



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
POSTAL SERVICE CENTER BOX 8003
CHERRY POINT, NORTH CAROLINA 28533-0003

AirStaO 1700.1
MCCS
21 Jul 04

AIR STATION ORDER 1700.1

From: Commanding General, Marine Corps Air Station, Cherry Point
Commanding General, 2d Marine Aircraft Wing
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES FOR THE FAMILY
ADVOCACY ABUSE, TREATMENT AND PREVENTION PROGRAMS

Ref: (a) MCO P1700.24B
(b) MCO P1070.12K
(c) MCO P1080.20M
(d) MCO P1610.7E
(e) MCO P1900.16F
(f) MCO P5211.2B
(g) MCO P5580.2A
(h) Manual for Court Martial
(i) DoDDir 1030.1

Encl: (1) Physical and Behavioral Indicators of Abuse
(2) Confidentiality of Communication
(3) Voluntary Self-Referral
(4) Procedures to be used when Responding to Incidents of
Domestic Violence in Government Quarters
(5) Victim Advocacy Program
(6) Ensuring Safety of Victims
(7) Sample Military Protection Orders and Sample Child
Removal Orders
(8) Case Review Committee (CCRC)
(9) FAP Matrix of Guidelines for the CRC
(10) Review Process for CRC Status Determinations
(11) Family Advocacy Case Records

1. Situation. To publish procedures and instructions governing the operation of the MCAS Cherry Point Family Advocacy Abuse, Treatment and Prevention Programs per reference (a) through (i).

2. Mission. The Mission, Goals and Objectives of the MCAS Cherry Point Family Advocacy Abuse, Treatment and Prevention Programs are as follows:

- a. To prevent abuse, family violence, rape and sexual assault.
- b. To intervene to protect victims.

AirStaO 1700.1
21 Jul 04

c. To encourage commanders to hold offenders accountable for their actions through appropriate counseling, administrative and/or disciplinary action, as authorized in references (b) through (h).

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To amplify the policies set forth in the references and to provide specific guidance in the administration of the Family Advocacy Abuse Treatment and Prevention Program. Commanders must be proactive in their approach to domestic violence. They must ensure a climate exists that fosters the prevention of child and spouse abuse, ensures the safety of victims, and ensures offenders are held accountable for their behavior through administrative or disciplinary actions or rehabilitation.

(2) Concept of Operations

(a) Goals of the Family Advocacy Abuse, Treatment and Prevention Programs.

1 To establish a Coordinated Community Response (CCR) to prevent child and spouse abuse.

2 To designate low-level/low-risk cases to encourage commanders and clients to seek help early.

3 To advise the commander in family advocacy matters and to implement the commander's decisions, regarding assistance for military members and their family members, to the maximum extent possible, by providing behavioral counseling or some other appropriate intervention/treatment.

4 To provide support and treatment for victims of and witnesses to maltreatment.

(b) Objectives of the Family Advocacy Abuse, Prevention and Treatment Programs

1 To establish a Station wide standard which defines spouse and child abuse as unacceptable behavior.

2 To prevent spouse and child abuse; to protect those who are victims of abuse; to treat families affected by abuse; to correct abusive behavior; and to ensure that professionally trained personnel are available to intervene in abuse cases.

3 To identify cases of family maltreatment/violence promptly and to provide early intervention in order to break the continuing cycle of abuse and neglect. Physical and behavioral indicators of abuse are provided in enclosure (1) of this Order.

4 To ensure that all victims of child and spouse maltreatment who are military family members, regardless of the offender's status as either intra or extra-familial, receive services to:

a Protect them from a recurrence of abuse.

b Rehabilitate any physical or psychological damage resulting from the abuse, when feasible.

c Return the family to a functional state.

5 Establish and maintain an effective CCR, so that cooperation and active participation among all military and civilian agencies, individuals and disciplines involved in the prevention, investigation, prosecution, assessment, treatment and management of family advocacy cases is provided.

6 To ensure that victims of abuse and neglect are not needlessly revictimized and are informed of their rights under reference (i).

7 To ensure confidentiality is maintained and information provided on a strict "need to know" basis as directed in appropriate edition of reference (g) and enclosure (2).

8 To encourage voluntary self-referral through education and awareness programs per enclosure (3).

(c) Child and Spouse Abuse

1 Research shows that most individuals involved in child/spouse abuse are not necessarily mentally ill or criminally motivated. Infact, service members who are offenders are often

AirStaO 1700.1
21 Jul 04

proven performers who are recommended for retention. Many service members involved in child and spouse abuse have a record of solid job performance and, once they are identified as abusive and are placed in a rehabilitative program that holds them accountable for their actions, can be taught to alter their negative, abusive behavior.

2 Military families involved in child and spouse abuse are often identified earlier than their civilian counterparts. Studies have shown that such early identification (enclosure (1)) greatly improves the chances of stopping abuse within the family or reducing the level of recurrent violence.

3 Factors that may contribute to or increase the frequency and severity of violent behavior include marital discord, financial difficulty, childcare responsibilities, lack of parenting skills, a family history of abuse/neglect, social isolation, drug/alcohol use/abuse, and the special stressors unique to military service. However, these factors in, and of themselves do not "cause" abusive behavior, and most military families deal with these stresses in constructive and appropriate ways.

4 Some service members exhibit problems that by the nature of their severity, pathology, duration or frequency are not amenable to treatment. In these cases, administrative separation from the service, pursuant to the current edition of reference (e), should be considered. This determination is a command function. Accordingly, factors to be considered in reaching this decision are set forth in the current editions of references (a) and (e), SECNAVINST 1920.6B, and SECNAVINST 1910.4B.

5 In those cases in which there exists a high potential for rehabilitation and the service member offender has a strong, positive record of military performance, the preferred course of action is behavioral rehabilitation counseling with appropriate disciplinary or administrative accountability/action as considered warranted. When a service member is placed in a behavioral rehabilitative counseling program, cooperation and active participation in the program, on the part of the service member, are essential. However, due to the unacceptable nature of child and spouse abuse, a service member's failure to cooperate, progress satisfactorily, and/or complete prescribed Family Advocacy Program (FAP) treatment programs can result in disciplinary and/or administrative action.

(d) This program must receive command emphasis and support at all levels throughout MCAS Cherry Point to be effective.

(e) As the number of married service members continues to grow, the level of abuse is likely to increase.

(f) Cases of spouse/child abuse occur throughout all grades/ranks and must be addressed accordingly.

(g) The implementation of this program requires a closely coordinated effort between:

- 1 Commanding Officers (CO's).
- 2 Family Advocacy Program (FAP).
- 3 Staff Judge Advocate (SJA).
- 4 Provost Marshal's Office (PMO).
- 5 Naval Criminal Investigative Services (NCIS).
- 6 Chaplain Corps.
- 7 Medical/Dental Treatment Facility.
- 8 Off-station civilian agencies.

(h) The elements of a successful program that addresses all aspects of spouse/child abuse include but are not limited to the following:

1 Create an atmosphere that encourages victims of abuse, primarily spouses, to come forward and seek assistance.

2 Establish a consistent reinforcement and punishment policy within the guidelines of the UCMJ.

3 Establish an effective professional military education (PME) program that addresses the issue of spouse/child abuse prevention and intervention.

4 Incorporate a spouse/child abuse educational program (for all ranks) into the mandatory PME program for all MCAS Cherry Point personnel.

AirStaO 1700.1
21 Jul 04

(i) The primary focus of this program is to address allegations of spouse/child abuse and neglect. Additionally, the program includes support services for victims of rape and sexual assault. Familiarity with the references and enclosures by all military and civilian personnel assigned to MCAS Cherry Point is essential for an effective, proactive response.

(j) Family violence or neglect by Military service personnel detracts from performance, negatively impacts the efficient functioning and morale of military units, diminishes the reputation and prestige of the Marine Corps, and affects individuals as well as families. Acts of family violence or neglect are incompatible with the high standards of professional and personal discipline required of members of the Marine Corps, and other services. In that regard, FAP is a multi-faceted, multi-disciplinary program designed to address the problems of spouse and child abuse within the Marine Corps community.

(k) Per reference (a), oversight of the FAP will be the responsibility of the Family Advocacy Committee (FAC). The FAC will be chaired by the Family Advocacy Program Officer (FAPO), with additional members being the Family Advocacy Program Manager (FAPM), and the heads of the following departments or organizations: the SJA, PMO, Substance Abuse Counseling Center (SACC), Medical Treatment Facility (MTF), Senior Chaplain, and NCIS. The FAC may invite representatives from other agencies as appropriate.

(l) Nothing in this Order shall be construed to interfere with, mandate or act as a bar against the exercise of command discretion in determining appropriate treatment or disciplinary/administrative action for acts of abuse, neglect or maltreatment, nor shall it require the suspension of a punitive discharge imposed by a lawfully convened and conducted court-martial. Determination of appropriate disciplinary and/or administrative action within the military remains the sole discretion of the cognizant commander.

b. Tasks

(1) Commanding Officers

(a) Unit commanders will obtain a FAP brief from the FAP Education/Prevention Specialist, FAPO, or FAPM within 45 days of assuming command.

Additionally, assign in writing as many command representatives as is deemed appropriate, based upon size and/or complexity of unit. Forward copies of the assignment letters to the Station FAPO. Commanders are encouraged to also assign in writing, an assistant FAO.

(b) Ensure the unit FAO or any senior Marine who may be a command representative at CRC, attend one of the quarterly FAP trainings provided by the Family Advocacy Division.

(c) Ensure the unit FAO and appropriate unit leaders attend all CRC meetings, when a case pertains to a service member in their command.

(d) Ensure the FAO maintains a file of all documentation concerning each case. Documents in that file will include, but are not limited to the following:

1 Initial PMO blotter report.

2 All subsequent PMO reports.

3 CRC determination letters, treatment completion letters, and any other documentation relating to case.

(e) Ensure all service members assigned to a treatment program complete mandated treatment before being assigned to any Temporary Additional Duty (TAD), Fleet Assistance Program, or unit deployment, which would prevent them from completing prescribed treatment. A service member may be sent TAD or assigned under the Fleet Assistance Program if this new duty allows the completion of the required treatment. Exceptions to this Order must be addressed in writing, via the Station FAPO, to the CG of the affected service member.

(f) A Military Protective Order (MPO) may be issued to the service member to assure the safety of family members (enclosure (7)). The MPO may include conditions on liberty of the abusive service member such as an order to remain away from family quarters unless accompanied by a command representative, or to refrain from contacting victims at any location or by any means. Barring a service member from government family quarters for longer than 30 days may result in termination of eligibility for government quarters. When there is a Civilian Protection Order (CPO),

AirStaO 1700.1
21 Jul 04

commanders should issue a MPO covering the same areas/restrictions as the CPO. A sample MPO/CRO can be found in enclosure (7). When an MPO is issued to a service member, forward copies to PMO and FAP.

(g) Comply with the procedures to be used for incidents of domestic violence that occur in station housing, which are identified in enclosures (4).

(h) For cases of serious spouse/child abuse that occur off station, the military offender (or victim if civilian offender), should be immediately ordered to the barracks. Commanders should then take appropriate action per paragraph (g) above.

(i) Prior to allowing the service member to return to quarters (government or civilian), the unit FAO must contact the spouse and notify them that the service member will be allowed to return to the quarters at the end of the workday. If the spouse cannot be contacted, the unit FAO will contact the FAPM and pass the above information.

(j) Ensure all reported cases of spouse/child abuse are reported up the chain of command, regardless of level of command at which the problem is identified.

(k) Ensure all cases of known or suspected spouse/child abuse within the command are reported to the FAPM not later than the following workday.

(l) Report the final disposition of all administrative and/or disciplinary actions taken for a case of spouse/child abuse to the FAPM.

(m) Incorporate spouse/child abuse prevention education within unit PME programs. All service members should receive spouse/child abuse prevention training on an annual basis.

(n) Ensure all service members and their spouses are made aware that when counseled by a chaplain, the right to privileged communications, as governed by the rules of evidence in the UCMJ, remains intact. Incorporate the contents of this Order into all OOD, SDNCO, and Duty NCO turnover folders. Reference this Order in all OOD/SDNCO/DNCO orders, as appropriate.

(2) Installation Family Advocacy Program Officer (FAPO)

(a) Serve as the chairman of the FAC. Review and comply with the provisions of this Order and reference (a).

(b) Conduct the FAP per guidance provided by the references and this Order. Ensure sufficient manpower resources are available to support the treatment program.

(c) Ensure case managers conduct interviews with both the alleged victim and offender as soon as possible after an incident of domestic abuse but not later than 72 hours after the incident, if possible.

(d) Ensure unit commanding officers, executive officers, or sergeants major receive a telephonic and/or an email report from the case manager as needed to provide information based on their initial interview.

(e) Ensure CRC determination letters are provided to the unit FAO and/or commanding officer within 72 hours following CRC review.

(f) Report all self-referred cases of abuse involving misconduct to unit commanding officers.

(g) Coordinate establishment of Memorandums of Understanding (MOU) and/or Inter-service Support Agreements (ISSA) with the following agencies:

1 PMO/Security Department.

2 Commanding Officer, Naval Hospital, Cherry Point.

3 Local civilian law enforcement agencies.

4 Child Protective Services in Craven and Carteret Counties.

5 Civilian shelters in Craven and Carteret Counties.

(h) Ensure the FAP Education/Prevention Specialist, FAPO, or FAPM brief the unit commanders within 45 days of assumption of command.

AirStaO 1700.1
21 Jul 04

(3) Commanding Officer, Naval Hospital

(a) Provide emergency medical treatment for cases of spouse/child abuse and follow-up treatment as required. Report all cases of child abuse/neglect to Child Protective Services in the county where the family resides.

(b) Incorporate this Order into the procedures at the Halyburton Naval Hospital for those personnel standing duty.

(c) Provide a Family Advocacy Report (FAR) on all suspected cases of spouse/child abuse, sexual assault, and rape victims to the installation FAPM.

(d) Attend FAC meetings and assign in writing an alternate to serve on the FAC meetings, in the event of your absence.

(e) Assign in writing, primary and alternate representatives as voting members on the CRC.

(f) Forward a copy of those assignment letters to the FAPM.

(4) Provost Marshall

(a) Attend FAC meetings and assign in writing an alternate to serve in your absence.

(b) Assign in writing an officer or SNCO from PMO Operations and Military Police Investigations (MPI) to serve as members of the CRC.

(c) Forward a copy of all assignments to the FAPM.

(d) Ensure FAC and CRC representatives are familiar with their roles by reviewing references (c) and (d). Also assure that representatives have attended a quarterly command representative training.

(e) Respond to all reported incidents of spouse/child abuse or neglect and cross report/make notifications per reference (g) and enclosure (4).

(f) Provide completed reports to the commanding officer of the service member(s) involved.

(g) Provide a copy of the Incident Complaint Report (ICR) to the FAPM on the next workday following an incident of domestic violence (to include unattended children), sexual assault, and rape. If a delay in providing a copy of the written report occurs, provide notification of an incident by telephone and follow up with the written report as soon as possible.

(h) Investigate reports of spouse/child abuse or neglect and refer those matters to the MPI, NCIS or civil authorities as appropriate. Investigation will include the identity of both the victim(s) and perpetrator(s) of the incident.

(i) Notify duty photographer to visually document abuse/neglect when necessary. File photograph(s) with the investigative report.

(j) Establish liaison, develop MOU and procedures with local Civilian Law Enforcement Agencies for PMO to be apprised of incidents of spouse/child abuse or child neglect involving service members off station and obtain copies of appropriate civilian law enforcement reports.

(k) Incorporate this Order into procedures for all Military Police and MPI personnel.

(5) Staff Judge Advocate

(a) Attend FAC meetings and assign in writing an alternate to serve in your absence.

(b) Assign in writing primary and alternate representatives to be voting members on the CRC.

(c) Forward copies of assignment letters to the FAPM.

(d) Ensure FAC and CRC representatives are familiar with their roles by reviewing this Order and reference (a).

(e) Assure that representatives have attended a quarterly command representative training.

AirStaO 1700.1
21 Jul 04

(6) Director, Substance Abuse Counseling Center

(a) Attend FAC meetings and assign an alternate to attend in your absence. Assign in writing primary and alternate representatives to be a voting member on the CRC. Forward copies of assignment letters to the FAPM.

(b) Ensure FAC and CRC representatives are familiar with their roles by reviewing this Order and reference (a). Also, assure that representatives have attended a quarterly command representative training.

(7) Station Inspector

(a) Attend FAC meetings and assign an alternate to attend in your absence.

(b) Forward a copy of assignment letter to FAPM.

(c) Ensure FAC representatives are familiar with their roles by reviewing this Order and reference (a).

(8) Resident Agent-in-Charge, NCIS

(a) Attend FAC meetings and assign an alternate to attend in your absence.

(b) Assign in writing primary and alternate representatives to be a non-voting member on the CRC.

(c) Forward a copy of assignment letter to FAPM.

(d) Ensure FAC and CRC representatives are familiar with their roles by reviewing this Order and reference (a).

(9) Station Chaplain

(a) Attend FAC meetings and assign in writing an alternate representative to attend in your absence.

(b) Forward a copy of assignment letter to the FAPM.

(c) Ensure FAC representatives are familiar with their roles by reviewing this order and reference (a).

4. Administration and Logistics. None.

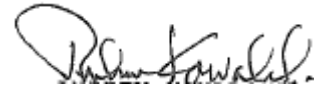
5. Command and Signal

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

b. Command. This Order is not applicable to the Marine Corps Reserve, except upon mobilization.



L. D. HUFFMAN
Chief of Staff



ANDREW KOWALSKI
Chief of Staff

DISTRUBTION: MCAS A
2D MAW A

AirStaO 1700.1
21 Jul 04

PHYSICAL AND BEHAVIORAL INDICATORS OF ABUSE

1. The possibility of child abuse exists whenever an injury occurs without an adequate explanation for the degree or nature of the injury sustained. The possibility is greater when the explanation for the accident is not logical or when there are changes to, or conflicts in, the information provided.
2. Child neglect tends to be chronic in nature and involves inattention to the child's minimal needs for nurturance, food, clothing, shelter, medical care, dental care, safety, and education. The possibility of neglect should be considered when there is an unexplained failure to thrive or where there is an advanced untreated disease. Except as otherwise defined by applicable law, a finding of neglect is usually appropriate in any situation where a child, under the age determined by the local jurisdiction, is left unattended under circumstances involving potential or actual risk to the child's health or safety. Dental neglect is defined as the failure by a parent to seek treatment for visually untreated dental cavities, oral infections, or pain, or failure by the parent to follow through with treatment once informed that any of the above conditions exist.
3. The possibility of child sexual abuse exists when a child has any genital trauma, vaginal bleeding, or rectal trauma, or when a child expresses a history of sexual activity or knowledge of explicit sexual activity beyond that which would be expected for that child's stage of development. All cases of venereal disease, especially in pre-teens, should be evaluated as possible sexual abuse.
4. Spouse abuse is a serious problem that disrupts families and may lead to serious injury or death. Legally, physical assaults occurring within the family merit the same concern and level of intervention as any physical assault between unrelated persons. Goals of intervention are to provide protection to the victim, hold the offender accountable through judicial or administrative action, and provide assessment and counseling for offender, victim, and children in the household who have witnessed the violence. Spouse abuse is most often seen as an issue of power and control rather than the result of mental illness. Also, withdrawal of financial and emotional support of a dependent spouse can be considered to be spouse neglect and warrant counseling for the offender as well as the victim. The victims of physical assault, like victims of automobile

ENCLOSURE (1)

accidents and falls, often suffer injuries at multiple sites. Spouse abuse may be suspected when an explanation of an accident is inconsistent with the injury sustained or when there are multiple injuries on the face, neck, chest, breasts, or abdomen with no reasonable explanation. Research has shown that women are at greater risk during pregnancy. Evidence of these injuries during pregnancy is especially suspect. Dental personnel should be aware of lacerations in the mouth and tongue, facial abrasions, or broken teeth, jaw, or cheekbones.

5. Indicators of Physical Abuse

a. Physical Indicators of Physical Abuse

(1) Unexplained Bruises and Welts

- (a) On face, lips, mouth.
- (b) On torso, back, buttocks, thighs.
- (c) In various stages of healing.
- (d) Clustered, forming regular patterns.
- (e) Reflecting shape of the article used to inflict injury (electric cord, belt buckle).
- (f) On several different surface areas.
- (g) Regularly appear after absence, weekend, or vacation.

(2) Unexplained Burns

- (a) Cigar and cigarette burns, especially on soles, palms, back, or buttocks.
- (b) Immersion burns (sock-like or glove-like on feet and hands, doughnut shaped on buttocks or genitalia).
- (c) Patterned (like electric burner or iron).
- (d) Rope burns on arms, legs, neck, or torso.

ENCLOSURE (1)

AirStaO 1700.1
21 Jul 04

(3) Unexplained Fractures

- (a) To skull, nose, facial structure.
- (b) In various stages of healing.
- (c) Multiple or spiral fractures.
- (d) Metaphyseal fractures in non-walking infants.

(4) Unexplained Lacerations or Abrasions

- (a) To mouth, lips, gums, eyes.
- (b) To external genitalia.

(5) Abdominal Injuries

- (a) Bruises of the abdominal wall.
- (b) Intramural hematoma or duodenum.
- (c) Intestinal perforation.
- (d) Ruptured liver or spleen.
- (e) Ruptured blood vessels.
- (f) Kidney or bladder injuries.
- (g) Pancreatic injuries.
- (h) Unexplained blunt abdominal trauma.

(6) Central Nervous System Injuries

- (a) Subdural hematoma (often reflective of blunt trauma or violent shaking).
- (b) Retinal hemorrhage.
- (c) Subarachnoid hemorrhage (often reflective of shaking).

ENCLOSURE (1)

(7) Dental Injuries

(a) Broken, displaced, and missing teeth and/or prostheses inconsistent with history of injuries.

(b) Fractures of the jaws and related structures inconsistent with history of injuries.

(c) Radiographic evidence of old and/or healing fractures of the jaws and peroral structures.

(d) Burns, lacerations, bruising, and scarring of oral and peroral soft tissues inconsistent with history of injury.

(e) Loss of function and normal mobility of lips, tongue, and jaws.

b. Behavioral Indicators of Physical Abuse

(1) Wary of adult contacts.

(2) Frightened of parents.

(3) Afraid to go home.

(4) Reports injury by parents.

(5) Apprehensive when other children cry.

(6) Behavioral extremes, such as aggressiveness (biting), withdrawal, excessive or complete absence of anxiety about separation from parents.

(7) Inappropriate care-taking behavior toward parents.

(8) Evidence a variety of developmental delays

(a) Cognitive.

(b) Language.

(c) Fine and gross motor.

6. Indicators of Physical Neglect

a. Physical Indicators of Physical Neglect

- (1) Consistent hunger, inappropriate dress.
- (2) Consistent lack of supervision, especially in dangerous activities or other long periods.
- (3) Unattended physical problems or medical needs.
- (4) Abandonment.
- (5) Poor hygiene (unwashed, severe diaper rash).
- (6) Repeated episodes of pica.
- (7) Conditions of the teeth and oral structures such that adequate nutritional food intake is restricted, chronic pain is present, and/or normal function, growth, and development is retarded, interrupted, or prevented.

b. Behavioral Indicators of Physical Neglect

- (1) Begging, stealing food and/or clothes.
- (2) Extended stays at school (early arrival and late departure).
- (3) Constant fatigue, listlessness, or falling asleep in class.
- (4) Alcohol or drug abuse.
- (5) Delinquency (thefts).
- (6) States there is no caretaker.
- (7) Role reversal in which the child becomes a parental caretaker.

7. Indicators of Sexual Abuse

a. Physical Indicators of Sexual Abuse

- (1) Difficulty in walking or sitting.
- (2) Torn, stained, or bloody underclothing.
- (3) Pain or itching in genital area.
- (4) Thickening and/or hyper pigmentation of labial skin (especially when it resolves during out-of-home placement).
- (5) Horizontal diameter of vaginal opening that exceeds 4mm in prepubescent girls.
- (6) Vaginal discharge and/or pruritus.
- (7) Recurrent urinary tract infections.
- (8) Gonococcal infection (especially in preteens) on the pharynx, urethra, rectum, and vagina.
- (9) Syphilis (especially in preteens).
- (10) Trichomonas.
- (11) Venereal warts.
- (12) Chlamydia may be present at birth and remain viable for up to 6 months.
- (13) Lymphogranuloma venereum.
- (14) Nonspecific vaginitis.
- (15) Candidiasis.
- (16) Pregnancy.
- (17) Sperm or acid phosphatase on body or clothes; sperm in the urine of a female child.

ENCLOSURE (1)

AirStaO 1700.1
21 Jul 04

(18) Lax rectal tone.

b. Behavioral Indicators of Sexual Abuse

- (1) Unwilling to change for gym or participate in physical education class.
- (2) Withdrawal, fantasy or infantile behavior.
- (3) Bizarre, sophisticated or unusual sexual behavior or knowledge.
- (4) Poor peer relationships.
- (5) Delinquent or runaway.
- (6) Reports sexual assault by caretaker.
- (7) Becomes withdrawn and/or daydreams excessively.
- (8) Poor self-esteem.
- (9) Seems frightened or phobic, especially of adults.
- (10) Experiences distortion of body images.
- (11) Expresses general feelings of shame or guilt.
- (12) Exhibits a sudden deterioration in academic performance.
- (13) Shows pseudomature personality development.
- (14) Attempts suicide.
- (15) Exhibits a negative relationship toward the offender.
- (16) Displays regressive behavior.
- (17) Displays enuresis and/or encopresis.
- (18) Engages in excessive masturbation.
- (19) Engages in highly sexualized play.

ENCLOSURE (1)

(20) Becomes sexually promiscuous.

(21) Has a sexually abused sibling.

8. Indicators of Emotional Maltreatment

a. Physical Indicators of Emotional Maltreatment

(1) Speech disorders.

(2) Lags in physical development.

(3) Failure-to-thrive.

b. Behavioral Indicators of Emotional Maltreatment

(1) Habit disorders (sucking, biting, rocking).

(2) Conduct disorders (antisocial, destructive).

(3) Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria).

(4) Behavior extremes (compliant, passive, aggressive, demanding).

(5) Overly adaptive behavior (inappropriately adult or inappropriately infant).

(6) Developmental lags (mental, emotional).

(7) Attempted suicide.

CONFIDENTIALITY OF COMMUNICATION

1. General. An allegation of abuse, neglect, or sexual assault can place professional standing, social acceptance, and career progression in jeopardy. Therefore, information, oral and written, about people received in the FAP, including allegations about and classifications of such individuals, must be treated with the highest degree of confidentiality. All FAP records, including the FAP Central Registry, are protected under the Privacy Act of 1974 as implemented by DoDDir 5400.11 (DoD Privacy Program), SECNAVINST 4211.5 (DoN Privacy Act Program), and MCO P5211.2 (Privacy Act of 1974).

2. Only disclosures per the above directives and SECNAVINST 5752.4 (DoN Freedom of Information Act Program) are authorized. All persons with access to family advocacy records must be aware of the sensitive nature of such records and advised of their duty to maintain confidentiality. Whenever accessing the file, the employee's name, reason for access and date of access shall be recorded in the case file.

3. Prior to providing counseling services. The counselor must inform the client of the Privacy Act Statement and limits of confidentiality prior to providing counseling services. Clinical providers must review and explain the Privacy Act Statement, and witness the client's signature, then record the date signed. Clients who decline to sign the statement may still receive services, however the clinical provider should note on the Privacy Act Statement that the client refused to sign.

4. Record Maintenance Procedures

a. General counseling case records files are maintained under the name and case number of the client being served. Military sponsor names or other sponsor identifying information will not be used to identify files of clients who are family members. Sponsor social security numbers will not be used to identify case files.

b. FAP case records files are maintained under the case number assigned to the individual client. Offenders and each victim must have separate client files. Military sponsor names or other identifying information will not be used to identify files for

clients unless the military sponsor is in fact the client. Case numbers are maintained on other non-permanent records. All files within a family will be cross-referenced by case number only. Military sponsors are not granted access to family members' FAP client files.

5. Rights Warning. Since the clinical provider's role is based upon therapeutic rather than law enforcement or disciplinary concerns, clinical providers are not required to advise individuals undergoing counseling of their right against self-incrimination under Article 31, UCMJ, or their right to legal counsel.

6. Exceptions to Confidentiality in the Military Community

a. The clinical provider must present the client with information on the limits of confidentiality under the Privacy Act, including exceptions unique to the military community, to allow the client to make an informed decision. Following this informed consent, it is then incumbent upon the service member to decide whether or not to disclose particular information. In cases where there is any question as to the propriety of disclosure, contact the local SJA.

b. Generally, release of information contained in a Privacy Act record, including FAP and general counseling records, requires the consent of the client. However, clients must be made aware that several exceptions permit release without the consent of the client.

c. The Privacy Act permits disclosure of confidential information concerning a client's case in limited circumstances without the consent of the accused. Disclosure means a release or review of pertinent confidential information contained in the record. Specific exceptions are contained in the Privacy Act Statement and also discussed below.

d. While adhering to the highest personal and professional standards of conduct, the unique nature of the military community, including a unit commander's responsibility over the welfare of his/her Marines and sailors and their families, may require a clinical provider to disclose certain confidential information without the consent of the client. All providers have a duty to

AirStaO 1700.1
21 Jul 04

disclose to the unit commander activities of spouse or child abuse, alcohol or drug abuse or disclosures by a client to harm self or others.

7. Conditions of Disclosure of Personal Services Records or Confidential Information contained therein

a. Generally, information contained in a client's case record, including confidential information about that client, shall not be disclosed to any third party without the express written consent of the client. However, 12 exceptions exist that permit release of such information without the prior consent of the client. Some key exceptions are:

(1) Disclosures may be made to Commands, DoD officials and employees in the performance of their duties who have a "need to know". The individual releasing the record or information must ensure that the DoD official or employee has a legitimate need for the requested information prior to disclosure. This includes private contractors of the DoD engaged to perform services that involve a system of records. If in doubt on whether an individual within DoD has a "need to know", contact the local SJA.

(2) When required under the Freedom of Information Act (FOIA). Requests made under the FOIA must be forwarded to the local SJA. Generally, the FOIA prohibits release of documents that constitute a clear unwarranted invasion of personal privacy.

(3) Disclosure is authorized as a "routine use". "Routine uses" refers to disclosures outside DoD. Prior to release of information under a "routine use", contact the local SJA. "Routine uses" applicable to FAP records are published in the Federal Register and can be viewed at www.pa.navy.mil (FAP System Notice N01752-1). Additionally, published "routine uses" applicable to the client's file are also provided on the Privacy Act Statement reviewed at the initiation of counseling services. Key "routine uses" are summarized below:

(a) Disclosure to State and local government authorities per State or local laws requiring the reporting of suspected child abuse or neglect. In this case, there is no requirement to put the request for information in writing.

ENCLOSURE (2)

(b) Disclosure to the appropriate Federal, State, local, or foreign agency charged with criminal or civil law enforcement if the head of that agency has made a written request.

(3) Disclosure to certain foreign authorities in connection with international agreements, including SOFA's).

(4) Disclosure to the Department of Justice for litigation purposes.

(5) Disclosure pursuant to a court order signed by a judge.

(6) The counselor must advise the client of the Privacy Act Statement and limits of confidentiality. The clinical provider reviews and explains the Privacy Act Statement and witnesses the signature and fills in the date. Clients who decline to sign the statement may still receive services. The clinical provider should note on the Privacy Act Statement that the client refused to sign.

8. Sexual Assault. In instances of sexual assault, Counseling Service's primary role is to ensure victim safety and support. However, sexual assault is a criminal act punishable under the UCMJ as well as under civilian law; if the victim consents these offenses must be reported to the Provost Marshal.

9. Disclosure Accounting

a. The Disclosure Accounting Form (OPNAV 5211/9) must be added to case records upon record disclosure of information. (The form is not required for "need to know" disclosures). The form should be physically affixed to the record from which the information is disclosed. The primary purposes of the Disclosure Accounting Form are that the selected method be one that will:

(1) Allow individuals to determine to whom their records have been disclosed.

(2) Provide a basis for subsequently advising recipients of records of any disputed or corrected information.

(3) Provide an audit for subsequent review of activity compliance.

AirStaO 1700.1
21 Jul 04

10. Requests for Access to Clinical Counseling Records

a. A request by a client for access to his or her own record will be handled per the Privacy Act, SECNAVINST 5211.5D. Questions should be addressed to the SJA.

b. Requests by a parent for a child's record must be forwarded to the SJA. Generally, a parent wishing access to his or her child's (under the age of 18) record should initiate a FOIA request to the installation commander. Consultation with the SJA is recommended, particularly in cases involving FAP, divorce or custody issues.

c. Requests made by a third party shall be forwarded to the local SJA. A written third party request for access to a client's record made with prior written consent of the client will be handled per the Privacy Act, SECNAVINST 5211.5D and MCO P5211.2B. A Consent to Obtain Information form must be signed by the client and included in the client's record.

d. A FOIA request for a clinical counseling or FAP record will be handled per the FOIA, MCO P5270.56, Availability to the Public of Marine Corps Records, and SECNAVINST 5720.42F. The clinical provider should consult with the local FOIA Coordinator at 466-2830 for all FOIA requests.

ENCLOSURE (2)

VOLUNTARY SELF-REFERRAL

1. Service members and family members who are potential or actual offenders should be encouraged to seek help at the earliest opportunity. Any service member, family member, or overseas civilian employee may obtain treatment or aid for a child or spouse abuse problem by means of self-referral. Military members who seek treatment or help for domestic violence problems may initiate the evaluation and intervention process by voluntarily disclosing the nature and extent of their problem to qualified family advocacy or counseling personnel.
2. Determination as to whether a voluntary self-referral has been made rests with the service member's unit commander. The clearest case of self-referral occurs when only the offender and victim are aware of the abuse prior to the voluntary disclosure. True self-referral is not established, for example, when an offender comes forward after his/her spouse has discovered that their child had been abused, even if the spouse has not gone to the authorities.
3. Consideration should be given to the offender if the disclosure is truly voluntary. Early resolution of whether a disclosure was voluntary is very helpful to prevent subsequent confusion on that issue.
4. An offender's admission of child or spouse abuse is sufficient evidence to substantiate a case and requires notification of the member's unit commander. Counselors are required to advise the client of the counselor's duty to disclose to the command.
5. Voluntary disclosure does not preclude administrative processing or reporting actions that must be taken per State law, nor is the member protected against possible military or civilian prosecution.
6. Personnel who may receive voluntary self-referrals include qualified FAP counselors, physicians and nurses, as well as qualified drug and alcohol abuse counselors.
7. Information disclosed in response to official questioning in connection with any military or civilian investigation is not

ENCLOSURE (3)

AirStaO 1700.1
21 Jul 04

considered information disclosed for the purpose of seeking or obtaining treatment.

8. In those instances where voluntary self-referral is made to persons other than the designated FAP representative, the case will, after initial screening, be referred to the FAP for further action. The FAPM shall give appropriate recommendations concerning eligibility for the FAP and command action in support of the counseling or treatment regimen.

9. Except when made to legal, a counselor or clergyman acting in a religious capacity, admissions of child or spouse abuse, or other information of such abuse provided by an offender, are not "privileged" within the legal meaning of the term. Consequently, personnel with knowledge of such admissions or similar information are required to notify the appropriate authorities as required by this Order. In circumstances when the information is not privileged, notification of the PMO is mandatory in all cases involving child neglect, child abuse, and child sexual abuse. Furthermore, if called upon to testify in a pretrial investigation, court-martial, or other official proceeding, personnel could be required to divulge such knowledge.

10. Military members who are voluntary self-referrals shall follow the treatment program determined by the FAPM and the CRC.

ENCLOSURE (3)

PROCEDURES TO BE USED WHEN RESPONDING TO
INCIDENTS OF DOMESTIC VIOLENCE IN GOVERNMENT QUARTERS

1. The following procedures are prescribed for responding to incidents of domestic violence in station housing, both during normal work hours and after normal work hours.

a. During normal work hours:

(1) Provost Marshal's Office (PMO)

- (a) Respond to the scene of alleged domestic violence.
- (b) Assess the situation.
- (c) Determine the need to temporarily remove the service member from the quarters.
- (d) If the senior MP on the scene believes the situation warrants removal, immediately notify the service member's command.
- (e) Determine if there are any firearms in the quarters. Advise service member's command if firearms are found in quarters.
- (f) Transport suspect to PMO for processing, and turn over to service member's command.

(2) Service Member's Command:

- (a) Pick up service member from PMO.
- (b) If firearms are located in quarters, the commanding officer should order the service member to store the weapons in the unit armory until the safety of the victim can be assessed.
- (c) Contact the Family Advocacy Program Manager (FAPM) at Marine and Family Services (MFS).
- (d) Schedule an appointment with the MFS FAP.
- (e) Ensure service member keeps the appointment with FAP.
- (f) Issue an MPO if in the opinion of the commanding officer, one is necessary to ensure the safety of the victim.
- (g) If billeting is needed for the service member, arrange for billeting through the Station Billeting Manager. Officers and SNCO's may be required to pay for billeting.

AirStaO 1700.1
21 Jul 04

b. After Normal Working Hours:

(1) PMO:

- (a) Respond to the scene of alleged domestic violence.
- (b) Assess the situation.
- (c) Determine the need to temporarily remove the service member from quarters.
- (d) If the senior MP on the scene believes the situation warrants removal, immediately notify the OOD.
- (e) Determine if there are any firearms in the quarters. Advise OOD if firearms are found in quarters.
- (f) Transport the suspect to PMO for processing and turn over to the service member's command.
- (g) Contact the Victim Advocate who will advise victim on available services such as the local civilian shelter facilities and the Domestic Violence Clearinghouse and Legal Hotline, will institute a Safety Plan and will make arrangements if victim desires, to seek help from the shelter.
- (h) Advise service member's command representative that service member cannot return to quarters until his/her commanding officer authorizes a return to quarters.
- (i) Advise service member's command if firearms were found in quarters.

(2) Service Member's Command:

- (a) Pick up service member from PMO.
- (b) Assess the severity of the situation and need for ordering the service member's removal from quarters.
- (c) Advise OOD if alternate quarters will be needed. Officers and SNCO's may be required to pay for billeting.
- (d) If command has been notified that firearms are located in quarters, the commanding officer should order the service member to store the weapons in the unit armory until the safety of the victim can be assessed.
- (e) Ensure service member does not return to quarters until screened by a FAP counselor, and until the commanding officer is satisfied that the victim is not at risk for further injury.

ENCLOSURE (4)

(f) Issue a MPO if in the opinion of the commanding officer, one is necessary to ensure the safety of the victim.

(7) Contact the FAPM during the next workday.

(8) Ensure service member reports for his/her scheduled appointment at MFS, Family Advocacy Program.

2. MFS, FAP Counselor

a. Interview and assess the service member involved as soon as possible following a reported case of domestic violence. If possible, arrange to interview the alleged offender during the first workday following the disturbance.

b. FAP counselors may have to provide counseling services after normal work hours when the situation warrants, on a case-by-case basis, due to the severity of some incidents.

c. FAP counselors required to conduct interviews after normal work hours will be compensated per existing civilian payroll regulations.

3. Facilities

a. Provide a room in the Bachelor Officer Quarters (BOQ), Staff Noncommissioned Officer barracks, or the enlisted barracks, as appropriate, for personnel requiring temporary billeting.

b. Provide the Station Adjutant with a point of contact (name, phone number, and building number) to ensure that billeting arrangements can be made through the OOD after normal work hours.

VICTIM ADVOCACY PROGRAM

1. General

a. Each installation FAP must have a Victim Advocacy Program component. The Program goal is to ensure that each person who is a reported victim of domestic violence, rape or sexual assault is provided support and assistance through the services of a Victim Advocate. The Advocate provides direct services to individual victims of spouse abuse, rape and sexual assault and represents the interests of victims.

b. In child advocacy, the Victim Advocate provides services and support to the non-offending parent(s) of the child victim of abuse, rape and sexual assault. Direct services may be provided to the child victim by the counseling program or the Department of Social Services. It is extremely important that non-offending family members, who are secondary victims, receive services because it will have a positive effect on the entire family, including the victim. To serve victims effectively, the Victim Advocate must be able to represent their wishes and requests freely.

c. The primary responsibilities of the Victim Advocate are to:

(1) Represent the interests of all victims of domestic violence, rape or sexual assault.

(2) Serve as a non-voting member of the CRC.

(3) Serve as a member of the FAC and Quality of Life (QOL) Committees.

(4) Serve as a member of the FAP/civilian sector coordinated community response (CCR) committee.

(5) Train and manage a program of volunteer advocates.

(6) Assist civilian agencies in training and educating the community on domestic violence and sexual assault.

(7) Co-facilitate the victim education class.

d. A Victim Advocate is to be notified of and assigned as soon as possible to EACH reported victim of domestic violence, rape and sexual assault. The victim may choose to accept or decline the services of the Advocate at any point.

e. A Victim Advocate must inform victims of his or her obligation to report incidents of abuse to the proper authorities.

2. Roles of the Victim Advocate

a. The Victim Advocate represents the interests of all victims of these crimes and works to ensure their safety and that of at-risk family members. A Victim Advocate will be on-call 24 hours a day via cellular telephone or pager. The FAPM will ensure that the on-call Advocate has a cellular phone or pager and that the name and contact number of the on-call Victim Advocate is posted at PMO, the MTF and the local shelter. The Victim Advocate will contact each victim not later than 2 hours after notification of an incident or as soon the Advocate's safety can be assured by Military Police, particularly where a case is identified as critical. Contact must be made within 3 working days if notification is made via a blotter/police report. The Advocate will provide crisis intervention services, including medical referrals. When a victim declines the services of the Victim Advocate, the Advocate should still leave information about resources and safety measures with the victim.

b. The Victim Advocate will provide follow-up services while the case remains open. A minimum of one contact should be made with the victim every 30 days, as long as the Advocate's case remains open. Services include providing emotional support and encouragement, informing victims about resources and referrals to services, accompanying victims to services and other proceedings such as court appearances, in both the Marine Corps and civilian communities, intervening on behalf of victims with service providers and commands, and informing victims of their rights within the Marine Corps and the civilian community. At the victim's request, a Victim Advocate may be present at interviews, medical examinations, and legal proceedings.

c. The Advocate's role is to provide emotional support and to ensure that the victim's integrity, safety, and rights are maintained. The Victim Advocate may be present during an interview or assessment for the support of the victim, but should not be engaged as a co-interviewer or assessor. During the interview or assessment, the Advocate may intervene on the victim's behalf when it appears the victim's safety, integrity, or autonomy is at risk.

d. The Victim Advocate should maintain a log of dates and types of services provided to each victim. These logs should be maintained as long as the case file remains at the installation and per the Federal System Notice. These logs are subject to subpoena, so document as little information as necessary. The logs should be included in the FAP case file of the victim only, upon case closure. It is essential the Advocate not compromise his or her role by extending duties in performing case management or administrative functions. They should not keep their own case files and should not

AirStaO 1700.1
21 Jul 04

make entries into the FAP case records. Where an Advocate believes information should be shared with the case manager for entry into the file, the Advocate should encourage and facilitate the process so the victim may contact the Case Manager directly.

e. Guided and assisted by the FAPM, the Victim Advocate will establish collaborative relationships with commands, PMO, SJA, MTF, SACC, shelters, and other interveners.

f. Victim Advocates should not:

(1) Provide childcare/babysitting services. (Although the Advocate will facilitate any urgent practical matters that are beyond the victim's ability to accomplish, such as childcare).

(2) Serve as a crisis worker for after-hours non-violent related social problems.

(3) Under any circumstances, give victims his/her or any member of the FAP staff's home address or telephone number.

(4) Provide clinical counseling services.

(5) Provide legal advice or representation.

(6) Fail to report suspected child abuse, neglect and dependency.

(7) Fail to report spouse abuse.

(8) Fail to notify the victim during the initial contact that a Victim Advocate is a mandated reporter, with limited confidentiality.

(9) Enter information in the case record.

g. Participation on the CRC:

(1) A Victim Advocate should be present at all CRC meetings as a permanent non-voting member. In that capacity, the Victim Advocate alerts the committee to instances in which members are limiting or compromising the victim's safety, integrity and autonomy.

(2) The chair of the CRC and other voting members should create a climate in which the Victim Advocate is free to represent the wishes and requests of victims.

(3) The Victim Advocate keeps the CRC members informed of the

ENCLOSURE (5)

issues and dynamics related to domestic violence by providing written materials and conducting periodic in-service training.

(4) The Victim Advocate can serve as the liaison between the CRC and the victim, per the FAP case manager.

h. Participation on the FAC/QOL:

(1) The Victim Advocate will serve as a permanent member of the FAC/QOL.

(2) The Victim Advocate will represent the interests of victims of domestic violence, rape and sexual assault to the Committee, pointing out where decisions and actions might jeopardize victim safety, integrity, and autonomy and the other implications they may have for victims.

i. The Victim Advocate serves as a member of the FAP/civilian sector coordinated community response committee. The Advocate will assist in establishing cooperative and active participation by all military and civilian agencies involved in the prevention of and intervention into domestic violence, rape and sexual assault. The Victim Advocate should participate in the formulation of MOUs and other formal agreements between interveners.

j. Manage a Volunteer Advocates Program:

(1) The Victim Advocate or designee will establish a Volunteer Victim Advocates Program, to include recruitment, training, scheduling, and supervision of volunteers, upon the installation commander's approval.

(a) Volunteers are authorized and encouraged to work onboard military installations. Volunteers are a valuable resource for commanders to utilize and are a force multiplier. Volunteer services may be accepted per the requirements of Title 10 (U.S.C. Section 1588).

(b) Volunteers may not be placed in decision-making positions or be compensated for their services except in the case of reimbursement of incidental expenses.

(c) Volunteers in this program shall be considered employees of the government only when acting within the scope outlined in their respective official position description, as provided in Title 10 (U.S.C. Section 1588) and therefore subject to the reporting requirements.

(d) FAP Staff, including volunteers who have regular

AirStaO 1700.1
21 Jul 04

contact alone with children under the age of 18 will receive criminal history background checks per DoDInst 1402.5.

k. Assist with Community Outreach and Education. In conjunction with the FAP education and prevention specialists, the Victim Advocate will assist in the development and delivery of community education and outreach campaigns within the Marine Corps and the civilian communities, consistent with the time required to fulfill the Advocate's other roles.

l. The Victim Advocate is responsible for the Victim Education Class and may co-facilitate it. The Advocate should also be involved in the design of any programs directed toward victims of domestic violence and adult victims of rape and sexual assault.

3. Supervision

a. A Victim Advocate is entitled to regular supervision by the Advocate's supervisor, usually the FAPM or the clinical director. Supervision is essential to

(1) Maintaining accountability for the actions of the Victim Advocate, and any Victim Advocate volunteers.

(2) Teamwork and in dealing with potentially dangerous situations.

(3) Resolving both satisfactorily and immediately, conflict and potential conflict between the Victim Advocate and other service providers.

ENCLOSURE (5)

ENSURING SAFETY OF VICTIMS

1. When abuse has occurred, there are five basic safety choices that can be made

a. Do nothing. When the victim is safe in the present circumstances, such as when the offender is deployed, TAD, hospitalized, incarcerated, or otherwise not in contact with the victim, or is unlikely to further abuse the victim (physically, sexually, or emotionally), because the reported abuse is minor or an isolated incident, or because other adults in the home are capable of preventing further abuse.

b. Restriction or Pre-trial Confinement. When the alleged crime appears serious enough, and there is danger of the suspect committing further serious crimes or fleeing.

c. Military Protection Order (MPO) and COP. When the suspected service member-abuser is responsible enough and likely to comply with the terms of the MPO. The Armed Forces Domestic Security Act, Public Law 107-311, Section 1561a, declares that a COP (any court order issued for the purpose of preventing violent or threatening acts or harassment against, or contact of communication with or physical proximity to, another person) shall have the same force and effect on a military installation as such order has within the jurisdiction of the court that issued the order.

d. Shelter. When the suspected abuser is not subject to military orders, or unlikely to comply with them, the victim(s) and family members may be placed in a shelter. Shelters may be used in cases where there is also a restriction or an MPO.

e. Child Removal Order (CRO). The CG has authority to issue CRO's directing that a child be removed from any location aboard the Station to a place of safety until the Department of Social Services arrives. The CRO may be issued based upon a finding that there is substantial reason to believe that an emergency situation exists and that the child may be in imminent danger of serious mental, emotional, or physical harm. The CG has delegated this authority to issue CRO's to the Provost Marshall or the NCIS Supervisory Agent.

2. In each case, different persons may be involved in assessing the situation and making decisions. After normal working hours, when FAP personnel and unit commanders are not normally at their place of duty, military police and duty officers would most likely be required to make preliminary decisions to insure victim safety. In the absence of the unit commander or a FAP counselor, the Provost

ENCLOSURE (6)

AirStaO 1700.1
21 Jul 04

Marshall or NCIS Supervisory Agent are responsible for the initial decision concerning placement. All five possible choices should be considered, and a recommendation made to the victim(s) and the unit commander.

a. Assess the situation, focusing on actions that may be necessary to protect victims.

b. Fill in a blank form, similar to the affidavit used to obtain a commander's authorization to conduct a search, that:

(1) Summarizes the facts in the case.

(2) Assesses the danger to the victim in a "check off the block" section.

(3) Reports actions already taken by military police and others.

(4) Recommends one or more actions to the commander.

c. Present the form, with pertinent documents, to the unit duty officer.

(1) Pertinent documents can include a copy of this enclosure (for informative purposes), a copy of the incident complaint report with witness statements, a medical report, and a completed MPO.

(2) Since an MPO is not an authorization to search, which requires the actual commander's approval, it could be signed by the duty officer, if given that authority by the commanders, and immediately take effect as a lawful order.

d. If the duty officer/CO signs the MPO, the original shall be presented to the individual subject to the order, with copies retained by the command and provided immediately to the military police.

(1) The Military Police Blotter, which has a column for "action taken," would then show that an MPO had been issued, or the suspect had been restricted/confined, or the shelter had been used.

(2) A copy of the full report, with the recommendation form and the MPO, if signed, shall be provided to the FAPM within 24 hours.

e. Contact a Victim Advocate on all spouse domestic violence and sexual assault cases. The Victim Advocate may fill out the form

ENCLOSURE (6)

AirStaO 1700.1
21 Jul 04

recommending that action designed to protect the victim be taken. Since the military police have access to the supporting documentation, cooperation between the Victim Advocate and the military police is essential.

ENCLOSURE (6)

AirStaO 1700.1
21 Jul 04

MILITARY PROTECTION ORDERS AND CHILD REMOVAL ORDERS

1. Commanders are responsible for the security and safety of service members under their command, as well as other individuals within areas for which the commander is responsible. The commander has the inherent authority to take reasonable actions commensurate with that responsibility, and must be prepared to act decisively in cases involving alleged child and spouse abuse.
2. Commanders are specifically authorized to issue MPO's and enforce Civilian Orders of Protection (Armed Forces Domestic Security Act, Public Law 107-311, Section 1561a) to ensure the safety and security of persons within their commands, or to protect other individuals from persons within the command. Commanders are referred to herein as issuing authorities. The format set forth herein is suggested, not required, since similar actions could be taken without specific authorization. The original MPO is to be given to the individual to whom it is directed. The original CRO is to be given to the individual who had been custodian of the child(ren) with copies to others who may have custodial interest in the child(ren). A copy of each MPO and CRO issued is to be given to the PMO and the FAPM.
3. MPO's may be directed to military members and may be broad in scope since service members are subject to military orders. For installation commanders, directives to civilians are limited to orders commensurate with the commander's authority to maintain security and control over the activities of employees, residents, and guests on the installation.
4. MPO's and CRO's are similar to civilian temporary restraining orders. They may be ex-parte (issued after hearing only one side of the story) if the commander considers it necessary to ensure the safety and security of persons for whom the command is responsible. Ex-parte MPO's and CRO's should have as short a duration as possible, normally not more than 10 days, because opponents thereto have a right to be heard. If the commander desires to keep the order in effect for a longer period of time, opponents should be given an opportunity to be heard and to respond to allegations. In cases not requiring ex-parte determinations, opponents should be given the opportunity to respond and be heard before the MPO or CRO is issued. Formal hearings are not required.
5. MPO's and CRO's are based upon a balancing of interests. The greater the crisis and the need to protect, the greater the need to move quickly and to focus on the safety of the person(s) needing protection. As the crisis abates and long-term solutions are considered and put into effect, the need for a MPO or CRO diminishes.
6. MPO's and CRO's are administrative in nature, and not to be

ENCLOSURE (7)

confused with actions of pre-mast and pretrial restraint, which can be taken under the UCMJ. Use of an MPO does not preclude simultaneous or subsequent action under the UCMJ.

7. MPO's directed to military personnel may include, but are not limited to

a. Direction to refrain from contacting, harassing, or touching certain named persons.

b. Direction to remain away from certain specified areas, such as the home, schools, and CDC's.

c. Direction to do, or refrain from doing, certain acts or activities.

8. The order should specify its duration (normally 30 days), the factors permitting the lifting of the order, or the fact that it is in effect until further notice by the issuing authority or designee.

9. Family Advocacy Abuse, Prevention and Treatment staff will fully support commander's need for information concerning a service member/family member assigned to their command. This information can include attendance, participation, attitude and progression in individual or group prevention/treatment programs. Further, staff can provide information that may influence or change the risk of future Domestic Violence (DV); such as: previous history of DV, all power and control tactics, and significant issues that may increase stress within the family. The staff will be available to discuss and answer any questions commanders may have concerning the spouse and child abuse matrices. However, staff will NOT make a specific recommendation to implement or rescind a Military Protective Order (MPO).

10. An order designed to protect one individual by limiting the activity of another need not be in writing. To avoid confusion and misinterpretation, however, written orders are recommended.

AirStaO 1700.1
21 Jul 04

SAMPLE MILITARY PROTECTION ORDER

From:
To:

Subj: MILITARY PROTECTION ORDER ISSUED TO CONCERNING ALLEGATIONS OF
CHILD/SPOUSE ABUSE

Ref: (a) SECNAVINST 1752.3A w/Ch-1
(b) MCO P1700.24B

1. You are hereby directed to abide by the following Military Protection Order issued under the references. You are required to obey this order whether you receive it orally or in writing. Violation of this order may result in administrative or disciplinary action, including trial by court martial.

2. This Order is an administrative action to ensure the safety and security of the person(s) listed below. It is also intended to protect you from further allegations concerning family abuse while the Order is in effect. The issuance of this Order is not the beginning of disciplinary action against you, nor does it mean that you cannot be punished for any actions taken before or after this order.

3. This Order is issued concerning your association and contact with the following person(s):

Your wife_____

Your child(ren)_____

Other person(s)_____

4. You are directed to:

Remain (200/500/1,000/ft) from the person(s) listed in paragraph 3 above at all times.

Remain (200/500/1,000/ft) from your spouse's residence at (Street Address)

Remain 200 ft from the following vehicle(s):
(Year, Make, License #)

Remain (200/500/1,000/ ft) from your spouse's place of employment at:
(Employer Name/Address)

Remain 200 ft from school(s) of children listed in paragraph 3 above.
(Names of schools)

ENCLOSURE (7)

AirStaO 1700.1
21 Jul 04

Make no contact through phone, mail, or third party (other than through the command, or with command authorization, the assigned Family Advocacy Program Case Manager) with the person(s) listed in paragraph 3 above. Report all contacts/attempts at contact initiated by the person(s) named in paragraph 3 above, during the period, that this Order is in effect.

5. I have read and understand the contents of this Order.

Signature of Service Member (If Available)

6. This Order shall remain in effect until _____, unless sooner canceled by me or by higher authority.

Signature

Copy to:
Service member
PMO
Victim
FAPM

ENCLOSURE (7)

AirStaO 1700.1
21 Jul 04

SAMPLE CHILD REMOVAL LETTER

From:
To:
Via:

Subj: MILITARY CHILD REMOVAL ORDER IN THE CASE OF

Ref: (a) SECNAVINST 1752.3A
(b) MCO P1700.24B

1. You are hereby directed to remove son(s)/daughter(s) of (and), from (the family home at/other location). Unless otherwise directed by me or my designee, the above child(ren) will be returned to the home not later than _____.

2. I am directing this action because I have substantial reason to believe that an emergency situation exists and that the above child(ren) may be in imminent danger of serious mental, emotional or physical harm.

3. You are directed to ensure that during the period of removal the above child(ren) is/are placed in the care of persons who are reliable and trustworthy and can provide safe and secure environment throughout the removal period.

4. You are directed to:

5. This Order shall remain in effect until _____, unless sooner canceled by me, or by higher authority.

Signature

Copy to:
PMO
FAPM
5

ENCLOSURE (7)

CASE REVIEW COMMITTEE (CRC)

1. To ensure fair and equitable evaluation and treatment of all allegations of domestic violence, there will be an established installation CRC. However, in the event of an allegation that may gain high visibility or involves a senior Staff Non-Commissioned Officer (E-8 or E-9) or Officer, a secondary CRC will be established. In both committees members must be of equivalent or higher rank than the alleged victim/perpetrator and must receive training in domestic violence and the CRC process.

2. The FAPO, or designee shall, upon discovery, immediately notify the service member's unit commander of all reports of suspected or known spouse and child abuse, including voluntary self-reports. After the CRC meets and determines case status and recommended disposition plan, the installation FAPO or designee shall notify the service member's unit commander, of the committee's case status determination and recommendations for administrative action and rehabilitation services.

3. In all cases, the CRC must review all of the facts and circumstances presented, and decide whether the case is substantiated or unsubstantiated.

a. A substantiated case is one that has been investigated or evaluated and the preponderance of evidence indicates maltreatment has occurred. In other words, the information that supports the occurrence of maltreatment is of greater weight, or more convincing, than information that indicates maltreatment did not occur. In sum, in substantiated cases, the CRC's judgment is that at least 51 percent of the evidence indicates maltreatment did occur.

(1) The CRC should make its case status determination only after discussion and careful consideration of all available information received from the MTF examination, the PMO/CID/NCIS investigation, a CPS report, the MFS FAP assessment, the SACC evaluation, the SJA recommendation, and any other pertinent authority. The fact the alleged offender was not brought to trial, or was not found guilty, or was not even arrested is not, in and of itself, reason to judge a case as unsubstantiated. Usually, the CRC determination is made well before the results of a court-martial/trial are received. Also, it is not necessary to identify the offender to substantiate a case of maltreatment.

(2) The decision whether to substantiate a case of maltreatment should be made by a simple majority of the voting members of the CRC. In sum, in substantiated cases, the CRC's

AirStaO 1700.1
21 Jul 04

judgment is that at least 51 percent of the information indicates that maltreatment did occur.

(3) The CRC should ensure the unit commander of the victim's sponsor is advised of the substantiation, regardless of whether or not the identity of the offender is established.

(4) The sponsor's unit commander should be given clear treatment recommendations for assisting the service member and his/her family.

(5) If there is a preponderance of information indicating that a particular person is responsible for the abuse, then that person must be identified as the offender.

(6) If the identity of the offender is not known in a case of child maltreatment, this determination should be noted. If the identity of the offender is unknown but the preponderance of information indicates or suggests a particular person is the likely offender, this should also be noted.

b. A case is unsubstantiated when the CRC is not satisfied that the information provided meets the requirements described in paragraph 2 above. A case may be unsubstantiated did not occur, meaning preponderance of information indicates no abuse occurred, or it may be unsubstantiated unresolved, meaning there was insufficient information that abuse or neglect took place.

4. The levels of decision making, listed below, occur in most case status determination discussions and in follow-up case planning, and specify what information and due process considerations are required or suggested at each level.

a. Decision Number 1: DID MALTREATMENT OCCUR? WHO COMMITTED IT? DID ABUSE OCCUR? Concerns at this level focus on safety planning and the protection of the victim; the need for emergency care, crisis intervention, shelter, removal of the offender from the home, assessment, and determination of case status regarding maltreatment.

(1) The first decision for the CRC to make when hearing an allegation, is essentially a judgment as to whether or not maltreatment occurred. Necessary information is obtained from professionals who have examined and assessed the victim and the circumstances of the offense. These professionals may include law enforcement personnel, emergency room staff, Dental Treatment Facility (DTF) staff and counselors. The determination should be made by a simple majority of the voting members, based upon a preponderance of the available information that abuse did or did not

ENCLOSURE (8)

occur. Voting members may express dissenting opinions in writing and attach as an enclosure to the minutes of the CRC.

(2) A case determination may also be made at this level when:

(a) An individual confesses.

(b) The Child Protective Service determines abuse did occur. (Note that the CRC is not bound by CPS findings).

(c) A court rules abuse did occur. (Again, the committee is not bound by the court ruling and may determine an abuse occurred even after a not guilty verdict).

(3) The CRC should consider a substantiated status determination when any of the following apply:

(a) The victim or other reliable witness reports abuse.

(b) Expert opinion, (the military police, NCIS, or CID suggests abuse occurred).

(c) Physical evidence as determined by CID or the MTF is not consistent with the explanation given either by the victim or the alleged perpetrator.

(d) Findings of abuse are consistent among agencies involved in the assessment.

(4) Factors which will be considered when determining degree of risk to the victim and other family members include the clinical assessment, degree of lethality, and the following:

(a) Interaction between alleged offender, victim, and other family members.

(b) Cultural differences to include ethnicity, race or religious beliefs, which may affect demeanor and behavior of the victim, offender, and family members.

(c) Availability of an adult who is willing and able to protect a child victim.

(5) Decision making at this level may include follow-up action plans, further consultation with command, law enforcement and legal action, and reporting to and receiving reports from other agencies.

AirStaO 1700.1
21 Jul 04

(6) The service member's unit commander must be represented at the CRC. The FAPM and command representatives are voting members at the CRC, however, they are not authorized to make motions, nor second motions. The command representative will not be allowed to vote, if they have not attended an installation family advocacy officer/command representative training. Individuals substantiated as offenders in previous domestic violence cases are not authorized to be command representatives at the CRC.

(7) The unit commander must be given any and all information relevant to this incident, options available to ensure the immediate protection of the victim and other family members, options available to remove the alleged offender from the home, or initiate pretrial restraint. Further, the unit commander will be provided the identity of individuals and organizations to which the incident has been reported within and outside of the command.

(8) A Child/Spouse Abuse Incident Report (Form 2486) shall be completed on every case and forwarded to the HQMC Central Registry.

(9) If the case involves allegations of institutional abuse, notify higher authority per reference (a).

(10) If a spouse or child death has occurred, alleged to be due to abuse or neglect, notify the CMC (MRO) immediately (per reference a). The CRC shall review the case to determine if the death was the result of abuse.

(11) Allegations of child neglect and/or abuse involving extra-familial individuals having no DOD/Military affiliation will be reported to the state Child Protective Services (CPS) and NCIS for appropriate action but will not be acted upon by Family Advocacy personnel unless parent action was a contributing factor. Allegations involving extra-familial individuals having a DoD/Military affiliation will be reported to the state CPS and NCIS for appropriate action and will be accepted and processed by Family Advocacy per orders and directives. Child on Child (under 17 years of age) sexual abuse allegations will be taken to CRC on a case-by-case basis only after consultation with the station Inspector/Commander.

b. WHO IS RESPONSIBLE FOR THE ABUSE? The major concern at this level of decision making is assessment and intervention with the alleged offender, gaining the cooperation of the alleged offender, ensuring controls, if necessary, are in place to prevent further acting out behavior by the offender, and consideration of possible disciplinary or administrative action.

(1) The critical first decision to be made at this level concerns who committed the abuse or who was responsible for the

ENCLOSURE (8)

neglect. The decision-making now assumes both a clinical and an administrative function.

(2) Input from the victim, other family members, witnesses, and the alleged offender are necessary. Reports from the CPS, as well as civilian family court decisions, are valuable but not binding.

(3) When CRC is reviewing information in order to decide whether to substantiate or unsubstantiated a case, the previous domestic violence history will not be provided (if there is not enough information to make a determination it should be unsubstantiated as did not occur or unresolved).

(4) When there are multiple incidents at one time or within a short time period (60 days), prior to the case being presented at CRC, the most serious incident will be presented and the others will be used as history to determine the level of risk/lethality.

c. Decision Number 2: WHAT LEVEL OF ABUSE HAS OCCURRED/IS OCCURRING? The CRC voting members should review the FAP child abuse and spouse abuse matrices for guidance to determine the severity of the abuse. For repeat offenders, the only data used when determining the level of abuse is the data from current incident, reported history, and the levels of abuse assigned to previous incidents. The level for the current incident is not required to be commensurate with the previously assigned levels.

d. Decision Number 3: RECOMMENDATIONS FOR COMMAND ACTION/WHAT INTERVENTION SERVICES? At this level, the task is to set criteria that will demonstrate that the goals have been met for case closure, and determine what specific treatment or counseling is needed for the family. Recommendations will need to be made regarding what other assessments, and what legal or administrative action may be needed. It may be necessary to send the member and family to a different location for assessment or treatment.

(1) Information and advice are necessary from social services, mental health, medical, dental, drug and alcohol, law enforcement, investigative, and legal professionals in serious cases. If the offender is military, reports from his/her command are critical at this level, as is a review of the service member's SRB/OQR.

(2) Effective triage and assessment are necessary to determine what type of intervention is needed. A risk assessment is required in spouse and child abuse cases. This assessment should be used to decide how long and how closely to monitor a case and also to decide what interventions are needed.

AirStaO 1700.1
21 Jul 04

(3) FAPM will notify the victim (in writing), of the CRC findings, substantiated or non-substantiated, and treatment recommendations.

(4) Feedback should be provided to the service member's unit commander concerning treatment or counseling outcome. This feedback may include the following:

(a) Treatment was successful, case closed.

(b) Progress is being made but more time is needed.

(c) Request for extension of counseling or treatment from original recommendation.

(d) Service member has offended again, failed treatment, or refused to cooperate: separation or other action recommended.

(e) Subsequent incidents will be assessed. The CRC will determine the disposition on a case-by-case basis.

5. New reports will be presented to and a decision made by the CRC within 45 days upon receiving the FAP referral. Exceptions to this would include cases wherein the service member is deployed and an assessment could not be completed, or a law enforcement investigation is underway. In those situations, information will be available within a specified timeframe, the CRC will Table the case and the review will take place when the exceptions no longer apply.

6. Any questions or issues that arise not specifically covered by orders or directives will be forwarded to the Station Inspector/Commander for appropriate resolution. Correspondence concerning Service Members or family members of higher rank than the FAPO will be provided to the Station Inspector for appropriate action.

ENCLOSURE (8)

FAP MATRIX OF GUIDELINES FOR THE CRC

1. The purpose of the matrix of guidelines for CRC case disposition recommendations is to

a. Provide the CRC with the framework for recommending case dispositions to commands in substantiated spouse abuse cases and child abuse/neglect cases.

b. Help unit commanders understand the rationale for recommendations and provide them with a tool to use in formulating a case disposition that best meets the Marine Corps objectives of protecting victims, holding offenders accountable, and retaining abusing Marines with potential for future useful service by offering them the opportunity for rehabilitation.

c. Increase the fairness, objectivity, and openness of the CRC process and the CRC's recommendations regarding spouse abuse cases and child abuse/neglect cases. Achieve greater consistency in case dispositions.

2. The matrix defines 5 levels of spouse abuse and child abuse and neglect based on severity and other factors, reviews the suggested intent of disposition at each level of abuse and recommends corresponding services (rehabilitation programs) and command sanctions. The CRC will use these guidelines in developing recommendations for case disposition. After substantiating a case, the CRC will review all the information presented on the incident and ongoing abuse in the relationship and assign the case to one of the 5 levels of abuse. That classification carries with it certain recommended options that best meet the intent of disposition of a case at that level of abuse. A case manager may assess low-level/low-risk incidents. With the approval of the CO, cases do not go to CRC but are referred for services.

3. The matrix does not eliminate the need for the CRC and commands to make decisions, after analyzing the facts and circumstances of individual cases in the context of what is known about the patterns and impact of spouse abuse. The matrix is also not intended to limit or replace the discretion and authority of unit commanders to establish case dispositions. Unit commanders should find the matrix a useful tool, both in understanding the recommendations of the CRC and in their own decision making on case disposition.

4. The matrix, while useful, is a limited tool. Despite the extent of the information the CRC and therefore commands have available, the private nature of spouse abuse means there is a high probability the full extent of the violence and other abuse will be under reported. CRC members are likely to encounter cases in which the committee

ENCLOSURE (9)

AirStaO 1700.1
21 Jul 04

members are suspicious that severe abuse is taking place but do not have hard evidence to support that conclusion, and they will have to assign the offender to a lower level than they might like. In deciding on the level of abuse in the face of incomplete information, the CRC will have to balance the goal of protecting victims on the one hand and the committee's ethical responsibility to make fair and objective judgments on the other.

5. DEFINITIONS

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

b. Child Abuse and/or Neglect. Includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or combinations for a child by an individual responsible for the child's welfare under circumstances indicating that the child's welfare is harmed or threatened.

c. Spouse Abuse. May consist of physical abuse, sexual abuse, emotional (psychological) violence, or property violence inflicted on a partner in a lawful marriage.

d. Physical Abuse. The use of physical force to intimidate, control, or force a spouse to do something against his/her will. This includes, but is not limited to, grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives, firearms, or other weapons.

e. Sexual Abuse. The forcing of the spouse, by the offender, to engage in any sexual activity through the use of physical violence, intimidation, the explicit or implicit threat of future violence, or abuse if the offender's advances are refused.

f. Emotional Abuse. One or more of the following behaviors: explicit or implicit threats of violence, extreme controlling types of behavior, extreme jealousy, mental degradation (name calling, put downs etc), and isolating behavior. The intent of the abuser is to intimidate the offender and/or to lower their self-esteem.

ENCLOSURE (9)

SPOUSE ABUSE MATRIX

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p>1. <u>LEVEL I</u></p> <p>Physical Abuse: *No pattern of force, coercion, or intimidation by physical offender; single incident that is situation specific with no visible injury to victim.</p> <p>Non-physical Abuse: *No pattern of on-going attempts by offender to control a partner through emotional abuse, isolating tactics, and economic or other restrictions on the victim's autonomy. The offender is not minimizing or denying and is amenable to services.</p> <p>Risk: No identifiable risk to the victim of ongoing or increased use of force and/or non-physical abuse.</p>	<p>*Informal command counseling.</p> <p>*Non-career threatening corrective measures.</p>	<p>Based on the client's needs, may include one or more of the following:</p> <p>*Professional Counseling, e.g., individual, family and marital.</p> <p>*Preventive classes/services, e.g., life skills training such as anger management, stress management, communication, financial management, etc.</p>	<p>This level acknowledges that there are incidents of spouse abuse where the offender acted in a way that is uncharacteristic of his/her behavior.</p> <p>The intent is to provide counseling and educational services to restore the service member and his/her family to a healthy state, free of violence.</p>

<p>2. <u>LEVEL II</u> The pattern of abuse by offender at low levels.</p> <p>Physical Abuse: *Grabbing, shoving, restraining.</p> <p>*Incidents involving minor injury (i.e., soreness, swelling, minor bruising).</p> <p>Non-physical Abuse: *Pattern of verbal intimidation (instilling fear).</p> <p>*Pattern of isolation and economic restrictions.</p> <p>*Pattern of emotional and psychological put-downs and insults.</p> <p>*Sporadic insults, emotional abuse.</p> <p>*Offender does not have a history of more extreme abuse in previous intimate relationships, and is amenable to rehabilitation.</p> <p>Risk: Risk to the victim is the possible increase in the use of force and non-physical abuse without intervention.</p>	<p>*Responses parallel to Level I</p> <p>*Command supports and monitors the participation in the rehabilitation process.</p>	<p>Based on the client's needs, may include one of the following:</p> <p>*Professional counseling, e.g., individual, family, and marital.</p> <p>Prevention classes/ services, e.g., life skills training, such as anger management, stress management, communication, financial management, etc.</p>	<p>The intent at this level is to stop a developing 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>
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<p>3. <u>LEVEL III</u></p> <p>Pattern of medium level physical and non-physical abuse, a repeat offense involving any level of violence by an offender (by the military or civilian courts), and who had been offered/attended a rehabilitation program (military or civilian).</p> <p>Physical Abuse: *Repeated use of physical coercive and intimidating actions such as pushing, shoving, restraining, grabbing and choking.</p> <p>*An assault resulting in an injury to the victim; threats to harm the victim or the victim's family/friends, pressure to engage in unwanted sexual activity.</p> <p>*Physically abusing a pregnant spouse.</p> <p>Non-physical Abuse: *Placing the victim in fear for his or her own physical safety.</p> <p>*Pattern of isolating, emotionally abusing, and/or economically controlling the victim, i.e., limiting access to phone, transportation, childcare, base services, and imposing a limited say about family economics. *Frequent use of put-downs, insults and criticism.</p>	<p>*MPO to ensure protective measure for the victim, which may include restraining the offender from contact with the victim.</p> <p>*Command monitors the offender's progress on a regular basis.</p> <p>*Case file closes at the conclusion of the rehabilitation.</p> <p>*Encourage use of Victim Advocacy Services.</p>	<p>*Mandatory participation in a structured domestic violence group for offenders or other adjunct intervention services, e.g., parenting, mental health evaluation, substance abuse counseling, family counseling, etc.</p>	<p>At this level, the offender has crossed a threshold, and a combination of sanctions that constitute a punishment and rehabilitation is the best deterrent.</p> <p>*Consider appropriate administrative or disciplinary action and determine further career potential.</p> <p>A critical task is to assess the danger to the victim.</p> <p>An incident may be a red flag that the offender is a danger to his/her family.</p> <p>A close examination of all supporting FAP, MPO, MTF, and other documents as well as SRB/OQR is warranted.</p>
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<p>*Reprisal for reporting or seeking help.</p> <p>*A repeat offender using any level of violence that had a previously substantiated case and had been offered/attended a rehabilitation program (civilian or military).</p> <p>Risk: Ongoing risk to the victim, family members, future partners of this offender.</p>			
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4. LEVEL IV

Physical Abuse:

*A serious assault by the offender. Assault with serious injury such as a broken bone, severe laceration, bruising, trauma, head injury, internal injury.

*Use of a dangerous weapon.

*Killing or maiming of pets.

*Assault with serious injury such as a broken bone, severe laceration, bruising, trauma, head injury, internal injury.

*Pattern of abuse at high levels by the offender involving one or more incidents of abuse that causes injury to the victim or puts the victim at risk of serious injury; stalking the victim; coercion or forced to engage in unwanted sexual activity; actions to keep the victim in a state of fear of punishment; threats to kill, maim or injure the victim or family members.

Non-physical Abuse:

High level of isolation, economic control, emotional abuse.

Risk:

Victim and others (i.e., children, family members) at high risk of ongoing abuse and serious injury.

*Entry into service member's record.

*Consider administrative or judicial proceedings.

*For a 2nd substantiated offense, mandatory processing for administrative separation.

*Issuance of a MPO to enhance protective measures toward the victim and at-risk family members.

*Risk of attacks involving serious harm to the spouse increases dramatically at this level.

*Mandatory participation in a structured domestic violence program

*FAP will offer programs/services in coordination with other military/civilian agencies.

Risk of attacks involving serious harm to spouse increased dramatically at this level.

Consider whether this offender has further potential for useful service in the military.

Sanctions are needed to deter further abuse, protect the victim and other family members.

The intent is to hold the offender accountable and protect the integrity of the Marine Corps.

*Case file closes at the conclusion of the rehabilitation.

*If service member is separated, initiate request for Transitional Compensation.

<p>The offender may or may not be amenable to treatment. Amenability to treatment does not reduce the need for increased sanctions at this level</p> <p>5. <u>LEVEL V</u></p> <p>Physical Abuse: *Attempts to inflict serious injury; severe attacks against family. *High level of intimidation and/or physical violence. *Harm to pregnant spouse and fetus. *Rape. *Stalking.</p> <p>Non-physical Abuse: *Extreme economic or psychological abuse.</p> <p>Risk: Lethality very high.</p> <p>Increasing risk to others such as children, family members, and interveners.</p>	<p>*Encourage use of Victim Advocate Services.</p> <p>*Command monitors offender's progress.</p> <p>*Prosecution under the civilian court or military court system.</p> <p>*Pretrial detention.</p> <p>*Issue a Military Protective Order (MPO).</p> <p>*If service member is separated, initiate a request for Transitional Compensation.</p> <p>*Administrative discharge.</p>	<p>*Ensure comprehensive Victim Advocacy Services and rehabilitation are offered to the family.</p> <p>*Case file closes at the conclusion of the rehabilitation.</p>	<p>Risk to the victim is very high.</p> <p>Command should look to punish and probably separate the service member while simultaneously protecting the victim who will be vulnerable to ongoing abuse.</p>
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CHILD ABUSE MATRIX

LEVELS OF ABUSE	LEVELS OF RESPONSE OR COMMAND INTERVENTION	LEVELS OF REHABILITATION	INTENT OF COMMAND ACTION AND REHABILITATION
<p>1. <u>LEVEL I</u></p> <p>No previous history/evidence of child abuse/neglect.</p> <p>Physical Abuse: A single incident with minor visible indication (redness). Non-accidental trauma resulting from inappropriate discipline. Medical treatment not required.</p> <p>Neglect: Single incident resulting in no physical/emotional harm. Failure to provide routine medical/dental exams.</p> <p>Unattended Children: As determined by state law and local policy.</p> <p>Risk: There is no identifiable risk of ongoing or increased acts of maltreatment through acts of omission or commission.</p>	<p>*Informal counseling session with immediate supervisor.</p> <p>*Non-career threatening corrective measures.</p>	<p>Based on the client's needs, it may include one or more the following:</p> <p>*Professional Counseling</p> <p>Prevention classes/service s, e.g., parenting education or other services as appropriate.</p>	<p>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.</p>

6

ENCLOSURE (9)

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<p>2. <u>LEVEL II</u> History of non-injurious maltreatment. Physical Abuse: *Single incident causing minor physical injury consistent with abuse unlikely to be caused by an accident or medical condition; minor bruising/swelling on one area of limbs or buttocks, scratches, hair pulling that does not remove patches of hair. Neglect: *Child endangerment with either no/minor injuries resulting from failure to seek treatment; inadequate supervision, lack of preventative/hygienic care, not utilizing available and reasonable safety precautions. *Failure to provide required medical/dental care or exams. Educational Neglect: *Failure to provide for educational needs in accordance with state laws and local policies. Risk: Possible risk of ongoing or increased maltreatment without education or intervention services.</p>	<p>*Responses parallel to Level One. *Command supports and monitors participation in the rehabilitation plan.</p>	<p>Based on the client's needs, it may include one or more of the following: e.g., counseling, parenting, life skills, communication, etc.</p>	<p>The intent at this level is to eradicate a developing pattern of maltreatment and restore the family to a healthy state free of violence. At this level, the maltreatment could continue or escalate if offender(s) does not make an honest effort in an education program.</p>
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<p>3. <u>LEVEL III</u></p> <p>Physical Abuse: *Pattern of abuse to a child.</p> <p>*Injury as a result of direct contact with a child, i.e., kicking, shoving, tripping, grabbing or a direct hit or blow (bruises, welts and swelling). *No use of instruments or objects to inflict harm.</p> <p>Neglect: *Non-organic failure to thrive, physical or developmental delay due to lack of nurturing. *Lack of adequate supervision resulting in/or having potential to cause injury/harm. *No use of seat belt or appropriate child safety device that results in harm/injury to the child. *Medical/dental</p>	<p>*Separate victim/offender if appropriate</p> <p>*Command monitors the offender's progress on a regular basis.</p> <p>*Consider appropriate administrative or disciplinary action and determine further career potential.</p>	<p>*Compliance with CPS/FAP recommendations</p> <p>*Mandatory participation in other adjunct services, i.e., parenting education, family counseling, etc. as determined by the CRC</p> <p>*Attend classes on the effects of domestic violence upon children when appropriate.</p>	<p>At this level, the offender(s) has crossed a threshold, and a combination of sanctions that constitute a punishment and rehabilitation is the best deterrent. A critical task is to assess the danger to the victim.</p> <p>*Consider appropriate administrative or disciplinary action and determine further career potential.</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 and other documents as well a SRB/OQR `is warranted.</p>
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<p>neglect resulting in pain or disability in spite of efforts at intervention/correction.</p> <p>Emotional Abuse: *Chronic or recurring acts of ignoring, isolation, insulting, embarrassing, over pressuring, threatening physical behavior resulting in demonstrated and/or observable ill-effects. *Demonstrated effects of witnessing domestic violence.</p> <p>Sexual Abuse: *Demonstrated effects of deliberated exposure to sexually explicit material or behaviors.</p> <p>Risk: *There is a significant risk of repeated and increasing severity of maltreatment without intervention.</p> <p>4. <u>Level IV</u> Physical Abuse: *Pattern of child abuse resulting in serious, but non-life threatening injuries. Single fracture, burns and extensive Bruising on torso. Use of any</p>	<p>*Command monitors the offender's progress.</p>	<p>*Mandatory compliance with CPS/FAP recommendations</p>	<p>*Intent of command sanctions are to deter further abuse, to provide services victims, to hold the offender accountable, and to assist the</p>
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<p>object or instrument as a weapon resulting in serious injury. *Injury resulting from Shaken Baby Syndrome.</p> <p>Neglect: *Non-organic failure to thrive with weight loss and dehydration despite intervention effort. *Injury resulting from reckless behavior or failure to utilize safety precautions. *Abandonment of a child. *Medical/dental neglect resulting in pain/disfigurement/disability, which could have been prevented.</p> <p>Emotional Abuse: *Chronic or recurring acts or pattern of isolating, insulting, threat(s) of serious harm, threats to kill, ignoring, and rejecting which results in observable low self-worth, clinical depression, emotional or behavioral problems for the child(ren). *Demonstrated effects on child witness to any injurious family violence.</p> <p>Sexual Abuse: *Repeated intentional exposure of a child to inappropriate sexually explicit materials or behaviors.</p> <p>Risk: *Potential for ongoing abuse to child is high without intervention.</p>	<p>*Entry into service member's record.</p> <p>*Second substantiated offense requires mandatory processing for administrative separation.</p> <p>*Issuance of a MPO to enhance protective measures.</p>	<p>*Mandatory attendance at programs/services offered in coordination with other military/civilian agencies.</p> <p>*Professional counseling sessions.</p> <p>*Mandatory attendance at classes pertaining to the effects of domestic violence on children.</p>	<p>family's return to a healthy state, free of violence.</p> <p>*Second substantiated offense requires mandatory processing for administrative separation.</p> <p>*Protect the integrity of the Marine Corps.</p> <p>*If the service member is separated, initiate the request for Transitional Compensation.</p>
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<p>5. <u>LEVEL V</u></p> <p>Physical Abuse: *Large burns, brain/spinal cord injury, multiple fractures; life threatening abuse, permanent impairment, or death. *Permanent injury or death resulting from Shaken Baby Syndrome. *More than one occurrence of serious injury requiring medical intervention within a year.</p> <p>Neglect: *Failure to thrive resulting in life threatening dehydration/weight loss or death. *Medical/dental neglect resulting in death, which could have been prevented. *Death, disability or disfigurement resulting from the failure to utilize reasonable and available safety precautions. *Abandonment resulting in serious injury/death of child.</p> <p>Sexual Abuse: 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.</p> <p>Risk: *Extreme danger of ongoing/increasing abuse or death. *Increasing the risk of danger to others, including other family members/interveners.</p>	<p>*Issue Military Protective Order</p> <p>*Pretrial detention</p> <p>*Civilian court system or military judicial system</p>	<p>*Ensure comprehensive rehabilitation is offered to the family.</p>	<p>*Risk to victim is very high.</p> <p>*Command actions should look to punish and separate service member while simultaneously protecting the victim who would be vulnerable to ongoing abuse.</p> <p>*Involvement with civilian court system or military judicial system.</p> <p>*If service member is separated, initiate request for Transitional Compensation.</p>
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<p>*Medical/dental neglect resulting death, which could have been prevented. *Death, disability or disfigurement resulting from the failure to utilize reasonable and available safety precautions. *Abandonment resulting in serious injury/death of child. Sexual Abuse: *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. Risk: *Extreme danger of on-going/increasing abuse or death. *Increasing the risk of danger to others, including other family members/interveners.</p>			
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REVIEW PROCESS FOR CRC STATUS DETERMINATIONS

1. General

a. What May Be Reviewed:

(1) A family member or authorized person acting on behalf of a family member (see also paragraph 1c) may request a review of a status determination of "substantiated" or "unsubstantiated did not occur" made by an installation CRC relative to a reported incident, subject to the grounds and criteria for Review discussed below.

(2) Other findings and recommendations of the CRC related to the case of which the incident is a part are not covered by this review process (the level of violence established per the matrix or the recommended disposition plan). Review of a command disposition shall follow normal military procedures.

(3) This review process does not apply to status determinations of unsubstantiated unresolved. Cases with this status determination may be reopened at any time within a year after the CRC status determination and shall be reviewed following established CRC procedures.

(4) Participation in command dispositions shall continue during resolution of the Request for Review of a CRC status determination.

b. Grounds for Requesting a Review:

(1) The availability of new information.

(2) Alleged failure by the CRC to substantially follow correct procedures as specified in MCO P1700.24B.

(3) The following are examples of factors that would not be grounds for requesting a review in and of themselves, unless one of the above grounds pertains:

AirStaO 1700.1
21 Jul 04

(a) Disagreement with the status determination.

(b) A belief that the CRC process was allegedly biased in favor of one party or the other.

c. Who May Request a Review. A substantiated offender or victim, or a person legally responsible for the victim, or either spouse where the incident was unsubstantiated-did not occur, may request a review. The request for review must be made via the chain of command commencing with the cognizant unit commander or, in the case of (alleged) victims, may be initiated through an installation FAP clinical counselor.

d. Effective Date. This review process shall take effect immediately upon issuance and shall apply to any case opened on or after 1 Oct 96.

e. Review Authority. Per DoD Directive 6400.2, FAP, the installation CRC is the final authority on the status determinations. The CRC shall conduct its review per established orders and directives. CRC Review determinations that change the outcome of the original case disposition necessitate an additional Form 2486 submission reflecting this change within 15 days of the review determination. Notification of CRC findings from the review of the original CRC status determination shall follow current installation procedures, which require unit commander/supervisor notification via the FAPM.

2. Criteria for Requesting a Review. The Request for Review applies only to a status determination of substantiated or unsubstantiated did not occur by an installation CRC for a specific incident. The criteria for review are the same for service members and civilians. The following applicable criteria must be present:

a. Newly Discovered Information

(1) A Review shall be granted on the grounds of newly discovered information if the person requesting the review demonstrates that:

(a) The information was discovered within 10 working days of the original status determination (discoveries outside that timeframe must be justified by a reasonable explanation).

ENCLOSURE (10)

(b) The newly discovered information, had it been available to the installation CRC and in light of all other pertinent information, would likely have produced a different status determination.

(2) Examples of newly discovered information include, but are not limited to:

(a) Disclosure of new information by a person such as the alleged victim who declined to disclose earlier because of a fear of retaliation by the alleged offender.

(b) Documentation or other information that had been solicited but was not forthcoming at the time of the FAP assessment and CRC review.

(c) New or additional information that was considered during a full trial on the merits of a court-martial or civil/criminal proceeding that resulted in a not guilty finding. In this instance, the charge(s) decided upon during trial must have been:

1 Directly related to the incident that formed the basis of the installation CRC's status determination.

2 Directly impacted upon the not guilty finding.

3 Such that, had it been presented to the installation CRC, it would likely have produced a different result. Alleged victims would, in effect, demonstrate the opposite.

b. Failure to Substantially Follow Correct Procedures

(1) A review may be granted where proper procedures as specified in MCO P1752.24B or other directives relative to the FAP and the CRC were not substantially followed and the failure to do so might have affected the outcome of the status determination. Examples of procedural discrepancies that might be grounds for review include but are not limited to:

(a) A quorum of 5 voting members must be present at the CRC including the FAPM and victim/offender command representative(s).

AirStaO 1700.1
21 Jul 04

(b) Failure of the FAP case manager to inform the parties to the incident of their right to provide a written statement to be read to the CRC during the review of the incident. (The FAP case manager must note in the case file the date and time he or she informed the party of this right).

c. Other Criteria

(1) CRC substantiated abuse determinations must have resulted in the submission of Form 2486 within 15 days of the original status determination.

(2) For an alleged victim to request a review, he or she must be the subject of a status determination of unsubstantiated did not occur.

(3) The parties must have received notification of the status determination.

(4) The parties must have received notification of their right to request a review.

(5) The parties must have received an explanation of the review procedures.

(6) The request for review procedures must have been completed in timely fashion, with appropriate explanations for lengthy delays.

(7) The person requesting a CRC review must have completed and signed the Notification of Request for CRC Status Determination Review form (a sample form appears at the end of this enclosure). The request for CRC Review must have been submitted to the cognizant unit commander and forwarded up the chain of command to the installation commander or designee for final approval/disapproval per established installation procedures.

3. Procedures for Requesting a Review

a. Where a service member is a party in the incident as an Alleged Offender or Victim:

ENCLOSURE (10)

(1) The CRC shall report its status determination and recommendations, in accordance with established installation procedures, to the unit commander of a service member who is a party to the incident it reviewed. Subject to USMC Privacy Act/ confidentiality requirements and associated exemptions, the CRC's report shall include the names of the parties involved, the nature of the incident, the status determination of the incident, and a general summary of the information the CRC relied upon in making the status determination.

(2) The general summary shall indicate the sources of information available to the CRC and broadly what that information covered without divulging the specific details a source provided. For example, the summary would state that information was obtained from the law enforcement and MTF reports and the FAP assessment, which included interviews with family members. The information reviewed covered the particulars of incident, the conclusions of the medical examination, and information from a neighbor.

(3) Upon receipt of the CRC summary on its status determination, the service member's unit commander shall discuss the following with the subject service member:

(a) The CRC's status determination.

(b) Sources of information on which the determination was based.

(c) The grounds for requesting a review of the status determination.

(d) His/her (non) concurrence with the CRC status determination and that his/her (non) concurrence does not preclude the service member's right to request a review.

(e) The procedures for requesting a review.

(f) The Request for CRC Status Determination Review notification form (a sample appears at the end of this enclosure).

(4) Thereafter, the unit commander will have the service member sign and date the form indicating that he or she has been advised of (his or her right to request a CRC Status Determination

AirStaO 1700.1
21 Jul 04

Review, subject to the criteria and procedures specified in sections 2 and 3, and whether he or she elects to request a review. (A sample Request for CRC Review Notification form is at the end of this enclosure).

(5) If the service member elects to request a review, he or she shall need to prepare a package documenting the basis for requesting the Review and the information that supports the claim of new material information or substantial procedural discrepancies.

(6) An active duty alleged offender might ask for assistance from his or her unit commander in preparing the request for review package. An active duty alleged victim could ask that assistance in preparing the request for review package be handled by FAP clinical staff instead of the unit commander.

(7) Once the service member's documentation has been submitted, the cognizant unit commander and the FAPM shall review the material. The FAPM, as chair of the CRC, shall advise the unit commander as to whether the material meets the criteria for review and how the material might have affected the CRC's status determination. The decision whether to recommend approval or disapproval rests, however, with the cognizant unit commander. The FAPM and FAPO will review request and endorse whether or not request meets program requirements for review and forward to the Installation Commander for final decision (approval/Disapproval for review).

b. Where a Civilian Spouse of a Service member is a Party in the Incident as Alleged Victim or Offender:

(1) The CRC shall report its status determination to the unit commander of the civilian spouse's sponsor who is a party to the incident, per paragraphs 3a(1)-(2) above.

(2) Upon receipt of the CRC summary on its status determination, the service member's unit commander shall follow the applicable procedures set forth in paragraphs 3a(3)-(7). The unit commander may:

(a) Notify the civilian spouse directly of the receipt of the status determination and of the civilian spouse's right to request a review and the procedures for doing so. The FAPM will

ENCLOSURE (10)

notify the civilian spouse of the CRC determinations, via letter.

(b) If the civilian spouse elects to pursue a request for review, he/she may ask the unit commander or a FAP clinical counselor for assistance in preparing the package, consistent with paragraphs 3a(5)-(6). If the civilian spouse elects to pursue a Request for Review via a FAP clinical counselor, the unit commander will be notified, and the civilian spouse assisted.

(3) Once the FAPM has received the completed package, he/she shall review it and submit the package to the unit commander indicating whether it meets the requirements.

(4) Once the unit commander receives the completed package, the same procedures as specified in paragraph 3a(7) shall be followed.

4. Time Limit

a. Requests for a CRC Status Determination Review must be in writing, dated, and consistent with procedures set forth herein, or the right to a CRC Review shall be waived in the absence of good cause shown.

b. Persons requesting a CRC Review shall have 10 working days from the date of the original status determination to obtain documentation consistent with the criteria for requesting a Review as set forth in section 2.

c. Unit commander approval or disapproval shall occur within 5 working days of receipt of the completed CRC Review Request package. The unit commander shall complete a form similar to the sample at the end of this enclosure, attach it to the Request for Review package, and forward the package up the chain of command to the installation commander or designee with his/her recommendation and the reasons therefore.

d. Final installation commander disposition shall occur within 5 working days of receipt of the Request for CRC Review package.

e. Installation CRC action on approved Request for CRC Review packages shall occur within 10 working days of receipt of installation commander disposition.

AirStaO 1700.1
21 Jul 04

NOTIFICATION OF REQUEST FOR CRC STATUS DETERMINATION REVIEW

From: Unit Commander/Family Advocacy Program Manager (FAPM)/
Supervisor
To: Chain of Command
Subj: CASE REVIEW COMMITTEE STATUS DETERMINATION REVIEW REQUEST,
CASE OF SNM (or as appropriate)
Encl: (1) CRC Status Determination and Recommendations
(2) CRC Case Summary

1. The following information is provided.

a. I, (name of subject of CRC determination), was notified on (date) of the CRC's status determination for the incident of (date) (enclosure (1)).

b. I was notified on (date) of my right to have a review of that CRC status determination and of the criteria for a review (enclosure (2)) and ---do or ---do not elect to submit a Request for Review package to my unit commander (or as appropriate).

c. I will provide my unit commander (or as appropriate) with supporting documentation no later than (10 days from the date of the status determination by the CRC).

2. I have been notified of the requirement to continue participation in recommended or mandatory rehabilitation during resolution of the Request for CRC Status Determination Review.

(SNM or as appropriate, signature and date)

Unit Commander (As appropriate)

ENCLOSURE (10)

AirStaO 1700.1
21 Jul 04

FIRST ENDORSEMENT on Request for CRC Status Determination Review, ltr
(Code) of (date)

From: Unit Commander/Supervisor
To: Chain of Command

Subj: CASE REVIEW COMMITTEE STATUS DETERMINATION REVIEW REQUEST,
CASE OF SM (or as appropriate)

Encl: (1) Request for CRC Status Determination Review
Notification (As appropriate)

1. Unit Commander/Supervisor. Pursuant to the reference, the
following information is provided:

a. The individual named above was the subject of an installation
Case Review Committee status determination of --- substantiated or --
-unsubstantiated-did not occur for the incident of (date).

b. I have reviewed the case summary and relevant information for
SNM (or as appropriate) dated , and I

(1) Recommend a CRC Review (enclosure (4)).

(2) Do not recommend a CRC Review.

(3) Rationale.

2. Appropriate disposition is requested.

Unit Commander

ENCLOSURE (10)

AirStaO 1700.1
21 Jul 04

FAMILY ADVOCACY CASE RECORDS

1. Background. As the Marine Corps FAP has to provide more comprehensive and sophisticated methods for service delivery, the requirement for more comprehensive documentation of services has increased.

2. Guidance. Each family advocacy incident will initiate an individual case record that will be maintained by Family Advocacy. The record is in addition to any information maintained in the MTF or at any other location. The records will be numbered sequentially upon initiation of the case. Sequencing will be initiated each FY with the last 2 numbers for a given year preceding the number of the case (03-001 signifying the first case for FY03).

3. Implementation

a. A case log listing the cases in numerical order with names only will be maintained for the purpose of cross-referencing.

b. The case record will be maintained in numbered folders. A copy of the form, Child/Spouse Abuse Incident Report (Form 2486) will serve as the face sheet for the case. There will be an additional page listing significant case events by date in chronological order (case opened, CRC review, letter of command notification and response memo, treatment plan, administrative actions taken). Narrative notes of contacts will be maintained on separate pages. There should be documentation of a contact at least every 30 days. All clinical progress notes must be signed and dated. Periodic case records review by the MFS FAP clinical supervisor for quality assurance must be signed and dated at least twice a year. All progress notes by students or interns must be signed and dated by their clinical supervisor. Copies of any correspondence regarding the case will be maintained on the left side of the folder.

c. Processing of multiple incidents. Incidents of abuse subsequent to the initial report will be recorded as follows:

(1) Enter the incident in the case log and assign a number.

(2) Begin a separate set of documents with the subsequent Child/Spouse Abuse Incident Report (Form 2486) as the face sheet. Place an empty case folder showing the case log number in the case

ENCLOSURE (11)

files with a notation referencing the original case file number.

4. Case Narratives/Subjective, Objective, Assessment, Plan (S.O.A.P.), Progressive Notes. S.O.A.P. notes and narrative recording of contacts with FAP clients is essential to this operation of effective programming. It is mandatory that assigned program goals for rehabilitation, which establish termination criteria, be documented with a formal treatment plan and brief progress notes towards meeting these goals. Poor participation or disruptive behavior must be accurately documented as treatment failure, and is grounds for involuntary separation from the Marine Corps.

5. Closure or Transfer of Records. Records remain in an active status until closed by consensus of the CRC. Upon closing, the date of the action will be noted on the significant events page of the case file. Case records will be held for the occurrence year plus 4 years and then archived. It is unlikely that a service member in treatment will be transferred, due to the recommended prohibition on PCS reassignments while in treatment. If the service member is transferred, the original, active case records will be transferred to the gaining FAPO or FAPM.

6. Confidentiality. Confidentiality of records is essential to the credibility of the program. Access to FAP case records must be strictly limited to those with a need to know. Confidentiality of records will be maintained in the following manner:

a. The FAPM is responsible for ensuring confidentiality. These responsibilities include, but are not limited to:

(1) Physical security of records. FAP records are to be kept in a locked file cabinet in a routinely locked room.

(2) Development of a records access list naming those individuals entitled to access and requiring that each time the records are accessed, the list be signed and dated by the individual accessing the records.

(3) Review of requests for information.

(4) Approval to release information. Administrative personnel and FAP personnel must be included on the access list in

AirStaO 1700.1
21 Jul 04

order to view or place entries in records, as necessary, by their positions within MFS .

b. Breaches of confidentiality, at a minimum, will be noted in personnel evaluations of the employee who committed the breach. Any member/employee of the DoD may be found guilty of a misdemeanor and fined up to \$5,000 for willfully disclosing information protected by the Privacy Act to any unauthorized person or agency.

c. Placement on the access list is limited to privileged counselors, designated clerical personnel, and the service member's unit commander.

d. Under no circumstances will alleged perpetrators have access to victim records.

ENCLOSURE (11)