



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION  
BEAUFORT, SOUTH CAROLINA 29904-5001

ASO 1754.1D  
MCCS  
25 Oct 19

AIR STATION ORDER 1754.1D

From: Commanding Officer  
To: Distribution List

Subj: FAMILY ADVOCACY PROGRAM STANDARD OPERATING PROCEDURES

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

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

1. Situation. To provide policy and procedural guidance for the effective execution and use of the Family Advocacy Program (FAP) aboard Marine Corps Air Station (MCAS) Beaufort.

2. Cancellation. ASO 1754.1C.

3. Mission. Department of Defense (DoD) policies on family violence require the development of a DoD wide program for the prevention, identification, evaluation, treatment, follow-up, and reporting of abuse.

4. Execution

a. Commander's Intent and Concept of Operations

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

(2) Concept of Operations

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

(b) Since acts of child and spouse abuse occur within the family, rehabilitation efforts will be directed towards the entire family, if possible.

(c) Once identified, abusive personnel shall be confronted and appropriate action taken. When justified by a record of past good

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performance, potential for future service, individual motivation, and an evaluation by competent counselors and/or medical personnel that the member is a good candidate for successful treatment, rehabilitation is the preferred course of action.

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

(e) Policies contained in paragraph 3 are not intended to preclude the Commanding Officer (CO) from administering appropriate disciplinary or administrative actions for acts of abuse when any of the following apply:

1. Offender(s) fail to acknowledge or assume responsibility for their behavior.
2. Behavior of offender(s) is compulsive, repeated, and represents a specific danger.
3. The victim suffered a serious injury.
4. There is sufficient evidence for conviction and testifying in court is in the best interest of the victim. In this regard, careful consideration shall be given to the impact of any punishment on the victim and the entire family.

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

1. Enhance unit readiness by operating programs to restore families to a healthy state after suffering from abuse.
2. Integrate on and off base resources into preventive programs.
3. Guarantee interagency, staff, and Command cooperation in addressing family advocacy matters.
4. Assist members dealing with family abuse.
5. Provide rehabilitative counseling to family members involved in abuse.
6. Identify, support, and treat families at risk for domestic violence.

(g) Scope of Program

1. The MCAS Beaufort FAP encompasses the elements of prevention, evaluation, identification, intervention, treatment, rehabilitation, follow-up, and reporting relative to child and spouse abuse. The program includes the following categories for identification and reporting purposes.

- a. Child Physical Abuse
- b. Child Emotional Abuse
- c. Child Sexual Abuse
- d. Child Neglect
- e. Spouse Physical Abuse
- f. Spouse Sexual Abuse
- g. Spouse Emotional Abuse
- h. Spouse Neglect

2. Evaluation and counseling by the FAP are mandatory for all active duty Marines and Sailors who are suspected to have committed abuse. Family members may participate voluntarily.

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

- a. Individual Counseling
- b. Couples Counseling
- c. Family Counseling
- d. Parenting Education Class
- e. New Parent Support Program
- f. Referral to Community Counseling Program
- g. Referral to Mental Health or higher level of care
- h. Domestic Violence Abuser's Group
- i. Domestic Violence Victim's Group
- j. Prevention and Education Class
- k. Command Well Check Request
- l. Housing Check Request
- m. Referral to Child Protective Services (CPS)
- n. Referral to Law Enforcement

(h) Program Guidance

1. The FAP will operate within the established structure of the Beaufort Health Branch (BHB) and will support all tenant commands aboard Marine Corps Recruit Depot/Eastern Recruiting Region, Parris Island, MCAS Beaufort, and Naval Hospital Beaufort (NHB). Each command will appoint, in

Beaufort, and Naval Hospital Beaufort (NHB). Each command will appoint, in writing, a FAP representative and an alternate to assist in carrying out the program at the unit level. Components of the FAP will include prevention and awareness education of at-risk families, identification and assessment of abuse cases, and disposition of cases.

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

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

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

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

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

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

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

4. Intervention. Temporary separation of the victim(s) from the offender(s) after an episode of abuse is often necessary and desirable to ensure the safety of all concerned. A memorandum of understanding authorizes the CPS DSS to operate aboard MCAS Beaufort to facilitate the identification, assessment, temporary foster placement, and treatment of abused children. Depending upon the severity of the situation, other intervention strategies may include:

a. Temporarily relocating the military member from the home to the barracks.

b. Placing family member(s) in the spouse/intimate partner abuse shelter operated by Hopeful Horizons.

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

5. Intervention/Treatment and Records Management

a. The goals of intervention and/or rehabilitation are to prevent a recurrence of abuse, repair any lasting physical or psychological damage resulting from the abuse, and return the family to a functional state. NHB has the primary responsibility for coordinating and providing medical treatment per references (c) and (d). The FAP is responsible for assessment, referral, and counseling services.

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

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

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

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

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

(2) If a Permanent Change of Station (PCS) transfer is known or anticipated, COs will coordinate with the Commandant of the Marine Corps (MMEA for enlisted personnel and MMOA for officers) to preclude transfer of a Marine successfully participating in a rehabilitation program. In the case of Sailors, COs will coordinate with the Navy Personnel Command in Washington, DC, to preclude transfer. This coordination will include a recommendation, such as: "Member be stabilized at current command for months (not normally to exceed 12 months) to complete a rehabilitative program" or "Member be transferred to a major command in CONUS where rehabilitative treatment is readily available." At the end of a rehabilitation and treatment program, individual cases will be reviewed to determine availability for worldwide assignment or separation from the service.

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

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

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

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

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

## 6. Voluntary Self-Referral

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

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

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

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

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

### (i) Reports

1. The Marine Corps requires the FAPM to provide to the Marine Corps Central Registry, information and reports of incidents of abuse and to document the incident rates of child and spouse abuse. Based upon the investigation presented by the FAP and other information from the Family Advocacy Committee (FAC), the IDC classifies abuse cases as meets criteria or does not meet criteria in accordance with IDC guidelines.

2. Enclosure (5) delineates the procedure to be utilized by NHB and Provost Marshal personnel for reporting cases to the FAPM that occur after normal working hours, on weekends, and on holidays.

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

### 4. Reports Required

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

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

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

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

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

d. Marine Corps FAP Fiscal Year Program Review and Office of the Secretary of Defense/Office of Management and Budget Report (Report Control Symbol DD-1752-04), MCO 1754.11.

(j) Coordinated Community Response (CCR)

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

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

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

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

b. Roles and Responsibilities

(1) COs and Officers-in-Charge

(a) Hold military offenders accountable.

(b) Receive training on the prevention of, and response to, child abuse and domestic abuse within 90 days of assuming command and annually thereafter.

(c) Ensure completion of FAP IDC training prior to participation in the IDC.

(d) May appoint a primary and secondary officer to receive training and participate in the IDC. Secondary appointees participate in the IDC only in the event that the primary appointee is unavailable. This requirement only pertains to those unit commanders who are convening authorities.

(e) Participate in the IDC.



(f) Support CCSM treatment recommendations.

(g) Notify the FAPM when orders are pending to reassign service members and/or family members with open FAP cases.

(h) Ensure all Marines attend annual educational/awareness briefings on prevention of child abuse and domestic abuse.

(i) Report to FAP all suspected and alleged incidents of child abuse and domestic abuse occurring aboard the Installation involving military personnel or their families.

(j) Implement Military Protection Orders (MPOs).

(k) Ensure the removal of service members from the home in the event of an MPO.

(l) Ensure the removal of children and/or adults from the home in abuse or neglect incidents. DSS also shares in this responsibility.

(2) Director, BHB

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

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

(c) Act as a point of contact and conduit for information to MCAS Beaufort and all tenant commands regarding the FAP.

(3) FAC

(a) Provide recommendations for FAP policy and procedures.

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

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

(d) Conduct ongoing needs assessments and evaluations of the MCAS Beaufort FAP.

(e) Recommend to the CO, MCAS Beaufort, new resources and programs, as needed.

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

(g) Serve as advocates for families and children.

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

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CCSM operates independently from the IDC and does not need to wait for an Incident Status Determination (ISD) in order to make treatment and referral recommendations.

(b) The FAPM shall chair the CCSM.

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

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

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

5. Command and Signal

a. Command. This Order is applicable to MCAS Beaufort and tenant commands.

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

  
T. P. MILLER

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Family Advocacy Program Definitions

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

1. Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child or spouse/intimate partner.
2. "At Risk" Or "High Risk". A term used to identify groups of individuals or families which statistically have a strong possibility of becoming involved in some form of maltreatment.
3. Caretaker. Person who assumes responsibility for the physical or emotional well-being of a child at any given time.
4. Case. A victim of abuse or neglect. Each victim in a family is a separate case. A case is defined by victim and not by the offender for Department of the Navy reporting purposes.
5. Case Determinations By the IDC. The purpose of the IDC is to decide which referrals for suspected child abuse or unrestricted domestic abuse meet the DoD criteria found in MCO 1754.11, appendix E, that define such abuse, requiring entry into the FAP Central Registry. This decision is known as the ISD. Referrals presented to the IDC shall also include incidents of alleged abuse or neglect in which the victim has died in connection with such alleged abuse or neglect. The IDC will occur at the location that has the Primary Managing Authority for the case.
  - a. With respect to child abuse incidents, an ISD may differ from a case substantiation decision made by a civilian CPS agency. Such differences may occur because the DoD criteria that define the type of abuse may be more or less inclusive than the criteria used by the civilian CPS agency and because the IDC may have different or more information than the civilian CPS.
  - b. An IDC meeting is not a disciplinary proceeding under MCO 1754.11, references (j) and (m) and the evidence rules and requirements for due process for disciplinary proceedings do not apply to IDC meetings and determinations. A commander may not take administrative or disciplinary action against a service member based solely upon the ISD for an act of child abuse or domestic abuse, or intimate partner abuse allegedly committed by that service member. This in no way increases or restricts a commander's ability to determine appropriate accountability for an offense committed by the service member.
6. Child Abuse and Neglect. The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child by a parent, guardian, employee of a residential facility, or any staff person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of such a responsible person.

7. FAC. A committee established by the Installation CO that collaborates with the CO of the medical treatment facility. This is a multi-disciplinary committee whose purpose is to assist the Command in the coordination and oversight of the base-wide FAP and to monitor and review all intervention and treatment strategies. The CO, MCAS Beaufort, shall appoint the chairperson of the committee.

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

9. FAPM. A member of the BHB staff designated by the CO, MCAS Beaufort, to implement and manage the FAP at the BHB and medical facilities and to coordinate treatment and reporting for all FAP cases base-wide. The person awarded this position must be credentialed as a Tier III Clinical Counselor for the DoD and have a current license to conduct therapy in either social work, professional counseling, or marriage and family therapist occupation from an accredited State in the United States.

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

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

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

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

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

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

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

12. Intimate Partner. A spouse or former spouse, persons who share a child in common, and persons who cohabit or have cohabited.

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

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

a. Physical Abuse of a Child.

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

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

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

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

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

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

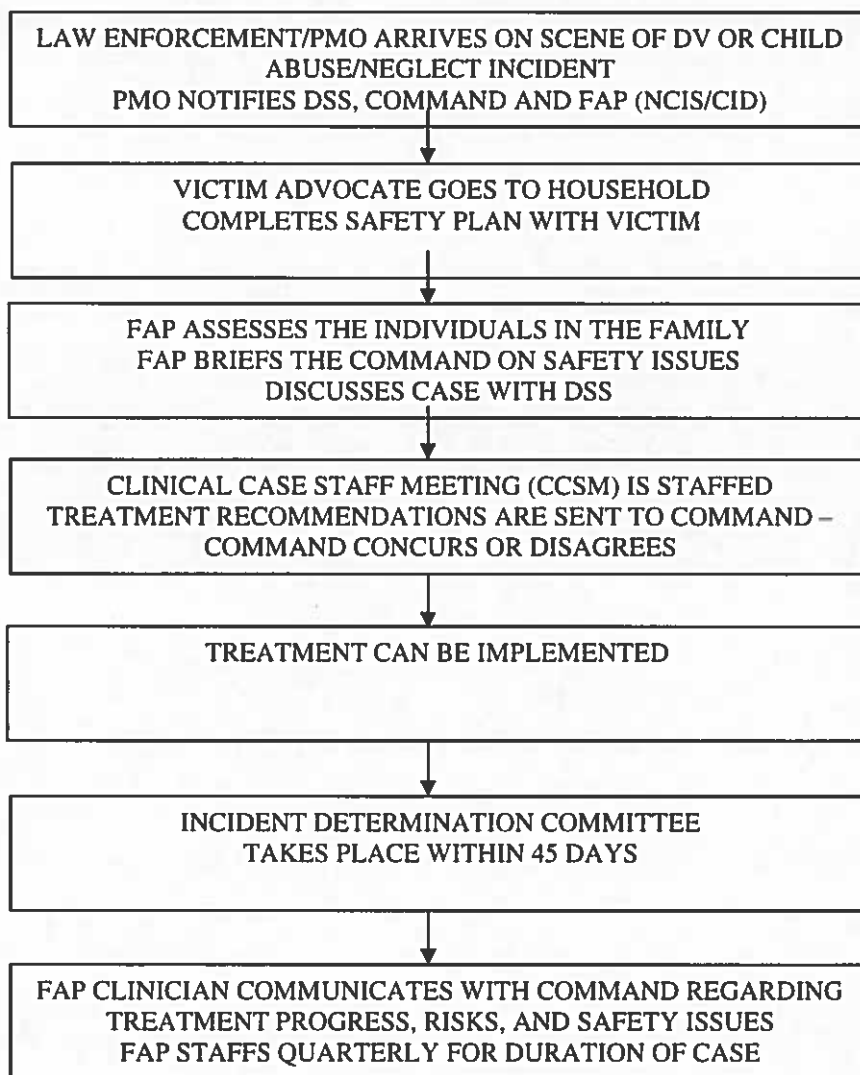
16. Offender. The person directly or indirectly responsible for the resulting neglect or abuse as defined here.

17. Spouse. A partner in a lawful marriage where one of the partners is a military member.

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

19. Victim. An individual who is the subject of abuse, neglect, incest, or sexual assault.

DIAGRAM FOR REPORTING FAMILY VIOLENCE



Incident Determination Committee Members

1. Composition. The IDC will be a multi-disciplinary team appointed in writing by the CO. The IDC model requires active participation by the Installation Executive Officer (XO) as the IDC Chairperson, and unit commanders (battalion/squadron level), or the unit commander's designee, appointed by that unit commander.
2. The committee will consist of the following core members:
  - a. IDC Chairperson
  - b. Installation Sergeant Major
  - c. A military officer or staff noncommissioned officer from the PMO, CID, and/or NCIS
  - d. Judge Advocate from Staff Judge Advocate's (SJA's) Office
  - e. The FAPM
3. All aforementioned parties are voting members. The IDC Chair shall ensure appropriate senior ranking members are appointed from above identified organizations.
4. The following parties are non-permanent (non-core) members:
  - a. The unit commander (squadron/battalion level) of the active duty alleged offender(s) or active duty victim(s), or the active duty sponsor in cases of child abuse, should participate in the IDC and is a voting member. In cases of dual military, both commanders are voting members.
  - b. Unit commanders (squadron/battalion level) serving as convening authorities shall appoint a primary and secondary officer to participate in the IDC process. These officers shall not be more than one grade lower in rank than the commander.
  - c. Attendance at the IDC is limited to individuals with an authorized need to know or who have relevant information to present. No active duty service member or family member who is an alleged abuser or victim is authorized to attend the IDC, nor is an attorney for such individuals permitted to attend the IDC. However, if additional information is required to determine whether an incident meets the appropriate criteria as outlined in this Order, the IDC Chairperson may invite a nonvoting guest to attend and present pertinent relevant information.

Family Advocacy Committee Members

1. The FAC will be a multi-disciplinary team appointed in writing by the Installation CO. The FAC will advise on Installation FAP procedures, training, policy matters, program evaluation efforts and will address the overall administrative details of the FAP.
2. The Installation CO shall serve as Chair to the FAC, or if unavoidably absent, may delegate the position to that of the XO.
3. The FAPM is the subject matter expert and will provide logistical support for the FAC.
4. The FAC members shall have functional responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of child abuse and domestic abuse. In addition to the Chair and the FAPM, the FAC must include the following at a minimum:
  - a. Installation Sergeant Major
  - b. Marine and Family Programs Director
  - c. FAP Prevention Specialist
  - d. SJA
  - e. The PMO, CID, or NCIS
  - f. Chaplain
  - g. MTF representative
  - h. DoD Education Activity School Representative if applicable
  - i. Other representatives as deemed appropriate by the FAPM



Case Management Procedures

1. All reports of suspected or substantiated child or spouse abuse shall be reported as soon as possible to the FAP who is responsible for notifying all appropriate personnel.
2. When the Provost Marshal notifies the FAP of a case, the FAP Victim Advocate completes the intake paperwork and sends it to FAP Admin who assigns the case to a FAP Counselor.
3. The FAP Victim Advocate
  - a. Responds to all telephone notification within fifteen minutes and is available to be on site within two hours.
  - b. Assesses the safety needs of the victim(s), including the need for medical care, safe housing, and financial and legal assistance. Works with the victim(s) to create a viable plan to prevent further abuse.
  - c. Reports pertinent data verbally and in writing to the FAP Counselor.
  - d. Continues to work with the victim(s) as long as needed.
4. The FAP Counselor or Case Manager notifies the unit CO to request that the Marine (or Sailor) involved in the case be sent to the FAP for intake and counseling.
5. Whenever possible, the FAP Counselor or Victim Advocate collects related incident complaint reports and statements from the Provost Marshal or law enforcement agency prior to the arrival of the family. If this information is not available, the FAP counselor or case manager is responsible for obtaining it as soon as possible.
6. The FAP counselor notifies the FAPM of the suspected case and ensures that the case is annotated on the FAP master log.
7. Upon arrival of the Marine (or Sailor) and family members, the FAP Counselor:
  - a. Collects intake data and creates a case file using the forms and documents indicated in paragraph 8 below.
  - b. Conducts a private, one-on-one interview with each person present. If some parties to the abusive situation are not present, the Counselor will interview them at a later time, if possible.
  - c. Interviews appropriate persons jointly, as needed.
  - d. Assesses the safety plan jointly created by the Victim Advocate and the victim(s) and adjusts it, as needed, based upon his or her interviews with the parties to the abuse and other pertinent data.
  - e. Consults with the CO on the need for the continuing intervention and separation of offender(s) and victim(s).

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

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

- (1) Notifies the offender(s) of the outcome.
- (2) The Case Manager Prepares DD Form 2486, enclosure (6), and ensures that the data is entered into the Marine Corps Central Registry.
- (3) Initiates the treatment plan by notifying the unit of, the offender(s), and the victim(s) (in some cases) when and where the treatment will take place.
- (4) Monitors and conducts treatment or makes referral to an appropriate treatment agency.
- (5) Notifies the CO of client's attendance and progress or lack thereof.
- (6) Periodically updates the CCSM:
  - (a) On the progress of treatment.
  - (b) If clients become treatment failures.
  - (c) When clients have completed all recommended treatment.
  - (d) To recommend when cases should be closed or transferred elsewhere. The FAP counselor shall issue the closure letter when the case is closed.
  - (e) The IDC will make an ISD determination for new incidents and the CCSM will assess the need for a change in treatment recommendations.

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

8. The FAP Counselor manages case files according to the FAP.

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

- (1) Identifying Information
- (2) Pertinent Background Information
- (3) Privacy Act Statement
- (4) Limits of Confidentiality
- (5) Informed Consent to Treatment
- (6) Consent for Child to Participate in Counseling

- (7) Intake/Assessment
- (8) Bio-Psycho-Social Assessment
- (9) Treatment/Service Plan and Goals
- (10) Case Activity Notes, Full and Brief
- (11) Record of Contacts

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

- (1) Authorization to Disclose, Consent to Obtain Information
- (2) Client Referral Form and Client Referral Follow-Up
- (3) Consent to Observe/Tape Counseling Session
- (4) Disclosure Accounting Form
- (5) Copies of correspondence

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

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

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

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

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

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

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

11/14/2013

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

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

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

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

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

**Incident Information**

First contact about case (name, date and time) \_\_\_\_\_ Physical Injuries? \_\_\_\_\_ Alcohol and/or Drug involved? \_\_\_\_\_  
 Command Notification (name, date and time) \_\_\_\_\_ Injuries (con't) \_\_\_\_\_  
 MPO issued?, date, length \_\_\_\_\_ Injuries (con't) \_\_\_\_\_  
 Date & Time of VA Response \_\_\_\_\_

**Victim Safety Plan**

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

**Additional information**

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

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

Enclosure (6)

Form: March 2009

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

11/14/2013

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

[Empty text area for incident description]

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

## MCAS BEAUFORT ROUTING SHEET



Date Forwarded: 20190614	Date Due:
Originator (Rank, Last, First) Major Trail, David	Phone Number: 843-228-7132
Subject: Family Advocacy Program Standard Operating Procedures (SHORT TITLE FAP SOP)	

SEQ	SECTION	CODE	DATE IN	DATE OUT	INITIALS	Action Brief:
4	CO, MCAS Beaufort	S	9/26	10/25	ADJ/CO	Sir, Forwarded for your review and signature.
3	XO, MCAS Beaufort Sergeant Major, MCAS Beaufort	A	TAD			
2	Adjutant, MCAS Beaufort Executive Assistant/ Protocol Officer Central Files S-1, MCAS Beaufort S-3/5/7, MCAS Beaufort S-4, MCAS Beaufort S-6, MCAS Beaufort CO, HQHQRON XO, HQHQRON Sergeant Major, HQHQRON	A	6/17	9/25	ADJ	V/R Maj Trail  <b>RETAIN CORRECTED VERSION.</b>  10/24 correction
1	Staff Judge Advocate (SJA) Provost Marshal Office (PMO) Comptroller Human Resources Office (HRO) Director, MCCS-SC Inspector, MCAS Beaufort Chaplain, MCAS Beaufort OIC, Branch Clinic Security Manager/CMCC Equal Opportunity Advisor (EOA) MCFTB DOSS/Safety Communication Strategy (COMMSTRAT) Director, IPAC Community Plans & Liaison Office (CPLO) CO, MAG-31 CG, MCRD Parris Island CO, Naval Hospital Beaufort CO, CLC-23 OIC, MACS-2 Det A Airfield Operations Mission Assurance SARC NREAO Other:	X		6/17		
						<b>Corrections:</b>
						6/17 7/30 9/23 9/24
						SNCOIC:
						Clerks: 20190618
						CPI Clark

A - APPROPRIATE ACTION  
I - FOR INFORMATION  
X - ORIGINATOR

C - COMMENT  
R - RECOMMENDATION  
Y - CONCURRENCE

D - DECISION  
S - SIGNATURE