



UNITED STATES MARINE CORPS
U.S. MARINE CORPS AIR STATION
YUMA, ARIZONA 85369-8001

StaO 6320.1C
3BC10
04 Mar 94

STATION ORDER 6320.1C

From: Commanding Officer
To: Distribution List

Subj: FAMILY ADVOCACY PROGRAM

Ref: (a) MCO 1752.3A
(b) OPNAVINST 1752.2
(c) CMC White Letter 4-93 dtd 11 May 93
(d) SECNAVINST 5520.3B
(e) MCO P1900.16

Encl: (1) Recommended Letter For Counseling Assignment
(2) Military Protective Orders
(3) Protocol For Child Abuse and Spouse Abuse Response
(4) FAP Treatment Model
(5) Intervention Steps and Responsibilities Matrix

1. Purpose. To publish policies, procedures, and guidance for the Family Advocacy Program (FAP) at Marine Corps Air Station, Yuma, Arizona.

2. Cancellation. StaO 6320.1B.

3. Background. The evolutionary process of Family Advocacy in the Marine Corps is rooted in the Navy Family Advocacy Program of 1976 which was initially concerned with the medical and social aspects of child maltreatment. The program was expanded in 1979 to include victims of spouse abuse, adult sexual assault and sexual harassment, regardless of whether the offender is a military or family member. At this time the program was officially designated as the Family Advocacy Program (FAP). Finally, in 1991 the functional control of the program and the reporting requirements became the responsibility of the Marine Corps and all units under its purview. References (a) and (b) provide guidance for the management of child and spouse treatment, evaluation, and reporting requirements for the Family Advocacy Program.

4. General Program Guide. As clearly stated in reference (c), the Marine Corps policy dictates that incidents of family violence/abuse have no place in our Corps. Renewed efforts at eliminating spouse and child abuse are aggressively underway. Domestic violence by Marine Corps personnel detracts from military performance, negatively impacts the efficient functioning and morale of military units, and diminishes the reputation and prestige of the Marine Corps in the civilian community. Acts of violence or neglect are incompatible with the high standards of professional and personal discipline required of members of the Marine Corps. Per reference (d), incidents of actual, suspected, StaO 6320.1C or alleged major

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criminal offenses coming to the unit's attention must be immediately reported to the Naval Criminal Investigative Service (NCIS). Commanding Officers will hold offenders accountable for their behavior and will ensure all incidents of abusive behavior are reported through the Station Family Advocacy Program. The offender shall be dealt with through a Coordinated Community Response to domestic violence. In order to implement a successful program that deals with all aspects of spouse/child abuse, the Family Advocacy Program, at all levels, must follow principle missions and established goals.

a. Principle missions of the FAP are:

- (1) Prevention of abuse,
- (2) Intervention to protect victims, and
- (3) Holding offenders accountable for their actions.

b. Goals of the FAP are:

(1) To establish a coordinated community response to prevent child and spouse abuse, in addition to intervening in cases of intrafamilial maltreatment through administrative and disciplinary action:

(2) To provide support for and education of at-risk families;

(3) To provide support and treatment for victims of and witnesses to maltreatment;

(4) To hold all offenders accountable for their actions, either by:

(a) a mandatory program of rehabilitation, in cases where it is appropriate, or

(b) some form of disciplinary action, to include nonjudicial punishment, courts-martial, trial in a civilian court, or discharge.

5. Specific Program Guidance

a. Family Advocacy Committee (FAC)

(1) The Director of the Family Service Center, as the Station Family Advocacy Program Officer, shall chair the FAC. As such, the Director is responsible for oversight of the specific requirements of the FAC. In the Director's absence, the FAPM will chair the FAC. The FAC will meet on a quarterly basis.

(2) The FAC will be comprised of representatives from each unit, Criminal Investigation Division (CID), Naval Criminal Investigative Service (NCIS), Child Development Center (CDC), Family Advocacy Program Manager (FAPM), Family Support Program Nurse, Substance Abuse Center, Station and Wing Chaplains, Child Protective Services (CPS), and the Medical Treatment Facility, and the Staff Judge Advocate (SJA).

(3) The purpose of the FAC is to provide oversight of the procedures and policies which govern the Family Advocacy Program and the Case Review Committee. The committee normally meets on a quarterly basis to review issues and recommend improvement/changes on procedures, if applicable. The responsibilities of the FAC are outlined in reference (a).

b. Case Review Committee (CRC)

(1) As with the FAC, the Director will chair the Case Review Committee (CRC). Again, in the Director's absence, the FAPM will chair the CRC. The CRC shall meet bimonthly.

(2) The CRC is comprised of the same members who are represented in the FAC, with the exception of the unit representatives. Under the CRC, only the unit representative who has vested interest in the case being reviewed will attend that session. Only interdisciplinary members, to include FAPO and FAPM, are allowed to vote on a case status. Interdisciplinary members are those assigned in writing to the CRC.

(3) The purpose of the CRC is to determine if abuse is substantiated and whether or not the family member(s) are at risk. If abuse is substantiated, the CRC will establish appropriate treatment and therapy for both the victim and the perpetrator. A formal report of the CRC proceedings will be provided to each unit commander which will detail the course of action and any disposition recommendations offered by the CRC. Although the recommendations are advisory, they should be given great weight by the commanders. Functions of the CRC are outlined in enclosure (7) of reference (a). Guidelines for decision making are in enclosure (8) of reference (a).

(4) Case Status. The status of the case at the time of the report. Includes "substantiated," "suspected," or "unsubstantiated," as follows:

(a) Substantiated. A case that has been investigated and the preponderance of available information indicated that abuse occurred. This means that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse did not occur.

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(b) Suspected. A case determination is pending further investigation. The duration for a case to be "suspected" and under investigation should not exceed 12 weeks.

(c) Unsubstantiated. An alleged case that has been investigated and the available information is insufficient to support the claim that child abuse and/or spouse abuse did occur. The family needs no family advocacy services.

c. Program Elements. The program elements of FAP (Prevention, Intervention, Rehabilitation, Treatment, Administrative Action and Criminal Prosecution) can be accomplished through a coordinated community response. Cooperation between Commanders, military and civilian police, medical, legal, civilian social service agencies is essential to the effectiveness and success of the Advocacy Program. Enclosure (4) describes the FAP treatment model for level I and II services.

(1) Prevention. The Family Advocacy Program shall establish and maintain education, support, and awareness programs for:

(a) Educating military and civilian supervisors regarding the identification of military members, spouses and children who because of their circumstances are at risk and in need of FAP services, FAP referral procedures, and reporting responsibilities.

(b) Maintaining the skills and knowledge of military and civilian FAP staff regarding counseling, rehabilitation, legal and administrative procedures needed to deal with spouse and child maltreatment.

(c) Implementing command-wide information and education programs on the dynamics of family abuse, emphasizing indicators of abusive behavior and dysfunctional families, and the resources available to recognize and report abuse.

(2) Intervention. Steps in intervention are:

(a) Identify incident and ensure safety/protection of victim(s) and family members;

(b) Determine the facts;

(c) Refer to CRC;

(d) Decide the status of the case per reference (a) enclosure (3);

(e) Implement dispositional plans for victim(s) family members and offenders, if identified, with a copy to the commanding officer of the offender;

(f) Monitor open cases;

(g) Close cases when appropriate; and

(h) When case is closed due to offenders's separation, refer victim(s) and family members to ongoing civilian services.

(i) Matrix depicting intervention steps and responsibilities at each step are shown as enclosure (5).

(3) Rehabilitation/Treatment

(a) The goals of rehabilitation are to prevent a recurrence of abuse, repair any lasting physical or psychological damage resulting from abuse, and return the family to a functional state. Navy medical treatment facilities have the primary responsibility for coordinating or providing medical treatment. The Family Service Center is responsible for assessment, referral, and short-term non-medical counseling of one year or less in duration, depending on a case by case basis.

(b) Some problems, by the nature of their severity, long duration, or frequent recurrence, are not amenable to treatment. In such cases, assistance from competent mental health professionals through nearby military medical facilities and/or local social services may be sought. Administrative separation from the Marine Corps may be a consideration, followed by referral to the Veteran's Administration.

(c) In cases where there is good rehabilitation potential and the Marine has a record of positive performance, the preferred course of action is counseling or mandated rehabilitation and appropriate disciplinary accountability.

(d) When the Marine is retained and placed in a counseling/rehabilitation program, cooperation and participation with the counseling regimen is essential. Enclosure (1) is a recommended format for written assignment for treatment. Failure to cooperate, progress, satisfactorily complete the prescribed treatment, or repetition of the offense will result in disciplinary or administrative action which could include separation from the service. This is in compliance with reference (c).

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(e) Recommendations of the CRC and FAP counselors to the command are advisory in nature. Although the commanding officer may follow the recommendations of his/her staff, he/she is not bound to do so. Recommendations for continued treatment will be forwarded to the Marine's commanding officer. The CRC will monitor the treatment or rehabilitation and determine when the goals of intervention have been met.

(4) Rehabilitation/Treatment Failure. Service members who refuse treatment, refuse to participate in, cooperate with, or complete treatment, or who do not modify their abusive behavior during or after a suitable treatment program (as recommended by the CRC and established by the Commander) shall be referred to the command with the request that the convening authority vacate the suspended sentence, if applicable, and/or recommend the service member be administratively separated from the service by reason of the offense committed or as a rehabilitation and treatment failure, or both, as circumstances warrant. Recurrence of an incident for which FAP services were afforded, or failure to meet the conditions set when a sentence was suspended by the convening authority, normally results in processing for separation. See reference (a). Commanding Officers may grant relief from this provision if:

(a) The commander's judgment is that the service member has extraordinary potential for further useful service,

(b) The CRC's risk assessment is that the offender's behavior does not constitute a threat to the community,

(c) It appears that the family is not at further risk,

(d) The offender is willing to participate in treatment.

(5) Administrative Action. Commanders are responsible for the security and safety of members of their command. They also must take reasonable steps to protect individuals who come lawfully within the sphere of influence of the command. They have authority to take reasonable action commensurate with that responsibility. Action taken by the commander may be a verbal order or a more formal Military Protective Order (MPO). Specific guidance for MPOs and a sample form is attached as enclosure (2).

(6) Criminal Prosecution. In spouse and child abuse cases, the threat of courts-martial or criminal prosecution and sentencing, or other legal sanctions, is often a motivating factor for offenders to enter and complete treatment. Convening authorities may consider suspending courts-martial sentences, administrative setaration processing, or Article 15 UCMJ

punishments for military offenders when treatment in lieu of sentencing is recommended by the CRC.

6. Objectives. In line with CMC policy, the following objectives are established for the Station Family Advocacy Program:

a. To aggressively pursue the elimination of child and spouse abuse in the Marine Corps by ensuring that service members who offend are held accountable for their actions.

b. To prevent child and spouse abuse. In this endeavor, we must protect those who are victims, treat the affected families, correct the abusive behavior, and make available the professional personnel to intervene in abuse cases.

c. To promptly identify cases of family maltreatment and intervene early enough to break the continuing cycle of abuse and neglect. Physical and behavioral indicators of abuse are depicted in enclosure (2) of reference (a).

d. To ensure that all victims of abuse receive the services to protect them from recurrence of abuse, rehabilitate any physical or psychological damage, and where feasible, return the family to a functional state.

e. To ensure a coordinated community response is established.

f. To encourage voluntary self-referral through education and awareness programs.

g. To ensure appropriate CONFIDENTIALITY and sensitive handling, on a strict need to know basis, are given to all FAP related case information.

7. Information

a. Spouse Abuse. Spouse abuse is defined as assault, battery, threat to injure or kill, or other acts of force or violence, destruction of property, and/or emotional abuse inflicted on a partner in a lawful marriage. Abuse involves the use of actions/tactics that establish control over the victim by inflicting fear, as well as physical or sexual force. Although in most cases, the abuse occurs outside of normal working hours and requires interim actions, commanders should seek the services and advice of professionals at the FSC, Medical Treatment Facility, Legal Services Center, as well as chaplains and investigators, when determining the facts and selecting a course of action. Commanders may exercise the following options when spouse abuse is substantiated:

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(1) Restriction and/or confinement as dictated by the circumstances. Guidelines are offered in R.C.M. 305 (h), Manual for Courts Martial 1984.

(2) A Military Protective Order, (Enclosure (2)), can be issued to the service member, along with placement in the barracks as a means of protecting family members. Conditional liberty may include a lawful order not to visit the family quarters unless accompanied by a command representative. No contact, through any means, with the family members at any time without intervention by a command representative. This type of order is enforceable under the UCMJ as long as it is intended to prevent actions which are prejudicial to the good order and discipline of the command or which pose a threat to the safety of a family member(s).

b. Child Abuse/Neglect. The term "child" is defined as the natural (birth) child, adopted (adoption proceedings legally finalized) child, stepchild, fosterchild, or ward. The term shall include an individual of any age who is incapable of self-support because of mental or physical incapacity and for whom treatment in a DOD MTF has been authorized. The definition of child abuse includes abuse that occurs by persons in loco parentis, abuse by strangers and child to child abuse.

(1) Injuries such as bone fractures, subdural hematomas, sprains, internal injuries, poisoning, scalding, cuts, bruises, or burns are considered physical abuse, since these injuries constitute a substantial risk to the well being of the child. Additionally, injuries caused by twisting and shaking (may be major injuries with infants), less severe cuts, bruises, and welts which do not constitute substantial risk to the well being of a child is still abuse nonetheless.

(2) Sexual abuse includes involvement of a child in any sexual act or situation, the purpose of which to provide sexual gratification or financial benefit to the perpetrator.

(3) Neglect of a child includes deprivation of nourishment, clothing, shelter, health care, education, and supervision.

(4) Emotional neglect/abuse is any act or commission or omission on the part of the caretaker which causes low self-esteem, undue fear or anxiety, or damage to the child's emotional well being.

c. Victim's Rights/Options. The primary goal of the FAP is victim safety, and it is the number one right of the victim. When child physical or sexual abuse have been identified/suspected, Child Protective Service may place the child under temporary

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protective custody. Child Protective Services has complete jurisdiction over custody of the child when issues of abuse have been reported. PMO/CID/NCIS agents and commanders will cooperate with CPS agents to the fullest extent. The Family Advocacy Program has a Memorandum of Understanding (MOU) between the Marine Corps Air Station and the Child Protective Service which depicts the procedures that will be followed by both agencies when dealing with child abuse incidents involving military members and/or dependents of military members. Under the provisions of the Omnibus Crime Control Act of 1990, the Marine Corps has the responsibility to assign a victim advocate as the representative for that victim. The sponsor's unit will assign this person. This person will represent the victim's best interests to either lawyers or the judicial system. The Family Service Center will assist the victim advocate in obtaining any counseling/medical treatment, if so required in behalf of the victim.

d. Confidentiality. Access to records regarding allegations of abuse, neglect, or sexual assault is on a strict need to know basis. Allegations of this sort can place professional standing, social acceptance, and career progression in jeopardy. This requires that information regarding any treatment under the Family Advocacy must be treated with the highest degree of sensitivity. Enclosure (8) of reference (a) discusses the maintenance of FAP case records.

e. Voluntary Self-referral

(1) Any service member or their family 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 FAP counselors or their command representatives.

(2) Voluntary disclosure does place the offender at risk because admission of child or spouse abuse is, in and of itself, sufficient evidence to substantiate a case. Additionally, such admission/disclosure requires notification to the member's commanding officer and appropriate law enforcement authorities.

(3) When there is a voluntary self-referral, commanding officers are encouraged to give consideration to the offender's genuine attempt to obtain treatment. Determination as to whether the self-referral was truly voluntary rests with the individual's commanding officer, after consultation with the Family Advocacy Program. Although positive consideration should be given for voluntary disclosure, such action does not preclude prosecution. The service member should be advised of this policy immediately upon indicating a desire to voluntarily disclose incriminating information.

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(4) Family Advocacy Program counselors are required to report all abuse cases to the command and to immediately report child abuse cases to military law enforcement authorities in compliance with reference (d) and civilian authorities in accordance with state law.

8. Reporting Family Maltreatment

a. Arizona Revised Statute (A.R.S.) 13-3620 requires Family Advocacy Program counselors and social workers to report all suspected child abuse to either the civilian police or Child Protective Services. Military members and individuals associated with military agencies shall report all incidents of suspected or substantiated child abuse and neglect and spouse abuse which occur in their jurisdiction directly to the Provost Marshal and subsequently to the FAP Officer or FAP Manager at extensions 3551/3552. Enclosure (3) gives specific reporting details and charts that will be followed in all cases of abuse.

b. All incidents of institutional child abuse and neglect must be reported to CMC (MHF) within 24 hours of notification. The Family Service Center is responsible for this requirement.

c. Since there is no strict confidentiality of communication between a FAP counselor and the client, the counselor has a duty to disclose criminal activity to the commander.

d. FAPM is responsible for reporting incidents of spouse/child abuse to CMC in accordance with reference (a).

e. Statistical reports, including submission of 2486 forms, will be prepared by the Family Advocacy Program Manager under the supervision of the Station Family Advocacy Program Officer.

9. Action

a. Commanding Officers

(1) Will assign, in writing, as an additional duty, one officer to serve as the unit Family Advocacy Representative (FAR).

(2) Will ensure the unit FAR attends all meetings of the Case Review Committee at which a case is being reviewed that pertains to a Marine/Sailor under their cognizance.

(3) Will ensure the unit FAR attends all meetings of the Family Advocacy Committee.

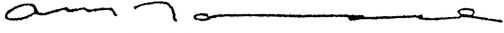
(4) Will ensure all Marines/Sailors assigned to counseling programs by the command complete said programs before being sent TAD/FAP or UDP.

(5) Will ensure this Order becomes part of all duty personnel guidelines.

b. Provost Marshal. Will incorporate this Order into procedure for all military police/CID personnel to follow when handling cases violence and abuse. All incidents of family violence will be report the Station FAPM or FAPO in a timely manner. In cases of child abus this requirement must be within 24 hours.

c. FAPO/FAPM. Will ensure coordination with appropriate law enforcement agencies is made prior to pursuing any action on a case pending investigation.

10. Applicability. This Order is applicable to all Marines and Sailors and tenant units/commands located on Marine Corps Air Station Yuma, as well as retired military personnel who live in the local area.


A. M. TORRANCE
Acting



RECOMMENDED LETTER FOR COUNSELING ASSIGNMENT

UNIT HEADING

1752
CODE
Date

From: Commanding Officer, Unit
To: SNM

Subj: ASSIGNMENT TO COUNSELING

1. Based on the information I have received form the Family Advocacy Case Review Committee, I am directing you to attend the program(s) presented by the Family Service Center indicated below.
2. You may contact the Family Advocacy Program Manager at 341-3421 to get more detailed information. Your attendance is mandatory. Absences will be reported.

- | | |
|--|--|
| <input type="checkbox"/> Anger Management Group | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Stress Management Group | <input type="checkbox"/> Women's Group |
| <input type="checkbox"/> Men's Violence Group | <input type="checkbox"/> New Parent Program |
| <input type="checkbox"/> Parenting Class | |

COMMANDING OFFICER
or By direction

Date

ACKNOWLEDGE ENDORSEMENT

From: SNM
To: Commanding Officer, Unit

1. I hereby acknowledge the subject assignment and will comply with all provisions of the mandatory program(s).

SNM SIGNATURE

Copy to:
FSC

ENCLOSURE (1)



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MILITARY PROTECTIVE ORDERS

1. Commanding Officers and commanders are responsible for the security and safety of members under their command and persons within areas for which they are responsible. They have inherent authority to take reasonable actions commensurate with that responsibility. Especially overseas and in other areas where civilian assistance is not reasonably available, officers in command must be prepared to act decisively in cases involving alleged child and spouse abuse. Absence of recourse in the civilian community militates in favor of taking affirmative action under this provision.
2. Commanding officers and commanders are specifically authorized to issue military protective orders (MPOs) to ensure the safety and security of persons within their commands. Commanding officers and 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.
3. MPOs may be directed to military members and may be broad in scope since members are subject to military orders. Directives to civilians are limited to orders commensurate with the commanding officer's authority to maintain security and control the activities of employees, residents, and guests on the installation. These include barment orders, employer directives, and housing area directives.
4. MPOs are similar to civilian temporary restraining orders (TROs). They may be ex parte (issued after hearing only one side of the story) if the issuing authority considers it necessary to ensure the safety and security of persons for whom the command is responsible. Ex parte MPOs should have as short a duration as possible, normally not more than ten days, because the other party has a right to be heard. If the command desires to keep the order in effect for a longer period of time, the individual should be given the opportunity to be heard and to respond before a MPO is issued. Formal hearings are not required.
5. MPOs 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 persons needing protection. As the crisis abates and long term solutions are considered and put into effect, the need for a MPO diminishes.
6. MPOs are administrative in nature, and not to be confused with actions taken under the Uniform Code of Military Justice (UCMJ). They are neither pre-arrest nor pretrial restraint, although their imposition does not preclude simultaneous or subsequent action under the UCMJ.

ENCLOSURE (2)

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7. MPOs 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 child development centers;

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

8. The order should specify its duration, 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. Issuing authorities should seek the advice and assistance of local family advocacy team members since family violence ignores traditional professional borders. Health care professionals, social workers, law enforcement personnel, and attorneys will all play a significant role. Early intervention and cooperation is essential to ensure maximum success.

10. MPOs need not be in writing. To avoid confusion and misinterpretation, however, written orders are recommended. Issuing authorities may use the format below for drafting orders. If written, the actual orders should not be placed in personnel service records, although the information concerning the underlying event may be.

ENCLOSURE (2)

MILITARY PROTECTIVE ORDER

From:
To:
Via:

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

Ref: (a) SECNAVINST 1752.3 _____
(b) MCO 1752.3B

1. You are hereby directed to abide by the following Military Protective Order, issued under references (a) and (b). 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 possible 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):

4. You are directed to: _____

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

ENCLOSURE (2)

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ENCLOSURE (2)

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PROTOCOL FOR CHILD ABUSE AND SPOUSE ABUSE RESPONSE

Encl: (1) Protocol Chart for Child Abuse/Neglect Response
 (2) Protocol Chart for Spouse Abuse Response

1. The following instructions are provided for a coordinated Community Response to domestic violence at Marine Corps Air Station, Yuma. Enclosures (1) and (2) provide the flowcharts and procedures which will be followed in all cases of abuse. The lists at the top of each flowchart are not all inclusive; however, they do reflect common sources of initial reporting to military police.

a. In the majority of the incidents that occur on base, the Provost Marshal (PMO)/Criminal Investigative Division (CID) will receive the initial report of child or spouse abuse. Incidents of actual or suspected felony offenses will immediately be referred to NCIS. Once PMO/CID receives this report, the following agencies/personnel will be notified and in the following order:

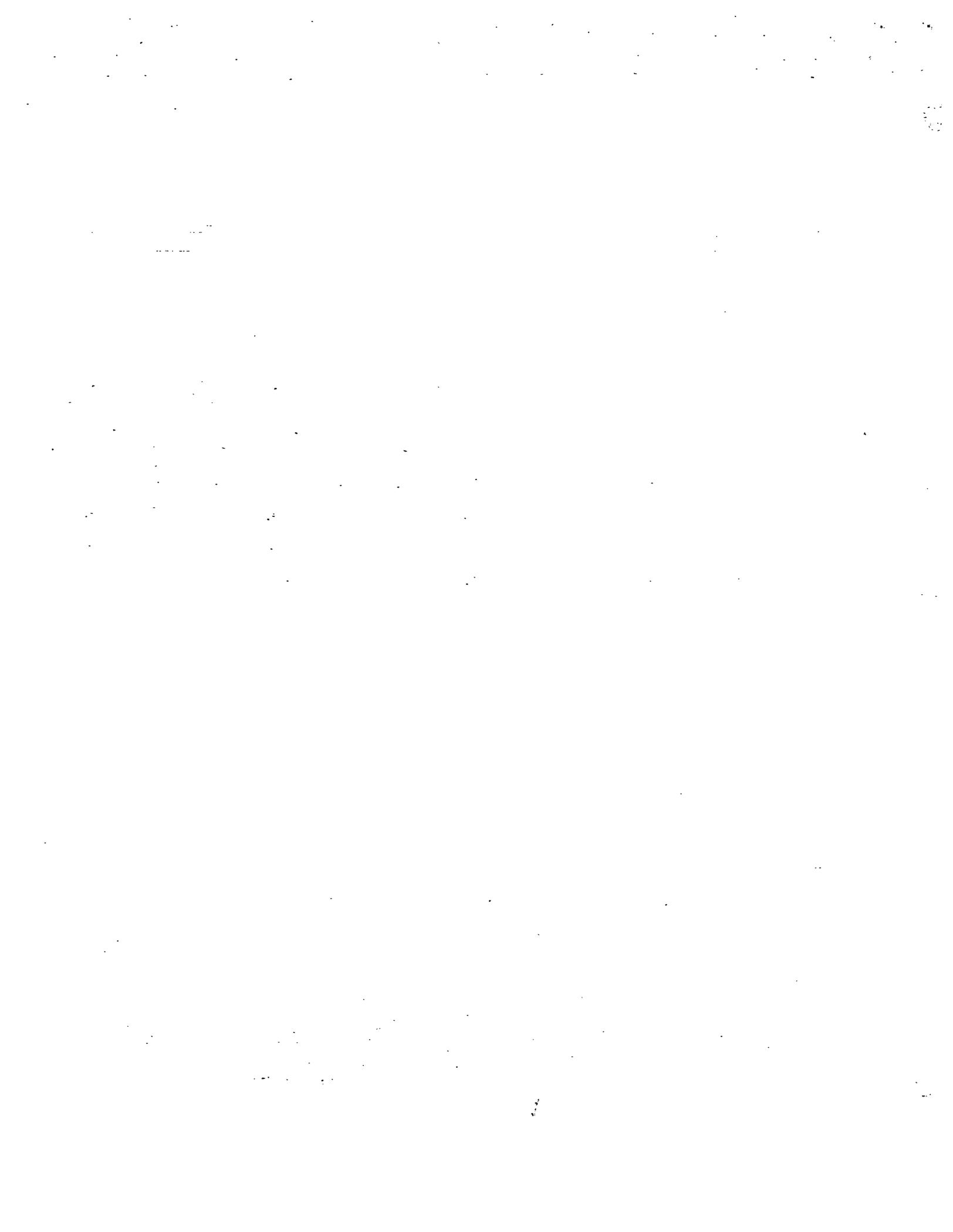
	<u>During Working Hours</u>	<u>After Working Hours</u>
Child Protective Service (CPS)	341-1159	341-1159
Family Service Center (FSC)	341-3421	RECALL ROSTER
Inspector	341-2529	341-2529
Unit	Commanding Officer	OOD Unit OOD

b. The Officer of the Day will not make logbook entries which jeopardize the confidentiality of the subject matter. All cases of spouse or child abuse will be reported to the Station Family Advocacy Officer or the Family Advocacy Manager upon notification by PMO/CID/NIS. Recall information, to include beeper numbers, will be provided in the OOD guidebook. Additionally, all pertinent information regarding the abuse will be relayed to the Station Adjutant/Executive Officer upon relief of duties.

c. All commands and activities may call CID at 341-2362 for status updates on abuse cases.

d. If the incident occurred off-base, the Yuma Police Department would be involved. PMO would be notified by YPD, and then the above reporting procedures would again apply.

ENCLOSURE (3)



FAP TREATMENT MODEL

The FAP treatment model is designed to provide a logical structure of intervention which the CRC may utilize in determining the type of intervention most suitable in a given case. The model may also be utilized as a tool in program planning and development. Depending upon staff, the FSC may cover all levels of treatment. Levels I and II are mandatory.

LEVEL I

- Social-Educational deficit
- Minimum amount of time to intervene
- Information and short term support will improve
- Modalities include: social learning, behavior change, behavior rehearsal

PRESENTING PROBLEMS

- * "V" codes, including:
- * Malingering
- * Borderline intellectual functioning
- * Adult anti-social Behavior
- * Childhood/adolescent antisocial behavior
- * Bereavement
- * Non-compliance with medical treatment
- * Phase of life, or other life circumstance problems
- * Marital problems
- * Parent-child problems
- * Other specified family circumstances
- * Other interpersonal problems
- * Relatively healthy people with situational problems
- * First time non-intentional abuse

TREATMENT EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO:

- * Support and problem-solving groups
- * Educational groups
- * Parenting groups
- * Self-help groups
- * Spouse abuse victim advocacy support
- * Parent effectiveness training
- * Children who witness violence
- * Systematic training for effective parenting
- * Abused children support group

ENCLOSURE (1)

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LEVEL II

- More severe problem
- Longer term, or repeated violations
- Evidence of long standing controlling behavior pattern
- Poor impulse control
- Does not respond to short term social learning model
- Recidivism may occur
- Cannot assume safety of victim without some external control or monitoring
- Other problems (such as substance abuse) are involved

PRESENTING PROBLEMS

- * Batterers
- * Repeat offenders
- * PTSD (Post Traumatic Stress Disorder)
- * AMAC (Adults Molested as Children)
- * ACOA (Adult Children of Alcoholics)
- * Spouses of incest offenders

TREATMENT EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO:

- * Men's 26 week Duluth model group
- * Teen victim advocacy group
- * Support group for non-offending (incest) parents
- * AMAC group
- * Spouse of PTSD advocacy group

LEVEL III

- Most serious and chronic
- Personality disorders
- Behavior represents continuing danger to others
- Levels II treatment attempted but failed
- DSM III R diagnosis (Non V Code, perpetrator or victim)

PRESENTING PROBLEMS

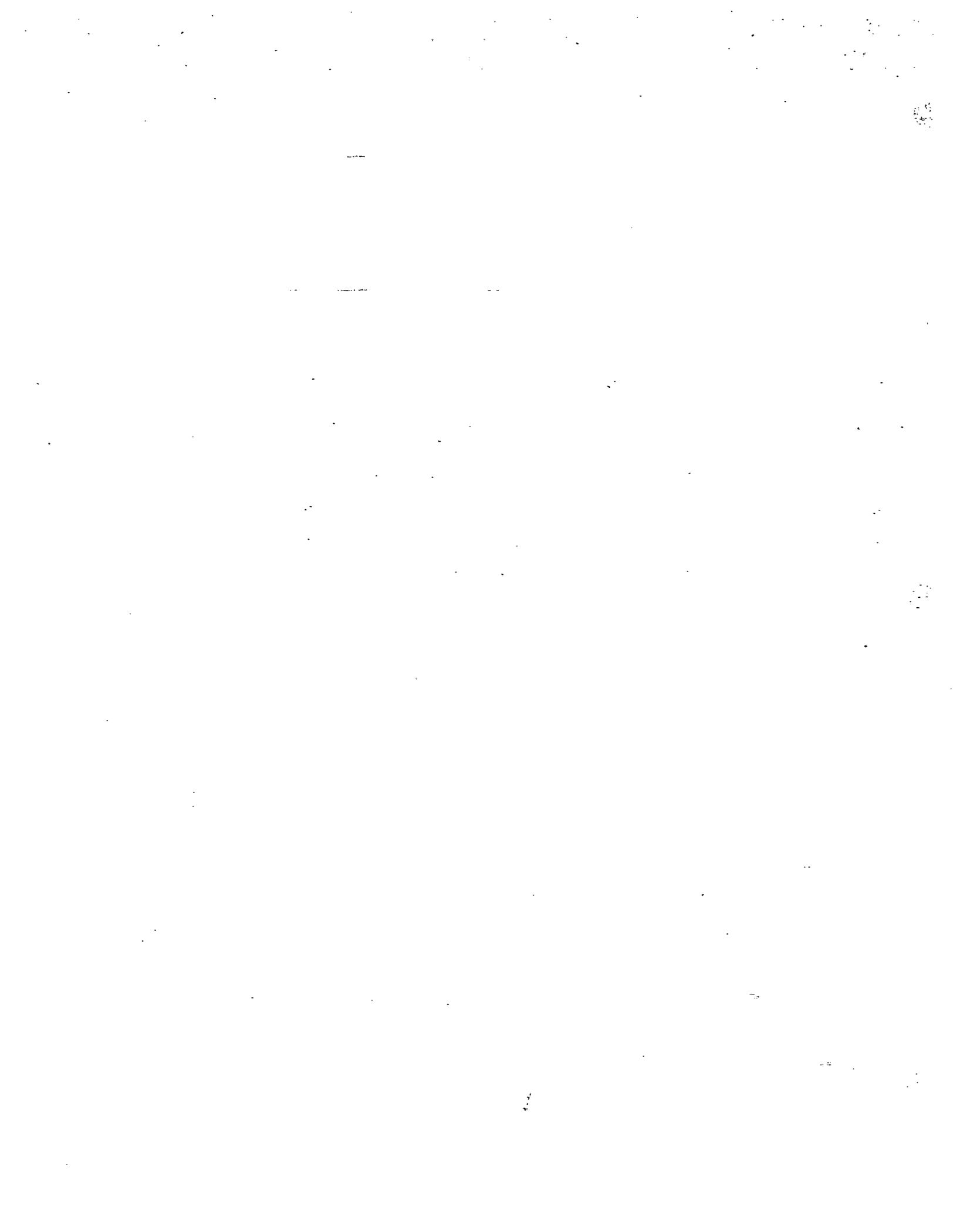
- * Child sexual abuser (intrafamilial and extrafamilial)
- * Adolescent sex offenders
- * Failure to thrive child
- * Caretaking parent of failure to thrive child
- * Munchausen's syndrome
- * Disassociation or multiple personality

ENCLOSURE (4)

TREATMENT EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO:

- * Individual therapy
- * Incest offenders group
- * Sex offenders treatment

ENCLOSURE (4)



INTERVENTION

STEPS

RESPONSIBILITIES

- | | |
|--|---|
| A. Identify incident and ensure safety/protection of victim(s) and family members: | 1. PMO/NIS, if on scene investigating domestic violence.
2. CPS, if children are victims of intrafamilial abuse/neglect.
3. FAPO, FAPM, Counselors if made aware of domestic violence when person discloses in therapy session. |
| B. Determine the factors: | 1. PMO/NIS.
2. CPS.
3. Counselor upon notification of allegations. |
| C. Refer to CRC: | 1. PMO/NIS.
2. MTF.
3. CDC.
4. Commands.
5. Chaplains.
6. Civilian: CPS or Civilian Police. |
| D. Decide the status of the care per enclosure (8) reference (a): | 1. CRC.
2. CFS.
3. Command. |
| E. Implement dispositional plans for victim(s) family members and offenders, if identified, with support and approval from the commanding officer of the offender: | 1. Command.
2. CRC. |
| F. Monitor open cases: | 1. Each case will be assigned to a counselor who will be responsible for following case and reporting to the CRC at appropriate intervals. |
| G. Close case when appropriate: | 1. CRC recommends closure after FAPM and counselors provide information. |

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H. When case is closed due to offender's separation, refer victim(s) and family members to ongoing civilian services.

1. The counselor who is assigned to the case.
2. CRC.
3. Command.

ENCLOSURE (5)