.

3003. DIRECTOR, MARINE AND FAMILY SERVICES BRANCH, MARINE CORPS COMMUNITY SERVICES DIVISION. The Director, Marine and Family Services (MFS) Branch will:

1. Oversee the FAP;
2. Serve as a non-voting member of the FAC;
3. Provide recommendations for FAP policy and procedures;
4. Oversee the FAP budget and ensure adequate funding and personnel resources;
5. Ensure that quality assurance standards are established;

6. Report any suspected cases of domestic violence to the FAP; and
7. Oversee the hiring of a FAPM and an adequate FAP staff.

3004. INSTALLATION REPRESENTATIVE. The Comdr MCB will designate in writing an installation representative to the CRC. The installation representative will:

1. Serve as a primary voting member of the FAC and the CRC;
2. Act as a private liaison between the Comdr MCB and the CRC as needed; and
3. Notify the Comdr MCB of all committee recommendations.

3005. COMMAND REPRESENTATIVE

1. The command representative is the direct liaison between the command and FAP. The command representative will refer reported or suspected cases of child or spouse abuse to PMO and FAP.
2. The command representative is a voting member of the CRC, and is responsible for reviewing the Incident Complaint Report (ICR) provided by PMO in advance of the CRC meeting. During the discussion of the incident(s) at the CRC, the command representative should address the following:
 - a. Any relevant information about the presented incident(s), with emphasis on any corroborating, conflicting, or additional information previously gathered.
 - b. Any direct observations, statements made by the service member, other family members, or both regarding the incident(s) presented or any history of abuse that is relevant to the incident presented.
 - c. Information regarding calls from the service member's spouse to the command, self-reports from the service member, and reports made to the service member's seniors.
 - d. Information about service member's duty status, pending non-judicial or court actions, transfers, etc., and other related information pertinent to service members availability for treatment.

3006. STAFF JUDGE ADVOCATE. The SJA will have an appointed attorney and an alternate to serve as a voting member of the CRC and FAC. The appointed attorney will:

1. Advise the company and battalion commanders and FAP personnel on the rights of the victim under the applicable state or local laws;
2. Advise the company and battalion commanders if violations of the Uniform Code of Military Justice have occurred;
3. Assist the CRC in clarifying questions relating to a preponderance of the evidence, and assist in identifying self-defense and mutual abuse; and
4. Provide information/explanations to the CRC committee on court actions against service members in the civilian community.

3007. PROVOST MARSHAL OFFICE. The PMO will:

1. Investigate suspected cases of spouse and child abuse within their jurisdiction and refer them to the Naval Criminal Investigative Services as appropriate;
2. Ensure that military police/first responders notify a victim advocate while still at the site assessing the domestic violence situation;
3. Maintain liaison with military and civilian police to ensure that incidents of domestic violence in the community and on MCB Quantico involving service members and their families are reported to FAP within 24 hours, and to the appropriate commands;
4. Receive reports of suspected abuse. Report information from all domestic and child abuse incidents investigated by Criminal Investigative Division. Provide information available from civilian law enforcement agencies to the CRC for consideration on case determinations;
5. Provide a voting member for the FAC;
6. Provide a primary and alternate voting member for the CRC;
7. Provide a copy of the ICR to the FAPM and to the command representative when deemed appropriate;

8. Ensure that all military police personnel received bi-annual education, awareness and prevention training regarding spouse and child abuse;
9. Incorporate the provisions of this manual into PMO procedures; and
10. Ensure photographs are taken of the victim's injuries and that any photographs taken are presented to the CRC meeting.

3008. COMMAND SUBSTANCE ABUSE COUNSELING CENTER (CSACC) REPRESENTATIVE. The CSACC representative will:

1. Report all suspected cases of domestic violence to FAP;
2. Arrange for drug and alcohol assessments as recommended by the CRC;
3. Provide case related information to CRC on clients previously or currently enrolled in CSACC;
4. Serve as a voting member of the FAC and CRC; and
5. Ensure substance abuse and family violence treatment participation of service members and/or their spouses are properly sequenced. Substance abuse treatment must take priority over violence/mental health treatment.

3009. NAVAL HEALTH CLINIC (NHCL). The Commanding Officer, NHCL will:

1. Assign primary and alternate medical representatives from the Naval Health Clinic to serve as voting members for the CRC, spouse and child abuse cases;
2. Ensure medical representatives review medical records prior to the CRC, interpret medical documentation, and advise the CRC on reported physical injuries;
3. Ensure medical representatives coordinate followup medical care when recommended by the CRC;
4. Serve as a voting member of the FAC;

5. Ensure that all health care providers are aware of their responsibility to report all suspected cases of domestic violence to FAP; and
6. Arrange for annual training of medical personnel about FAP and base referral procedures.

3010. COMMAND CHAPLAIN. The Command Chaplain will:

1. Report suspected cases of domestic violence to the FAP;
2. Provide pastoral counseling to service members and their family members seeking the Chaplain's assistance. The Chaplain will access the FAPM and professional staff directly to help a family member who is believed to be in physical danger. Treatment goals of families experiencing violence should be coordinated with clinical FAP staff; and
3. Serve as a voting member of the FAC.

3011. FAMILY ADVOCACY PROGRAM MANAGER

1. The Counseling Services Program Manager, MCB Quantico will serve as FAPM and will operate the FAP and all other clinical counseling programs of MFS. The Director, MFS Branch will supervise the FAPM.
2. The FAPM will serve as the subject matter expert on matters pertaining to domestic violence and consult with the Comdr MCB concerning treatment and intervention matters, whenever necessary.
3. The Family Advocacy Program Manager will:
 - a. Serve as a voting member of the FAC;
 - b. Chair the CRC and serve as a voting member of the CRC;
 - c. Coordinate assessment and case management of all family advocacy cases, and make final determination low-level/low-risk case status;
 - d. Ensure reporting of all suspected cases to PMO, reporting of out-of home cases to HQMC FAP, and reporting of child abuse/neglect suspected cases to appropriate child protection service (CPS) agencies;

e. Ensure referral of all non-Navy/Marine Corps cases aboard MCB Quantico to appropriate DoD component service. (See Memorandum of Understanding (MOU) among the Marine Corps Installations National Capital Region);

f. Serve as administrative and/or clinical supervisor for MFS Program staff, as appropriate, including administrative staff assigned to FAP, counselors, volunteers, and student interns;

g. Ensure timely disclosure of alleged cases of abuse to the USMC Central Registry;

h. Institute necessary steps to safeguard case data and case review data from unauthorized disclosure;

i. Provide counseling support services as needed;

j. Work with the FAC, FAPO, installation representative, and the Director, MFS Branch to develop long range plans for the FAP;

k. Ensure that all members of the FAP staff receive appropriate training for each designated position;

l. Develop, plan, and coordinate with the Prevention Education Specialist for prevention and program briefings, training, and classes as required;

m. Establish an MOU with local jurisdictions for reporting and treating domestic violence cases involving service members and their families;

n. Ensure that all required FAP reports are compiled, checked for accuracy, and submitted per the references;

o. Ensure that case documentation meets DoD and Marine Corps guidelines; and

p. Ensure all victims of domestic violence are referred to the victim advocate.

3012. FAMILY ADVOCACY AND CLINICAL COUNSELORS

1. The FAP clinical counselors will be licensed mental health providers. Counselors will be credentialed by HQMC (MRO) and supervised clinically and administratively by the Counseling Services Program Manager.

2. The FAP clinical counselors will support the operation of the FAP. They will coordinate their activities and recommendations with the FAPM.

3. The FAP clinical counselors will:

a. Monitor and manage treatment progress, all followup treatment, treatment completion, and prepare recommendations for the CRC;

b. Present cases for determination and review to the CRC. (FAP counselors are non-voting members of the CRC.);

c. Complete case documentation and provide information necessary for central registry reports;

d. Offer individual, marital, and family counseling, in support of MFS and FAP;

e. Provide outreach and prevention services to individuals, groups and military units as assigned; and

f. Respond to requests for crisis intervention.

3013. VICTIM ADVOCATE. The Victim Advocate will, under the direction of the FAPM:

1. Be available by cell phone and/or pager 24 hours per day to respond to calls of domestic violence, rape, and sexual assault. This response may be in person or by telephone;

2. Provide crisis intervention services as needed, explain victim's rights to the victim, and develop a safety plan with victim;

3. Provide domestic violence education and resource assistance that will help guide victims through the intervention process and ensure safety;

4. Refer victims to community resources both on and off-base, providing the appropriate assistance required by victim;

5. Coordinate with FAP Case Manager to ensure safety and best services for victim;

6. Participate as a non-voting member in the CRC deliberations and present input on the victim's behalf to ensure that the autonomy and safety of the victim are not compromised;

7. Recruit, train and manage a Volunteer Victim Advocate Program. Recruitment for volunteers should occur at a minimum of twice a year; and

8. Serve as member of the FAC.

3014. NEW PARENT SUPPORT PROGRAM MANAGER. The New Parent Support Program (NPSP) Manager will:

1. Be a non-voting member of the CRC.

2. Assign a social worker or registered nurse home visitor to Marines and members of other military services and their families that are referred for program services. Services are provided in a 3-tiered system:

a. Level I services are prevention efforts designed for and offered to all eligible military families as they parent a child who has not reached the 6th birthday or prepare to introduce a child into their home. Participation at this level is voluntary and referrals may come from command, self, medical treatment facilities or any other source.

b. Level II services are designed to prevent child abuse or neglect among families that show signs of being "at risk" for child abuse or neglect or those who request such supportive services. Referrals may come from the CRC or other sources.

c. Level III services are provided to families referred because of a substantiated case of spouse abuse, child abuse, or neglect; or a reported history of spouse abuse, child abuse, or neglect. Services include home visitation, telephone support, classes, support groups or any combination of the above. Services may be mandated at level III by the command on the recommendation of the CRC, but can also be initiated through a referral from other sources, or elevated to level III as a result of identified risk.

3. Provide NPSP services including telephone support, home visitation, support groups, and parenting classes such as Baby Boot Camp, the 6-session Parenting Class, and Discipline Magic. Classes and services are designed to improve parenting skills and provide support for families with children up to age 6 as they cope with stress, isolation, and changing demands of parenthood.

4. Ensure that NPSP staff members report suspected incidents of domestic violence, child abuse, or child neglect to the FAP, work-closely with the FAPM clinical counselors when a level I, II, or III NPSP client comes to the attention of the CRC, provide periodic reports to the FAPM, and bring information from case files to the deliberation of the CRC on open NPSP cases.

3015. CHILD PROTECTIVE SERVICES REPRESENTATIVE. The CPS representative will be invited to all meetings involving child abuse. The CPS representative may present any information relevant to the incident under deliberation, but shall not be a voting member.

FAP PROCEDURES

CHAPTER 4

REVIEW GUIDELINES FOR CASE REVIEW COMMITTEE (CRC) STATUS
DETERMINATION AND APPEAL PROCESS

	<u>PARAGRAPH</u>	<u>PAGE</u>
REVIEW PROCESS FOR CASE REVIEW COMMITTEE STATUS DETERMINATIONS	4000	4-3

CHAPTER 4

REVIEW GUIDELINES FOR CASE REVIEW COMMITTEE (CRC) STATUS DETERMINATION AND APPEAL PROCESS

4000. REVIEW PROCESS FOR CASE REVIEW COMMITTEE STATUS DETERMINATIONS

1. Who May Request a Review

a. Requests for review apply only to cases for which a status determination of "substantiated" or "unsubstantiated/did not occur" was made by the CRC for a specific incident.

b. Requests for a Status Determination Review may be made by a substantiated offender or victim, a person legally responsible for the victim, or by either spouse where the incident was "unsubstantiated/did not occur." The request for review must be made via the chain of command commencing with the approval of the unit commander or, in the case of alleged victims, may be initiated through an installation Family Advocacy Program clinical counselor and the Family Advocacy Program Manager (FAPM).

c. For alleged victims to request a review, he/she must be the subject of an "unsubstantiated/did not occur" status determination.

2. Grounds and Criteria for Requesting a Review. Reviews may be granted for the following reasons:

(a) The availability of new information, which had it been presented originally, would likely have produced a different status determination.

(b) Failure by the CRC to follow procedures as outlined in the appropriate guidance and policy, affecting the outcome in such a way that a different status determination would likely have been produced.

3. Time Limits

a. Persons requesting a CRC review shall have 10 working days from the date they were formally informed of the original status determination to obtain documentation and submit a package documenting the basis for requesting the review to the unit commander. Civilian spouses may submit their requests for review to their spouse's command via the FAPM.

b. Unit commander approval/disapproval shall occur within 5 working days. The unit commander and the FAPM will review the material in the review package prior to recommended approval/disapproval by the unit commander. The unit commander shall submit the package to the Comdr MCB. The final decision for approval/disapproval of the package rests with the Comdr MCB.

c. Final disposition from the Comdr MCB shall also occur within 5 working days of receipt of the request.

(1) If the request for review is disapproved, the Comdr MCB or his/her designee shall notify the unit commander who will promptly notify the service member and the FAPM.

(2) If the request for review is approved, and consistent with the confidentiality requirements, the request for review package shall be forwarded with the command endorsement to the Chairperson, CRC.

(3) Once the request for review is approved by the Comdr MCB, the CRC will meet within 10 days for review of the case.

FAP PROCEDURES

APPENDIX A

FAMILY ADVOCACY PROGRAM (FAP) CASE TRANSFER PROCEDURES

1. Outgoing Cases. Case managers will follow the procedures below to transfer an open FAP case to another installation:

a. Cases will be presented to the Case Review Committee (CRC) to update progress and inform them of the transfer.

b. Designated FAP staff will make an entry into the Child and Spouse Abuse (CASA) Central Registry noting that the case has been transferred to another installation, and is no longer an active case at MCB Quantico.

c. FAP MCB Quantico will notify the gaining installation FAP of the case transfer.

d. The FAP Case Record Transfer Form will be completed and attached to the original file for forwarding to the gaining installation.

e. A copy of the record will remain in the files until a return receipt from the gaining installation is received; after which the remaining file is destroyed.

2. Incoming Cases. Case managers will follow the procedures below upon receipt of an open FAP case from another installation.

a. Cases will be presented to the CRC to update progress and inform them of the transfer.

(1) An entry will be made to the CASA.

(2) The victim and offender will be contacted to resume treatment.

b. The gaining command will be notified of receipt of the transfer case and of existing or new treatment requirements.

c. Confirmation receipt will be returned to the transferring installation with a copy placed in the original file.

FAP PROCEDURES

APPENDIX B

FAMILY ADVOCACY PROGRAM (FAP) NOTIFICATION AND REPORTING PROCEDURES

1. Family Advocacy Program Notification Procedures During Working Hours

a. Incident Reports received by FAP during the business day will be reported to the Military Police desk sergeant prior to reporting to other agencies. When the Criminal Investigative Division (CID) is investigating the case, they will conduct the necessary investigative interviews prior to clinical assessments being done by FAP clinical case managers. CID will notify the victim advocate on receipt of the case.

b. FAP will ensure that any required incident information is reported to appropriate civilian protection agencies (e.g., Child Protective Services). If another agency reports alleged incidents to civilian protection agencies, then FAP will conduct followup contact services with the civilian protection agency with written release from the victim.

c. Throughout the assessment phase, FAP will keep the command informed of the case status, any missed appointment, Case Review Committee (CRC) dates, and CRC disposition.

2. Family Advocacy Program Notification Procedures After Working Hours. The Military Police desk sergeant shall immediately notify the duty victim advocate. Victim advocate notification should occur while first responders (military police) are still at the site assessing the situation. Victim advocates will immediately notify the FAP Manager in the event of death or serious injury cases, who in turn will forward information to the Head, Marine and Family Services Branch for forwarding through the chain of command to HQMC.

FAP PROCEDURES

APPENDIX C

REPORTING PROCEDURES FOR PROVOST MARSHAL OFFICE (PMO)

Local civilian law enforcement and other military security branches contact the PMO when there is an incident involving the arrest of a Marine or other service members stationed aboard MCB Quantico. Whenever the arrest is related to an incident of family violence, PMO contacts the victim advocate immediately while on-scene and reinforces notifications via blotter entries/distribution, as outlined in appendix B.

FAP PROCEDURES

APPENDIX D

FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR SPOUSE ABUSE CASES

1. When FAP receives a report of alleged spouse abuse, the intake worker will obtain as much information as possible about the situation to determine the immediate danger to the victim. After obtaining demographic information from the family, the worker will then notify the Provost Marshal Office, the command, and the victim advocate. The intake worker and victim advocate will assess immediate safety concerns, and take appropriate actions prior to releasing the report to the FAP Manager for assignment to a FAP Case Manager for further assessment.
2. The report will be assigned to a FAP case manager within 24 hours of receipt. The case manager will interview the victim within 48 hours of receiving the report, if possible. The case manager will notify the command to inform them of FAP involvement, to request the command issue a Military Protection Order if necessary, and to request assistance in scheduling an interview with the service member if service member is offender. The case manager will coordinate with Criminal Investigative Division/Naval Criminal Investigative Services prior to interviewing the offender.
3. The case manager will present the case to the Case Review Committee (CRC) within 30 days of report. They will provide written notification of the CRC results and any treatment recommendations to the CO of the service member, as well as to the civilian spouse. The case manager will present the case for review to the CRC every 90 days at a minimum until the case is closed or transferred.

FAP PROCEDURES

APPENDIX E

FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR CHILD ABUSE CASES

1. When FAP receives a report of alleged child abuse, the intake worker will obtain as much information as possible about the situation to determine the immediate danger to the child. After obtaining demographic information from the family, the worker will then notify the Provost Marshal Office (PMO), Child Protective Services (CPS), the command, and the victim advocate. FAP will defer to CPS and PMO for assessment of immediate safety issues and risk for further abuse. If Criminal Investigative Division/Naval Criminal Investigative Services (CID/NCIS) assumes the case, the Family Advocacy representative will coordinate with CID/NCIS to provide notification to CPS. Coordination will be for the purpose of reducing repeated interviewing of children. The victim advocate will be available for supportive services to the non-offending parent as needed. Referrals will be made for medical treatment when indicated. The report will then be given to the FAP Manager for assignment to a FAP case manager for further assessment.

2. The report will be assigned to a FAP case manager within 24 hours of receipt. The case manager will interview the non-offending parent within 48 hours of receiving the report, if possible. The case manager will notify the command to inform them of FAP involvement, to request that command issue a Military Protection Order if necessary, and to request assistance in scheduling an interview with the service member if the service member is the offending parent. The case manager will coordinate with CID/NCIS and CPS will conduct interviews of the child(ren) and provide assessment findings to the case manager. The FAP case manager will interview the offending parent(s) after reviewing assessments and reports from CPS and CID/NCIS.

3. The case manager will present the case to the Case Review Committee (CRC) within 30 days of report. They will provide written notification of the CRC results and any treatment recommendations to the CO of the service member, as well as to the civilian spouse. The case manager will present the case for review to the CRC every 90 days at a minimum until the case is closed or transferred.

FAP PROCEDURES

APPENDIX F

FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR CHILD SEXUAL ABUSE CASES

1. The FAP staff will immediately contact Criminal Investigative Division (CID) and the appropriate Child Protective Services (CPS) office of all suspected incidents of child sexual abuse. The Family Advocacy representative will coordinate with CID/Naval Criminal Investigative Services to provide notification to CPSs. Coordination will be for the purpose of reducing repeated interviewing of child(ren). All cases of child sexual abuse will be coordinated through CPS and local law enforcement.
2. Children shall be referred to a military pediatrician or other pediatricians qualified to conduct child examinations.
3. The case manager should monitor closely and report any delays to the FAP Manager for immediate followup.
4. Other procedures will be followed as outlined in appendix C.

FAP PROCEDURES

APPENDIX G

FAMILY ADVOCACY PROGRAM (FAP) PROCEDURES FOR OUT-OF-HOME CHILD ABUSE AND/OR NEGLECT CASES

1. All cases of institutional abuse and severe child neglect occurring in military childcare activities must be reported to the provost Marshal Office (PMO) and Family Advocacy within 24 hours. The FAP Manager (FAPM) will make a report of the incident to HQMC (MRO) within 24 hours. When extra-familial child sexual abuse or neglect is alleged to have occurred in facilities under military jurisdiction, DoDD 6400.1 requires a report to the OSD (OFPS&S) via the HQMC (MRO) within 24 hours of discovery. These cases shall be reported immediately to the installation, The FAP Officer (FAPO) for assistance and coordination. In cases where there are multiple victims (known or suspected), extensive community concerns, and/or other complex issues, assistance must be requested promptly from the HQMC (MRO). The Case Review Committee (CRC) core members who have been specifically trained to advise the command in this type of case can be called to meet in an emergency session.

2. The initial message to HQMC (MRO) will be initiated by the FAPM and shall contain the following information:

- a. Date of alleged incident (YY/MM/DD).
- b. Date reported to command (YY/MM/DD).
- c. Date reported to Child Protective Services (CPS) (YY/MM/DD).
- d. Installation location.
- e. Facility where alleged abuse occurred.
- f. Alleged offender's position within facility.
- g. Alleged victim's age, DOB (YY/MM/DD) and sex.
- h. Agencies involved in conducting the investigation.
 - (1) FAP.
 - (2) CPS.

FAP PROCEDURES

- (3) Military police.
 - (4) Civilian police.
 - (5) Special investigators.
 - (6) FBI.
 - (7) Medical.
 - i. Brief incident description.
 - j. Current status of the case:
 - (1) FAP status: Substantiated or Unsubstantiated.
 - (2) Police/Naval Criminal Investigative Services (NCIS) status: Pending or Closed.
 - (3) Legal status: Conviction or Sentence.
 - k. Military contact name and telephone number.
 - l. NCIS investigation case number and Child/Spouse Abuse Incident Report (Form 2486) case number.
3. The trained CRC members who may have been activated to meet in emergency session shall hear the allegations, and assist with the investigation as needed. The FAPO will activate others as directed by the Comdr MCB to assist in completing the investigation. This team, if deemed necessary, will be composed of individuals with the following qualifications or holding specific billets on the existing CRC:
- a. Pediatrician or senior medical officer.
 - b. SJA.
 - c. NCIS special agent.
 - d. PMO.
 - e. Director of the "institution" where the alleged event occurred such as the Child Development Center, Family Child Care, MWR activity, other agency, or sponsoring activity.

FAP PROCEDURES

f. Public Affairs Office.

g. FAPM.

4. The team will be guided in the performance of its duties by the provisions of DoDD 6400.1 and will be prepared to brief the Comdr MCB within 36 hours following activation. The final recommendation of the briefing will be whether the Marine Corps Regional Response Team and/or the DoD Family Advocacy Command Assistance Team (FACAT) described in appendix P of DoDD 6400.1 is needed.

5. In either case, weekly status reports of the investigation will be submitted to the HQMC (MRO). These reports will be coordinated with those of the FACAT.

6. A final report of all investigative findings will be sent to the HQMC (MRO) within 15 days of case determination. This report will include:

- a. Findings of fact.
- b. Summary of actual and recommended legal action.
- c. Lessons learned.
- d. Recommendation for changes in policy and procedures.
- e. Any initiated corrective action.

FAP PROCEDURES

APPENDIX H

CHILD SUPERVISION AND BABYSITTING GUIDELINES

1. Physical neglect includes, but is not limited to the following:

a. The child is left alone and/or with an inadequate plan for his/her safety needs in situations inappropriate to his/her chronological age, social maturity or judgment, or physical capabilities.

b. The child is responsible for sibling(s) or other children in situations inappropriate to his/her chronological age, social maturity or judgment, or physical capabilities.

c. Minimal care and supervision which may result in placing the child in jeopardy of or at risk of sexual or other exploitation, physical injury, or results in status offenses, criminal acts by the child, or alcoholism or drug abuse.

2. There are several factors to consider in determining whether or not children are mature enough to be left unsupervised or capable of providing care for other children. Prior to being left alone a child should exhibit signs of accepting responsibilities which include the ability to make decisions independently, being able to consider alternatives, and completing household chores and homework assignments with minimal to no supervision. Children usually begin to exhibit these signs between 10-12 years of age; however, bear in mind that children develop and mature at different rates. Other factors to be considered include, but are not limited to, the child's age and maturity level, special medical needs of the child, circumstances under which the child is left alone, a child's behavioral and emotional stability, how secure the child feels in its neighborhood, and skills received through self-care training. Self-care training focuses on development of skills such as: knowledge of how to deal with various emergencies, conflict with friends and siblings, handling loneliness and boredom, personal safety, simple first aid, and handling fear. It is of utmost importance that the supervision plan includes knowledge of where to reach a responsible adult and a developed emergency plan that the child can readily implement.

a. Children under the age of 9 may not be left unsupervised.

FAP PROCEDURES

b. Children 9-11 years shall not be left alone for more than 1 1/2 daylight hours and then only if they have been trained in self-care as defined above.

c. Children 12-15 years may be left alone all day if they have been trained in self-care as defined above.

d. Children 16-17 years may be left alone all night or over the weekend if they have been trained in self-care as defined above.

3. In making judgments regarding the age of children babysitting, the above shall be followed. The young babysitter must exhibit signs of accepting responsibilities prior to being entrusted with the care of other children. Factors to consider include: the age difference between the sitter and the child, the length of time involved, and the sitter's comfort in being a sitter and being responsible for other children. The following will be considered in determining an appropriate childcare plan:

a. Children under the age of 12 are not permitted to provide care for another child or an adult who is mentally or physically incapable of providing self-care.

b. Children 12-13 years may babysit siblings or other children up to 4 hours, if the sitter has been trained in self-care as defined in paragraph 2.

c. Children 14-15 years may babysit siblings or other children over 4 hours, if the sitter has been trained in self-care as defined in paragraph 2.

d. Children 16-17 years may babysit siblings or other children overnight or over the weekend, if the sitter has been trained in self-care as defined in paragraph 2.

4. Quantico Children, Youth and Teen Program Care Options:

a. Child Development Center, at 703-784-2716/4470
Full-day, part-day, and hourly care
Ages: 6 weeks-5 years

b. Family Child Care, at 703-784-2011
Home-based care
Ages: 6 weeks-12 years

FAP PROCEDURES

- c. School Age Care Program, at 703-784-2249
Before and after school care
Ages: 5 years-12 years
- d. Quantico Youth Center, at 703-784-2249
Open recreation (see note)
Ages: 6 years-12 years (Youth)
13 years-18 years (Teens)

NOTE: Open recreation for youth and teens is a generic term for occasional participation in youth program/events for those who are above the age of the installation home alone policy. It is not a substitute for childcare/supervision needed by children whose parents are working or out-of-the home on a regular basis. Elementary school children needing care while parents are at work shall be enrolled as regularly scheduled patrons in School Age Care.

- e. American Red Cross certified babysitters list at 703-784-0674.