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NAVSUPPACT NAPLES INST 1752.3C
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NAVSUPPACT NAPLES INSTRUCTION 1752.3C

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: FAMILY ADVOCACY PROGRAM

Ref: (a) SECNAVINST 1752.3B
(b) DoD 6400.1-M-1
(c) DoDI 6400.06
(d) OPNAVINST 1754.1B
(e) OPNAVINST 1752.2B
(f) CNO WASHINGTON DC 020000Z Sep 10 (NAVADMIN 297/10)
(g) CNO WASHINGTON DC 241431Z Mar 11 (NAVADMIN 101/11)

Encl: (1) Criteria for Domestic Abuse and Child Abuse Incident Determination (Definitions)
(2) Reporting and Notifications
(3) Restricted Reporting for Incidents of Domestic Abuse
(4) Child Placement Procedures
(5) Special Power of Attorney
(6) DD Form 2873, Jul 2004

1. Purpose. To revise policy and assign responsibilities for the operation of the U. S. Naval Support Activity (NAVSUPPACT), Naples, Italy area Family Advocacy Program (FAP). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. NAVSUPPACT NAPLES INST 1752.3B.

3. Definitions. Terms related to the FAP, and used in this instruction, are defined in reference (a) and enclosure (1). For the purpose of this instruction, the term "child abuse" encompasses child neglect, abuse (physical, emotional or sexual) and "domestic abuse" encompasses partner abuse.

4. Discussion. The FAP was established to provide a consistent and standardized response to incidents of child or domestic abuse within the military family. The Navy's FAP is a line-managed, multidisciplinary program managed by Commander, Navy Installations Command (CNIC). FAP addresses the prevention,

identification, reporting, intervention, evaluation, rehabilitation, behavioral education, counseling, and follow-up of child and domestic abuse. Factors that contribute to abuse and neglect often include marital discord, abuser's beliefs regarding power and control, financial difficulties, child care responsibilities, lack of parenting skills, exposure to abuse/neglect in childhood, social isolation, substance abuse and special stressors unique to military service.

5. Policy. This instruction implements the policies set forth in references (a) through (g). Enclosure (2) provides specific guidance for reporting of child and domestic abuse. Enclosure (3) provides detailed guidance regarding options for victims of domestic abuse who voluntarily seek services. Enclosure (4) outlines procedures for the temporary voluntary and involuntary placement of a child outside the home to ensure the continued safety of the child. Enclosure (5) is a special power of attorney to document the temporary placement by the parent/guardian of a child with a family other than the primary caretaker. Enclosure (6) provides a standardized form for commands to use to issue a military protective order (MPO).

a. Child and domestic abuse are absolutely unacceptable and incompatible with the high standards of professional and personal discipline required of members of the military services. Abusive behavior destroys families, detracts from military performance, negatively affects the efficient functioning of military units, and diminishes the reputation of the military service. All personnel will participate in a continuous effort to reduce and eliminate child and domestic abuse at every level of command.

b. The goals of NAVSUPPACT Naples FAP are prevention, victim safety and protection, offender accountability, rehabilitative education and counseling, and community responsibility for a consistent, appropriate response.

c. Victims and witnesses of child and domestic abuse will have access to appropriate protection, safety, care, support, and services, to the extent allowable by law and resources. Victims will not be re-victimized through unnecessary interventions. All service members and Department of Navy (DON) employees will ensure appropriate confidentiality and sensitive handling of FAP case information.

d. All service members and DON employees will ensure effective coordination and cooperation with involved military and civilian community entities.

e. Information regarding the domestic abuse restricted reporting option will be widely disseminated. The restricted reporting option enables domestic abuse victims to receive medical, counseling and advocacy services without command and law enforcement notifications, with certain exceptions (e.g., serious and imminent danger, child abuse). Restricted reports must be made to a Fleet and Family Support Center (FFSC) clinician, Domestic Abuse Victim Advocate (DAVA), or health care provider (HCP).

6. Action

a. Installation Commanding Officer (CO)

(1) Ensure a comprehensive, coordinated FAP to support personnel and tenant commands.

(2) Publish installation FAP instructions, protocols, and Memoranda of Agreement (MOA), as needed.

(3) Designate the FFSC Director as the Family Advocacy Officer (FAO) to administratively manage and implement the FAP.

(4) Establish a Family Advocacy Committee (FAC) and appoint members as needed to maintain required membership.

(5) Establish an Incident Determination Committee (IDC) and appoint members in writing as needed to maintain required membership.

(6) Establish a Clinical Case Staff Meeting (CCSM) with required membership.

(7) Designate a clinically privileged Tier III FFSC counselor to serve as the Family Advocacy Representative (FAR) to implement and manage the case management, intervention, and rehabilitation aspects of the FAP.

(8) Ensure regular and ongoing FAP training is provided for all FAP related personnel, unit commanders, military supervisors, Command FAP Point of Contact (POC), IDC members, and CCSM members.

(9) Ensure maximum coordination among all involved installation entities and close cooperation with civilian agencies in the prevention of and response to child/domestic abuse.

(10) Has the authority in overseas locations to take steps regarding child safety and child removal.

(a) In overseas locations absent Child Protective Services the responsibility for a consistent and appropriate response to allegations of child abuse and neglect reside within our Navy community. When parents cannot ensure the safety of their child, law enforcement, command and the FAP may be required to take steps to ensure the safety of a child through temporary removal of the child from the care of the parents/guardians.

(b) The safety and well-being of the child should be the primary consideration in making the decision to remove a child from the care of the parent/guardian.

(c) The child who has been suspected to have been abused or neglected may initially come to the attention of a variety of sources to include, security, medical, child care, school personnel, FAP staff, etc. In most cases law enforcement/NAVSUPPACT Naples emergency dispatch should be called for an immediate response to an incident of child abuse/neglect. NSA Security is the first responder for most incidents occurring on the installation. NAVSUPPACT Naples Security will contact the on-call social worker to provide consultation regarding safety of those involved. NAVSUPPACT Naples Security and NCIS will investigate incidents of child abuse/neglect. In high risk/ serious cases of child abuse NCIS will take the investigative lead. Once a decision has been made by the first responders, the on-call social worker, and medical, if involved, one party should take the lead to discuss the recommendations for safety with the family with the intent of gaining their cooperation and compliance. Which party takes the lead will be largely dictated by the circumstances of the situation.

(d) The FAP in collaboration with the child and youth program staff will provide a basic overview of expectation and awareness training to families identified by commands to

provide temporary care for a child or adolescent in an emergency. Families must be endorsed in writing by the CO. This resource will be used when other options have been exhausted.

(e) In overseas locations the decision to remove a child from the home is ultimately the installation CO's responsibility and decision. In all cases, the consent of the parents/guardians and their cooperation and participation in the decision will be requested. When the parents/guardians do not consent to the temporary placement of their child reference, enclosure (5) provides guidance for the removal.

(f) A plan of intervention should be established as soon as possible following the decision to place a child in either voluntary or non-voluntary out of the home care. This plan should outline requirements to re-establish a safe environment for the child to return to the care of the parent/guardian. The FAR is responsible for developing and implementing a safety plan with input from the sponsor's command.

b. All Tenant Commands CO/Officer-in-Charge (OIC)

(1) Designate an appropriate officer or senior enlisted member to serve as the command FAP POC. The command FAP POC is responsible to receive reports from the FAR, coordinate with the FAR and monitor the status of each case.

(2) Ensure all incidents or suspected incidents of child and domestic abuse that come to the attention of the command are promptly reported to the FAR and to others (e.g., law enforcement), as appropriate.

(3) Take reasonable actions to ensure the safety of members and their families.

(a) May use enclosure (1) to issue enclosure (6) and shall provide copies of the signed MPO to the service member who is the subject of the order, the service member's local personnel file, and to the protected person (or the custodial parent of the protected person if the protected person is a child).

(b) Shall tailor the terms of the MPO to meet the specific needs of an individual victim.

(c) May enforce a MPO whether the service member is on or off the installation.

(4) Shall ensure safe housing has been secured for the victim, as needed.

(a) The preference is to remove the alleged abuser from the home when the parties must be separated to safeguard the victim.

(b) If necessary, the alleged abuser will be directed to find alternative housing.

(5) Ensure that a command representative (i.e., CO, executive officer (XO), senior enlisted member) participates in the IDC meetings for cases involving service members attached to the command. The command representative may vote on the command-specific case.

(6) Promptly hold military offenders accountable by applying a range of disciplinary or administrative sanctions, as appropriate, and/or by directing the service member to participate in a CCSM-recommended rehabilitation program.

(7) Ensure all command members receive regular and ongoing FAP training. All tenant command COs/OICs should attend FAP training within 90 days of taking command. All senior enlisted personnel should receive FAP training annually.

c. Family Advocacy Officer

(1) Provide administrative management and implementation of the FAP. Facilitate development, oversight, coordination, administration and evaluation.

(2) Maintain coordination and collaboration among command and civilian community partners.

(3) Ensure personnel are nominated, as appropriate, for the FAC, IDC and CCSM.

d. FAC

(1) Meets as required by the FFSC standard operating procedure (SOP).

(2) Membership. Normally includes the following members, who must receive FAP training at least annually:

(a) Co-chair. Line Officer (O-4 or above)

(b) Clinically privileged member of the U. S. Naval Hospital, who will act as co-chair.

(c) FAO/FFSC Director

(d) FAR

(e) Installation Security Officer

(f) Staff Judge Advocate (SJA)

(g) Chaplain

(h) Child and Youth Program (CYP) Representative

(i) Naval Criminal Investigative Service (NCIS) Agent

(j) Drug and Alcohol Program Advisor (DAPA)

(k) Active duty personnel in leadership positions in installation and tenant commands

(l) Housing Representative

(m) Safety Office Representative

(n) Representatives of the DoDD's Elementary and High School

(o) Other personnel, as appropriate

(3) The FAC performs the following functions:

(a) Provide an ongoing needs assessment and evaluation of the FAP.

(b) Identify long-range, intermediate, and immediate needs and initiate appropriate action.

(c) Encourage maximum participation and a team approach among all activities, agencies, and personnel involved with the FAP. Assist in identifying roles and responsibilities of military agencies in responding to specific incidents of child and domestic abuse.

(d) Coordinate military and civilian interface and social service delivery.

(e) Provide recommendations for FAP policies, procedures, resources and programs.

e. IDC

(1) Meet at least monthly to make incident status determinations using specified criteria in enclosure (1) for all domestic and child abuse cases.

(2) Membership:

(a) Consists of the following five core voting members: installation XO (chair); installation CMC; installation or tenant command SJA; installation security representative; FAR. All five core voting members, or their alternates, must be present to conduct an IDC meeting.

(b) An NCIS agent participates, in a non-voting status, to provide pertinent, case-specific information.

(c) Consultants (e.g., law enforcement officer, DAPA, chaplain, clinical counselor, New Parent Support Home Visitation Program representative) may attend for one or more specific cases. Consultants do not vote on the case status decision.

(d) The command representative (CO or CMC) may cast a vote for command-specific cases.

(e) Completion of mandated web-based training, with a copy of the certificate provided to the FAR, is required prior to participation on the IDC.

(3) Requests for appeal of incident status determinations will be made in writing within 30 days of receipt of an IDC decision. The case will be reviewed at the local IDC or referred to the CNIC review team.

f. Clinical Case Staff Meeting

(1) Meet at least monthly to make recommendations for safety planning, supportive services, and clinical treatment for all domestic and child cases and to conduct periodic case reviews until case closure for cases determined by the IDC that meet DOD criteria.

(2) Membership consists of individuals with clinical/ professional expertise in domestic and child abuse, including the FAR (chair) and FFSC clinical case managers.

g. Director of Family Readiness Programs/FFSC Director Site Manager

(1) Serve as the FAO.

(2) Ensure the FFSC provides the following scope of FAP services (in-house or via referral): prevention and awareness programs, education and training programs, identification and reporting, information and consultation, new parent support, crisis intervention, safety assessment and safety planning, victim advocacy and support, clinical risk focused assessment, intervention planning, clinical counseling, referrals, and monitoring and follow-up.

(3) Designate a clinically privileged Tier III counselor to serve as the FAR to implement and manage the case management, intervention, and rehabilitation aspects of the FAP. Designate other FFSC staff members, as appropriate, to serve as the acting FAR and/or to perform certain FAR responsibilities.

h. FAR/counseling, advocacy and prevention (CAP) supervisor

(1) Receive all reports of incidents or suspected incidents of child and domestic abuse during normal working hours. Provide intake, eligibility decision, crisis intervention, information, consultation, assistance, safety assessment, safety planning/response, risk focused assessment, and intervention planning, as appropriate.

(2) Make all required notifications to community and military entities (e.g., NCIS, Base Security, Command FAP POCs, U. S. Naval Hospital, CNIC). Notify the FAO of child abuse

occurring in Navy sanctioned out-of-home care settings, fatalities, serious injuries, multiple victim child sexual abuse cases, and cases involving media interest, or high level command interest. The FAO will notify the installation commander.

(3) Ensure advocacy, information, and support services for victims by providing and/or making referrals for such services.

(4) Serve as POC for commands concerning FAP cases, including safety measures and intervention/rehabilitation matters.

(5) Ensure provision of rehabilitation, education, and counseling by providing and/or making referrals for such services.

(6) Perform all case management tasks, including coordination of IDC presentations, monitoring, follow-up, and records management.

(7) Serve as the CCSM chair.

i. OIC and department heads involved in FAP operation (Naval Branch Health Clinic, security, NCIS, legal, FFSC programs, housing, CYP, DoDDs, MWR, child development/youth programs and chaplain).

(1) Implement and support the operation of the FAP in accordance with references (a) through (g) and/or their respective governing instructions. Establish procedures and provide FAP-related services as appropriate (e.g., medical care, law enforcement response, investigations, legal guidance).

(2) Collaborate with other FAP related military and civilian partners for an effective, coordinated community response.

(3) Report all incidents or suspected incidents of child and domestic abuse to the FAR within one working day (when not precluded from doing so by professional privilege). Report incidents of child and domestic abuse to other authorities (e.g., civilian child protective services, NCIS, CNIC) as required by law, instruction, or policy.

(4) Designate appropriate representatives to serve on the FAC and IDC, as needed.

(5) Ensure personnel receive regular and ongoing FAP training.

j. Installation Command Duty Officers (CDO)

(1) Receive reports of incidents or suspected incidents of child and domestic abuse outside of the normal working hours.

(2) Take any necessary steps to ensure safety and provision of needed services (e.g., MPOs, medical care, investigations, and shelter services).

(3) Notify and coordinate actions with other involved personnel (e.g., installation security, NCIS, command FAP POCs, on-call FAP social worker).

k. All Hands. All personnel (unless precluded by professional privilege) report incidents or suspected incidents of child and domestic abuse occurring on a military installation or involving persons eligible for FAP services. During normal working hours, the report is made to the FAR. Outside of normal working hours, the report is made to the installation CDO. For incidents requiring law enforcement or medical intervention, all personnel should immediately contact the appropriate emergency responder.

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CRITERIA FOR DOMESTIC ABUSE AND CHILD ABUSE INCIDENT DETERMINATION (DEFINITIONS)

1. Spouse or Intimate Partner Physical Abuse

a. Act. The non-accidental use of physical force against a current or former spouse or current or former intimate partner. Physical force includes, but is not limited to at least one of the following: hitting with open hand or slapping, pushing or shoving; grabbing or yanking limbs or body; poking; hair-pulling; scratching; pinching; restraining; shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, belt, or other object; scalding or burning; poisoning; stabbing; applying force to throat; strangling or cutting off air supply; holding under water; using a weapon.

b. Impact. Significant impact on the partner involving any of the following:

(1) Any physical injury including, but not limited to, pain that lasts at least four hours, bruises, cuts, sprains, broken bones, loss of consciousness, or death; or

(2) Reasonable potential for more than inconsequential physical injury given the inherent dangerousness of the act, the degree of force used and the physical environment in which the act(s) occurred; or

(3) More than inconsequential fear reaction.

c. Exclusions

(1) An act committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who was in the act of using physical force. The act MUST include all three of the following:

(a) The act occurred while the spouse or intimate partner was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force such as charging at the alleged abuser to hit him or her, and ends when the use of force is no longer imminent.

(b) The sole function of act was to stop the spouse or intimate partner's use of physical force.

(c) The act used only that force that was minimally sufficient to stop the spouse or intimate partner's use of physical force.

(2) An act committed to protect the alleged abuser from imminent physical harm from the spouse or intimate partner who threatened the alleged abuser and has a history of abuse that resulted in more than inconsequential physical injury. That act MUST include both of the following:

(a) The act followed the spouse or intimate partner's verbal or nonverbal threat to imminently inflict more than inconsequential physical injury on the alleged abuser.

(b) The Incident Determination Committee (IDC) determines that there was at least one previous incident of the spouse or intimate partner inflicting more than inconsequential physical injury on the alleged abuser.

(3) An act committed to protect the spouse or intimate partner or another person from imminent physical harm including, but not limited to, grabbing or pushing the spouse or intimate partner to prevent him or her from being hit by a vehicle, taking a weapon away from a suicidal spouse or intimate partner, stopping the spouse or intimate partner from inflicting physical abuse on a child.

NOTE: However, this does not include subsequent, non-accidental acts of physical force against a spouse or intimate partner that was not protective.

(4) Act(s) committed during physical play with the spouse or intimate partner including, but not limited to, horseplay, wrestling, tackle football.

2. Spouse or Intimate Partner Emotional Abuse

a. Act. A non-accidental act or acts, excluding physical or sexual abuse, or threat adversely affecting the psychological well-being of a current or former spouse or current or former intimate partner. Includes but is not limited to one or more of the following:

(1) Berating, disparaging, degrading, humiliating victim (or other similar behavior).

(2) Interrogating victim.

(3) Restricting victim's ability to come and go freely (when unwarranted).

(4) Obstructing victim's access to assistance (including, but not limited to, law enforcement, legal, protective, or medical resources, including Family Advocacy Program (FAP), a victim advocate, military command, or DV shelter).

(5) Threatening victim (including, but not limited to, indicating/implying future physical harm, sexual assault).

(6) Harming, or indicating that alleged abuser will harm, people/things that victim cares about, such as children, self, other people, pets, property.

(7) Restricting victim's access to or use of economic resources (when unwarranted).

(8) Restricting victim's access to or use of military services (including, but not limited to, taking away dependent's ID).

(9) Isolating victim from family, friends, or social support resources.

(10) Stalking the victim.

(11) Trying to make victim think that she/he is mentally ill (or make others think that partner is mentally ill).

(12) Interfering with the victim's adaptation to American culture or the military subculture.

b. Impact. Significant impact on the partner involving psychological harm, including any of the following:

(1) More than inconsequential fear reaction, or

(2) Significant psychological distress (Major Depressive Disorder, Post-Traumatic Stress Disorder, Acute Stress Disorder, or other psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s), or

(3) Fear of an emotionally abusive act(s) that significantly interfere(s) with the spouse or intimate partner's ability to carry out any of five major life activities: employment; education; religious faith; obtaining necessary medical or mental health services or following prescribed treatment, or contact with family or friends.

(4) Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts that significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

c. Exclusions. There are no exclusions from any act of spouse or intimate partner emotional abuse.

3. Spouse or Intimate Partner Sexual Abuse

a. Act. A sexual act or sexual contact with the spouse or intimate partner, without the consent of the spouse or intimate partner, or against the expressed wishes of the spouse or intimate partner. Corroboration of the report of the spouse or intimate partner is NOT required. A sexual act is:

(1) The use of physical force to compel the partner to engage in a sexual act or sexual contact against his or her will.

(2) The use of a physically aggressive act or use of one's body, size, or strength, or an emotionally aggressive act to coerce the partner to engage in a sexual act or sexual contact.

(3) A sexual act or sexual contact involving a partner who is unable to provide consent. The victim is unable to understand the nature or conditions of the act, to decline participation, or to communicate unwillingness to engage in the sexual act because of illness, disability, being asleep, being under the influence of alcohol or other drugs, or other reasons.

b. Impact. Any act that meets the criteria for paragraph 3a spouse or intimate partner sexual abuse shall be considered to have a significant impact on the spouse or intimate partner. There are no criteria for paragraph 3b.

c. Exclusion. There are no exclusions from any act of spouse or intimate partner sexual abuse.

4. Neglect of Spouse

a. Act. A type of domestic abuse in which the alleged abuser withholds necessary care or assistance for his or her current spouse who is incapable of self-care physically, psychologically, or culturally, although the caregiver is financially able to do so or has been offered other means to do so. All of the following must be present for the criteria to be met:

(1) The alleged abuser withholds, or withholds spouse's access to:

(a) Appropriate medically indicated health care, including but not limited to, appropriate medical, mental health, or dental care, or

(b) Appropriate nourishment, shelter, clothing, or hygiene, or

(c) Care giving for more than 24 hours without having arranged for an appropriate surrogate caregiver, and

(2) The alleged abuser is able to provide care, or access to care, or has been offered assistance to do so, and

(3) The spouse is incapable of self-care due to substantial limitations in one or more of the following areas:

(a) Physical, including, but not limited to quadriplegia.

(b) Psychological or intellectual, including, but not limited to, vegetative depression, very low intelligence, or psychosis.

(c) Cultural, including but not limited to, the inability to communicate in English or the inability to manage activities or rudimentary daily living in American culture.

b. Impact. Deprivation-related significant impact involves either of the following:

(1) More than inconsequential physical injury, including heat exhaustion or heat stroke, or

(2) Reasonable potential for more than inconsequential physical injury, given the reason(s) the spouse is incapable of self-care, the care required for the spouse's condition(s), and the more than inconsequential injury that the spouse could suffer if appropriate access to care is withheld.

c. Exclusions. There are no exclusions from any act of spouse neglect.

5. Child Physical Abuse

a. Act. The non-accidental use of physical force on the part of a child's caregiver. Physical force includes, but is not limited to, at least one of the following: hitting with open hand or slapping, including spanking; dropping; pushing or shoving; grabbing or yanking limbs or body; poking; hair pulling; scratching; pinching; restraining or squeezing; shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, electrical cord or other object; scalding or burning; poisoning; stabbing; applying force to throat; strangling or cutting off air supply; holding under water; brandishing or using a weapon.

b. Impact. Significant impact on the child involving any of the following:

(1) More than inconsequential physical injury;

(2) Reasonable potential for more than inconsequential physical injury, given the inherent dangerousness of the act, the degree of force used, and the physical environment in which the acts occurred.

(3) More than inconsequential fear reaction.

c. Exclusions

(1) An act committed to protect the caregiver from imminent physical harm. The act must include all three of the following:

(a) The act occurred while child/adolescent was in the act of using physical force. "In the act" begins with the initiation of motoric behavior that typically would result in an act of physical force, such as charging at the caregiver to hit him or her, and ends when the use of force is no longer imminent.

(b) The sole function of the act was to stop the child/adolescent's use of physical force, and did not include punishment for the child/adolescent's use of physical force.

(c) The act used only that force that was minimally sufficient to stop the child/adolescent's use of physical force.

(2) An act committed during developmentally appropriate physical play with the child, including, but not limited to, horseplay, wrestling, tackle football.

(3) An act committed to protect child or another person from imminent physical harm including, but not limited to, grabbing the child to prevent the child from being hit by a car, taking a weapon from a suicidal child, or physically intervening to prevent the child from inflicting injury on another person.

NOTE: However this does not include non-accidental use of physical force as punishment for the child's behavior that may have subjected the child or another person to the risk of imminent harm.

6. Child Emotional Abuse

a. Act. A non-accidental act or acts, including the following and any other act not listed of similar severity, but excluding an act that meets the criteria of child physical abuse or child sexual abuse:

(1) Berating, disparaging, degrading, scapegoating, or humiliating child (or other similar behavior).

(2) Threatening child (including, but not limited to, indicating/implying future physical harm, abandonment, sexual assault).

(3) Harming/abandoning, or indicating that alleged abuser will harm/abandon people/things that child cares about, such as pets, property, loved ones.

(4) Confining child (a means of punishment involving restriction of movement, such as tying a child's arms or legs together or binding a child to a chair, bed, or other object, or confining a child to an enclosed area such as a closet).

(5) Coercing the child to inflict pain on him/her (including, but not limited to, ordering child to kneel on split peas/rice for long periods or ordering child to ingest highly spiced food).

(6) Disciplining child (through physical or non-physical means) excessively (i.e., extremely high frequency or duration, though not meeting physical abuse criteria).

b. Impact. Significant impact on the child involving ANY of the following:

(1) Psychological harm, including either more than inconsequential fear reaction, or

(2) Significant psychological distress (Major Depressive Disorder, Post-Traumatic Stress Disorder, Acute Stress Disorder, or other psychiatric disorders, at or near diagnostic thresholds) related to the act(s), or

(3) Reasonable potential for psychological harm including either when the act, or pattern of acts, creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic thresholds, related to or exacerbated by the act(s) when taken into consideration the child's level of functioning and any risk and resilience factors present, or

(4) The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged emotional abuse, or

(5) Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts that significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

c. Exclusions. There are no exclusions for child emotional abuse.

NOTE: Generally accepted caregiving practices such as confining a small child in a child car seat or safety harness, or swaddling an infant, and any generally accepted disciplinary practice proportionate to the seriousness of the child's behavior such as restricting of a child's normal privileges ("grounding" a child) or restricting a child to his or her room for a period of time should not constitute reasonable suspicion of abuse.

7. Child Sexual Abuse

a. Act. Sexual activity by a caregiver with a child to gratify the sexual desire of any person including the child.

(1) Sexual Exploitation Without Direct Contact – Forcing, tricking, enticing, threatening or pressuring a child to participate in acts to gratify the sexual desire of anyone without direct physical contact between child and the alleged abuser.

(a) Acts include, but are not limited to, exposing child's or alleged abuser's genitals, anus, or (female) breasts; having child masturbate or watch masturbation; having child participate in sexual activity with a third person (including child prostitution); having child pose, undress or perform in a sexual fashion (including child pornography); exposing child to pornography or live sexual performance; "peeping" or other prurient watching (i.e., voyeurism) without the child's knowledge.

(2) The caregiver's use of force, emotional manipulation, trickery, threatening, or taking advantage of the child's youth or naiveté to engage in penetration of the vagina, however slight by

(a) The penis; or

(b) A hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child or to arouse or gratify the sexual desire of any.

(3) The caregiver's engaging in any of the following:

(a) Placing the alleged abuser's sexual organ in the mouth or anus of a child, however slight the penetration; or

(b) Taking into the alleged abuser's mouth or anus the sexual organ of a child, however slight the penetration.

(4) Physical contact of a sexual nature not involving rape, sexual assault or sodomy between the child and the caregiver, including, but not limited to any of the following:

(a) The fondling or stroking of the genitals groin, inner thigh or buttocks, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

(b) The fondling or stroking of a female's breast, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or to arouse or gratify the sexual desire of any person.

(c) The attempted penile penetration of the vagina, anus, or mouth.

(d) The attempted penetration of the vagina or anus, with a hand or finger or any object with the intent to abuse, humiliate, harass, or degrade the child, or to arouse or gratify the sexual desire of the alleged abuser, the child, or any other person.

b. Impact. Any act of child sexual abuse that meets the criteria of paragraph 7a shall be considered to have a significant impact on the child. There are no criteria for paragraph 7b.

c. Exclusions. There are no exclusions from any act of child sexual abuse.

8. Child Neglect

a. Act. The negligent treatment of a child through acts or omissions below the lower bounds of normal caregiving, which shows a striking disregard for the child's well-being under circumstances indicating the child's welfare has been harmed or threatened by the deprivations of age appropriate care. Defiance of base guidance may be cause for referral to FAP for services, but is not necessarily neglectful unless the alleged act or omission meets criteria for paragraph 8a and paragraph 8b. Includes one or more of the following:

(1) Lack of supervision. Absence or inattention taking into account child's age and level of functioning.

(2) Exposure to physical hazards. Inattention to the child's safety by exposing the child to physical dangers or home hazards, including, but not limited to, exposed electrical wiring; broken glass; non-secured, loaded firearms in the home; illegal drugs in home; dangerous or unhygienic pets; asking the child to perform dangerous activities; driving a vehicle while intoxicated with child in vehicle; non-secured hazardous chemicals; unhygienic living conditions dangerous to health; caregivers known to be abusive or neglectful; an act of domestic violence close enough to the child to have created a risk of injury to the child.

(3) Educational neglect. When education is compulsory by law, any of the following:

(a) Knowingly allowing the child to have extended or frequent absences from school, or

(b) Neglecting to enroll the child in some type of home schooling or public or private education, or

(c) Preventing the child from attending school for other than justifiable reasons.

NOTE: Criterion paragraph 8b(6) and (7) are the only likely impact criteria associated with educational neglect.

(4) Neglect of health care. Refusal or failure to provide appropriate, health care including, but not limited to, failure to obtain appropriate medical, mental health, or dental services, procedures, or medications, although the parent/guardian was financially able to do so or was offered other means to do so. It includes withholding of medically indicated treatment for a child with life threatening conditions.

(5) Deprivation of necessities. The failure to provide age-appropriate nourishment, shelter, or clothing to the child. It includes non-organic failure to thrive as determined by a competent medical authority.

(6) Abandonment. The absence of the caregiver with no intent to return or the absence of the caregiver from the home for more than 24 hours without having arranged for an appropriate surrogate caregiver. Note: No impact (paragraph 8b) criterion is necessary for abandonment to be deemed neglect.

(a) Unattended Older Child in Vehicle. A caregiver's leaving a child age ten or older unattended in a vehicle for a brief period in a safe area does not meet paragraph 8a for Lack of Supervision.

(b) Unforeseen Lack of Supervision or Exposure to Physical Hazards. When lack or supervision or exposure to physical hazards occurs but a person who is not the caregiver is directly responsible for such lack of supervision or exposure to physical hazards, paragraph 8a criterion is not met if the IDC concludes that a reasonable competent caregiver would not have foreseen such lack of supervision or exposure to physical hazards by such other person.

b. Impact. Significant impact on the child involving any of the following:

(1) More than inconsequential physical injury, including heat exhaustion or heat stroke;

(2) Reasonable potential for more than inconsequential physical injury, including heat exhaustion or heat stroke, given the act or omission and the child's physical environment. Psychological harm, including either

(3) Child's more than inconsequential fear reaction, or

(4) Significant psychological distress (Major Depressive Disorder, Post-Traumatic Stress Disorder, Acute Stress Disorder, or other psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s) or omission(s).

(5) Reasonable potential for psychological harm including either when the act, or pattern of acts, creates reasonable potential for the development of a psychiatric disorder, at or near diagnostic threshold, related to or exacerbated by the act(s) when taken into consideration the child's level of functioning and any risk and resilience factors present, or

(6) The act, or pattern of acts, carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development by substantially worsening the child's developmental level and trajectory that was evident before the alleged child neglect, or

(7) Stress-related somatic symptoms related to or exacerbated by the act or pattern of acts that significantly interfere with normal functioning, including aches and pains, migraines, gastrointestinal problems, or other stress-related physical ailments.

c. First Time Exclusion. **ONLY APPLIES TO 2 TYPES OF NEGLECT**: Paragraph 8a(1), Lack of Supervision and paragraph 8a(2), Exposure to Physical Hazards and only if the impact on the child meets criteria for **POTENTIAL** harm (paragraph 8b(2), (5) and (6)) **NOT** actual harm and **ALL** three of the following criteria are met:

(1) Criterion 1. The IDC judges the parent/guardian had no other significant risk factors for neglect (e.g., low self-esteem, high impulsivity, lack of social support, high daily stress, substance abuse diagnosis).

(2) Criterion 2. To the best of the IDC's knowledge, this is the first incident of problematic parenting, as evidenced by both of the following:

(a) The parent/guardian has not come to the attention of any community helper (including, but not limited to, teachers, military police/security forces, medical professionals, civilian authorities) for potential child abuse or extreme parenting practices.

(b) The parent/guardian has not been reported to the FAP or a civilian CPS agency previously for allegations of child abuse or child neglect.

(3) Criterion 3. Two-thirds of the voting members judge the neglect to have barely met criteria.

Example when first time exclusion may apply: Leaving a 4 month old locked in the car alone in weather that could not pose harm to the child for a short period while the parent buys diapers at the 7-Day Store/Shopette.

9. Definitions for Further Clarification of Criteria

a. Child prostitution. An act of engaging or offering the services of a child to a person to perform sexual acts for money with that person or any other person.

b. Child pornography. Media (e.g., visual, audio, written) containing the prurient depiction of a child engaged in explicit sexual conduct, real or simulated, or the lewd exhibition of the genitals intended for the sexual gratification of a user.

c. Deprivation. The withholding of, or withholding access to, adequate food, shelter, hygiene, or necessary medical/psychiatric services; or gross negligence regarding the safety needs of the incapable partner or child.

d. Egregious. Egregious acts or omissions show striking disregard for child's well-being. As such, they are not merely examples of inadvisable or deficient parenting, but must clearly fall below the lower bounds of normal parenting.

e. Emotionally aggressive act. A non-accidental act(s), excluding physical or sexual abuse, or threat adversely affecting the psychological wellbeing of the person.

f. Failure to thrive (FTT). A type of child neglect evidenced by an infant's or young child's failure to adequately grow and develop to or above the third percentile in height and weight when no organic basis for this deviation is found.

g. Gratify the sexual desire. Providing sexual arousal or pleasure or appealing to prurient interest. Does not require overt evidence of arousal (e.g., erection, vaginal lubrication, ejaculation, orgasm).

h. More than inconsequential fear reaction.

(1) Fear (verbalized or displayed) of bodily injury to self or others and

(2) At least one of the following signs of fear or anxiety lasting at least 48 hours:

(a) Persistent intrusive recollections of the incident. (Note: for children this includes recollections as evidenced in the child's play)

(b) Marked negative reactions to cues related to incident, including the presence of the alleged abuser as evidenced by:

(1) avoidance of cues;

(2) subjective or overt distress to cues; or

(3) physiological hyper arousal to cues.

(c) Acting or feeling as if incident is recurring.

(d) Marked symptoms of anxiety, including any of the following:

(1) Difficulty falling or staying asleep.

(2) Irritability or outbursts of anger.

(3) Difficulty concentrating.

(4) Hypervigilance (i.e., acting overly sensitive to sounds and sights in the environment; scanning the environment expecting danger; feeling keyed up and on edge).

(5) Exaggerated startle response.

i. More than inconsequential physical injury. An injury involving any of the following:

(1) Any injury to the face or head.

(2) Any injury to a child under 2 years of age (for child definitions only).

(3) A more than superficial bruise(s). The bruise was a color other than very light red or had a total area exceeding that of the victim's hand or was tender to a light touch.

(4) A more than superficial cut(s). The cut or scratch was bleeding and required pressure to stop the bleeding.

(5) Bleeding internally or from mouth or ears.

(6) A welt (a bump or ridge raised on the skin).

(7) Loss of consciousness.

(8) A burn.

(9) Loss of functioning, including, but not limited to, sprains, broken bones, detached retina, loose or chipped tooth.

(10) Damage to an internal organ.

(11) Disfigurement including, but not limited to, scarring.

(12) Swelling lasting at least 24 hours.

(13) Pain felt in the course of normal activities and at least 24 hours after the physical injury was suffered.

(14) Death.

NOTE: If the child is unable to report orally or in writing about pain or is inaccessible to clinical authorities for assessment of pain, the criterion of harm is met if the nature of the injury would typically resulting pain as defined above.

j. Physically Aggressive Act. Includes, but is not limited to one of the following: hitting with open hand or slapping, including spanking, dropping, pushing or shoving; grabbing or yanking limbs or body, poking; hair pulling; scratching; pinching; restraining; or squeezing shaking; throwing; biting; kicking; hitting with fist; hitting with a stick, strap, belt, electric cord or other object; scalding or burning; poisoning; stabbing; applying force to throat; strangling or cutting off air supply; holding under water; brandishing or using a weapon.

k. Prurient (not provided by DoD). Characterized by lust; having, inclined to have, or characterized by lascivious or lustful thoughts, desires, etc; causing lasciviousness or lust.

l. Psychiatric Disorders: Mental disorders as defined by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

m. Sexual act

(1) Contact between the penis and the vulva involving penetration, however slight; or

(2) Penetration of the genital opening by a hand, finger, or other object with intent to abuse, humiliate, harass, or degrade any person or to arouse or gratify the sexual desire of any person or

(3) Sodomy

(a) Placing the alleged abuser's sexual organ in the mouth or anus of the partner; or

(b) Taking into the alleged abuser's mouth or anus the sexual organ of partner, however slight the penetration.

n. Sexual Contact. Intentional touching of the genitals, groin, breast, inner thigh or buttocks, directly or through clothing, with the intent to abuse, humiliate, harass, or degrade any person, or arouse or gratify the sexual desire of any person.

o. Threatening. Verbal or nonverbal acts perceived by victim or witness as signifying that victim's physical integrity was at risk at the time or would be in the future.

p. 2/3 of the voting members. If the lack of supervision/exposure to physical hazards incident met criteria, the Chair should ask for a second vote of all voting members in attendance on the following two choices:

Number of committee members present	Number needed for criteria to be met
5	4
6	4
7	5
8	5
9	6
10	7

10. IDC/Clinical Case Staff Meeting (CCSM) Framework.

a. The IDC/CCSM model has been designed to ensure a consistent case determination process in all cases of family maltreatment. It splits the clinical and the administrative functions that historically were both addressed by the CRC.

b. The purpose of the IDC is administrative. It determines which referrals for suspected child abuse or domestic/intimate partner abuse meet the DoD criteria and would require entry into the FAP Central Registry. Using the same criteria/definitions results in more consistent IDC decisions – behavior judged to be abuse for one family is abuse for another family across cases, ranks, meetings or military services/installations.

c. The CCSM is responsible for:

(1) Prevention.

(2) Victim safety.

(3) Intervention.

(4) Educational services.

(5) Periodic case reviews.

(6) Case closure.

d. These CCSM functions include:

(1) A discussion of treatment for victims of child abuse or domestic/intimate partner abuse who are eligible for treatment in a military medical treatment facility (MTF).

(2) Ongoing coordinated case management, including risk assessment, ongoing monitoring and safety of child abuse and domestic/intimate partner abuse; and plans for clinical intervention and appropriate treatment for alleged offenders who are eligible for treatment in an MTF.

REPORTING AND NOTIFICATIONS

1. Domestic Abuse. In addition to the reporting options listed below, current policy offers, under certain condition, "restricted" and "unrestricted" options to victims of domestic abuse who voluntarily seek medical or counseling services from a medical treatment facility (MTF) or Fleet and Family Support Center (FFSC). Enclosure (3) provides detailed guidance on restricted/unrestricted reporting options for victims.

a. If a domestic abuse report involving physical injury or the use of a dangerous or deadly weapon is received by the installation law enforcement department, verbal notifications will be made immediately to the Family Advocate Representative (FAR) or the on-call social worker and to the service member's command. A written report shall be made to the member's command and the FAR within 24 hours.

b. Following a report of domestic abuse, the member's command and law enforcement are obligated to take immediate steps to provide appropriate and reasonable assurance of safety and protection for victims and witnesses. Such actions could include providing victim advocacy services, issuance of a Military Protective Order, removal of an offending service member from the family home, temporary barring of an offending civilian spouse from the military installation and/or military housing, etc.

c. If a victim of an alleged domestic abuse comes to a MTF seeking treatment for injuries related to abuse, the case shall be referred to the FAR or the on-call social worker. A major physical injury or indication of a propensity or intent by the alleged offender to inflict major physical injury, as defined by reference (a) and enclosure (1) may limit the victim's options for reporting.

d. When a victim of an alleged domestic abuse comes voluntarily to a FFSC or MTF seeking counseling and there are no current injuries requiring medical attention, the spouse is responsive and capable of responding to any renewed threat of abuse, previous injuries are not "major" physical abuse, and the victim does not want the abuse to be reported, then the provider will assist the alleged victim in making an informed decision as to his/her options. Enclosure (3) provides guidance on restricted/unrestricted reporting options and procedures for victims of domestic abuse.

e. The sexual assault of a spouse or intimate partner is domestic abuse or domestic violence, as defined in enclosure (1) and will be referred to the FAR, and law enforcement, as appropriate.

2. Exceptions to Reporting Domestic Abuse

a. Clergy-Penitent Relationship. A person has the privilege to refuse to disclose and to prevent another from disclosing a confidential communication by the person to a clergyperson or to a clergyperson's assistant, if such communication was made either as a formal action for religion or as a matter of conscience. Disclosures of domestic abuse made by a victim to a clergyperson although held in confidence is not considered a restricted report of domestic abuse and no notification is made to the FAR.

b. Lawyer-Client Privilege. A client has the privilege to refuse to disclose and prevent any other person from disclosing confidential communications made for the purpose of facilitating the provision of professional legal services to the client.

c. If domestic abuse victim inadvertently discloses domestic abuse to a New Parent Support Home Visitor, the home visitor will ensure immediate referral and "warm handoff" of the individual to a FFSC clinician. The FFSC clinician is responsible for providing informed consent, recording the victim's election of reporting option, and for conducting all necessary safety and clinical assessment and safety planning.

d. Likewise, if a domestic abuse victim inadvertently discloses to the installation Sexual Assault Response Coordinator (SARC) or a Sexual Assault Prevention and Response Program (SARP) victim advocate, SAPR program personnel will ensure immediate referral and "warm handoff" as a possible restricted report to a FFSC clinician.

3. Child Abuse. All Department of the Navy personnel must report any incident or suspected incident of child abuse occurring on a military installation or involving persons eligible for FAP services in the FAR. Exceptions are described in paragraph 2 of this enclosure.

a. If the report meets, "reasonable suspicion" that abuse or neglect has occurred, as determined by the FAR/duty clinician, notification will be made to the service member's command.

b. If the sponsor is a DoD civilian or contractor, the employer will be contacted only if there is a major physical injury or the safety of the child cannot be ensured without immediate intervention.

c. In cases of major physical injury or an indication of an offender's propensity or intent to inflict major physical injury, the FAR/duty clinician shall immediately notify Naval Criminal Investigation Service (NCIS).

d. Child Sexual Abuse (CSA). All reports of CSA, known or suspected, must be reported to NCIS.

e. Out-of-Home CSA. In addition to the above, cases of CSA alleged to have occurred in DoD sanctioned out-of-home care settings, such as child care centers, or youth centers, schools, recreation programs, or family home care, must be reported immediately to the Commanding Officer or Executive Officer of NAVSUPPACT Naples, FAR, and FAO.

RESTRICTED REPORTING POLICY FOR INCIDENTS OF DOMESTIC ABUSE

1. The Navy is fully committed to ensuring victims of domestic abuse are protected; treated with dignity and respect; and are provided support, advocacy, and care. Assuring privacy and providing options for confidential disclosure are critical discharging our commitment to fully support victims or domestic abuse.

2. For the purpose of this policy, confidential reporting is defined as providing an option for victims of domestic abuse to report incidents of domestic abuse to specific individuals without triggering command notification or investigation of the incident. This option affords a victim access to medical care, counseling, and victim advocacy without initiating the investigative process.

3. Commanding Officer (CO)/Officer in Charge have a responsibility to ensure community safety and due process of law, but they must also recognize the importance of protecting the safety and well-being of victims and family members.

4. Domestic abuse is defined in enclosure (1).

5. While Navy policy prefers personnel to report all suspected incidents of domestic abuse, the requirement for all domestic abuse incidents to be reported can represent a barrier for victims who would not otherwise seek medical and victim services when it requires command or law enforcement notification. Additionally, the Navy strongly supports effective command awareness and prevention programs and law enforcement and criminal justice activities which will maximize accountability and prosecution of domestic abuse.

6. This policy provides the framework for confidential or restricted reporting for victims of domestic abuse. Restricted reporting is limited to adult victims of domestic abuse who are eligible to receive medical treatment in military facilities. This includes civilians and contractors who are eligible to receive military health care outside continental U.S. (OCONUS) on a reimbursable basis. This policy affords adult victims of domestic abuse two options of reporting referred to as "unrestricted" and "restricted" reporting.

a. Unrestricted reporting. Domestic abuse victims who want to pursue an official investigation should use the usual reporting procedures (i.e., chain or command, Family Advocacy Program (FAP), or law enforcement). A Fleet and Family Support Center (FFSC) clinician will be notified upon receipt of report. Additionally, at the victim's discretion and/or request, a medical health care provider (HCP) shall conduct any medical examination or care deemed appropriate. Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

b. Restricted Reporting. Domestic abuse victims who desire restricted reporting must report the abuse to one of the following individuals: a victim advocate, a HCP (both afloat and ashore), or a victim advocate supervisor. In the Navy, FFSC clinical counselors operate as victims advocate supervisors and are considered HCPs. When indicated, a victim under restricted reporting may request that a medical HCP conduct a medical examination for the purpose of collection and preservation of evidence with non-identifying information. For states which require mandatory reporting, specified HCPs are obligated to report the domestic abuse to local law enforcement.

7. Victims will acknowledge, in writing, their reporting election and their understanding of the benefits and limitations or restricted or unrestricted reporting. Veteran Affairs (VA) will use the Navy Victims Statement of Understanding provided by DoD. In cases where the adult victim elects restricted reporting, the VA and HCP may not disclose covered communication either to the victim's or alleged offender's commander or to law enforcement, except as outlined below. Consistent with current policy, victims may also report domestic abuse to a chaplain and be afforded privileged communication, which is not altered or affected by the restricted reporting requirements.

8. Exceptions to confidential restricted reporting where a victim elects restricted reporting, could be suspended for one of the following reasons:

a. When disclosure to named individuals is authorized by the victim in writing.

b. When in the judgment of the HCP, victim advocate, or victim advocate supervisor, the disclosure to command officials or law enforcement is necessary to prevent or lessen a serious or imminent threat to the health or safety of the victim or another person.

c. When, as result of the victim's disclosure, the victim advocate or HCP has reasonable belief child abuse has also occurred, Disclosure will be to FAP and any other agencies authorized by law to receive child abuse reports. However, disclosure will be limited only to information related to the child abuse.

d. When disclosure by a HCP to disability retirements boards and officials is required for fitness for duty or disability retirement determinations, information is limited only to what is necessary to process the disability retirement determination.

e. When disclosure is required for the supervision of direct victim treatment or services.

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

g. When disclosure is required by federal or state statute or applicable U.S. international agreement.

9. HCPs may also convey to the victim's CO, if applicable, any possible adverse duty impact related to an active duty victim's medical condition and prognosis. However, such circumstances does not warrant an exception to policy whereby details of the domestic abuse are considered covered communication and may not be disclosed. Confidentiality of medical information will be maintained.

10. If the victim advocate or HCP believes disclosure is warranted or required pursuant to one of the exceptions listed above, the victim advocate or HCP shall first consult with their supervisor and/or servicing legal office prior to disclosure. When there is uncertainty or disagreement on whether an exception applies, the matter will be brought to the attention of the CO, NAVSUPPACT Naples, for a decision.

11. The victim advocate or HCP must make every reasonable effort to provide the affected victim advance notice of the intention to disclose a covered communication. This advance notice will include a description of the information to be disclosed, the basis for disclosure and the individual, and group or agency to which it will be disclosed. The disclosure will be limited to information necessary to satisfy the purpose of the exception. Further disclosure will not be made unless the domestic abuse victim authorizes disclosure in writing.

12. When a victim discloses domestic abuse to someone other than a victim advocate, HCP, or victim advocate supervisor, disclosure may result in command notification and investigation of the allegations. When information regarding a domestic abuse incident is disclosed to the command or the FAP from a source independent of the restricted reporting avenues, law enforcement shall be notified and will conduct an investigation when appropriate. CO's acquiring information under these circumstances about a domestic abuse incident shall immediately notify law enforcement and FAP personnel.

13. Per reference (d), domestic abuse disclosed to a Navy New Parent Support Home Visitor, a sexual assault victim advocate or the Sexual Assault Response Coordinator or to Military One Source will immediately be referred to FAP for services. Disclosure by a victim of domestic abuse to one of these sources will not negate the victim's option to elect restricted reporting if other criteria for restricted reporting have been met.

14. Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in discipline under the UCMJ, loss of privileges, and/or to other adverse personnel or administrative actions.

15. This policy does not create any actionable rights for the alleged offender or the victim, nor does it constitute a grant of immunity for any actionable conduct by offender or victim. Covered communications which have been disclosed may be used in disciplinary proceedings against the offender or victim, even if the communication was properly disclosed.

16. DoD Navy leadership recognizes the potential impact of restricted reporting on investigations and the ability of COs to hold perpetrators accountable. Such risks were carefully considered and were outweighed by the overall interest of providing domestic abuse victims access to medical care and support.

CHILD PLACEMENT PROCEDURES

1. Background. In overseas locations absent Child Protective Services the responsibility for a consistent and appropriate response to allegations of child abuse and neglect reside within our Navy community. When parents cannot ensure the safety of their child, law enforcement, command and the Family Advocacy Program may be required to take steps to ensure the safety of a child through temporary removal of the child from the care of the parents/guardians. Enclosure (10) of reference (e), provides general guidance and authority to the Installation Commanding Officer (CO) in overseas locations to take steps regarding child safety and child removal. This document provides guidance specific to NAVSUPPACT Naples, Italy for the temporary placement of a child when abuse or neglect is alleged.

2. Discussion. The safety and well-being of the child should be the primary consideration in making the decision to remove a child from the care of the parent/guardian.

a. The removal of a child from the care of the parent/guardian is a temporary action until the family can be stabilized and the immediate threat has passed or the family is returned to CONUS and local authorities assume responsibility for the case.

b. Before making a decision to remove the child from the home, alternative to remove should be fully explored. One example may be to remove the alleged offender from the home when the non-offending parent/guardian is determined to be sufficiently protective to ensure the continued safety of the child. Another alternative to removal of the alleged offender from the home may be to establish an intense monitoring plan of the child and the caretaker/alleged offender.

c. When the removal of the child from the home is considered, the consent of the parent allowing removal of the child to a temporary alternative home should be requested, and if possible obtained in writing prior to removal. Enclosure (5), a Special Power of Attorney, may be used as a means of obtaining written consent.

d. When not inconsistent with the safety and welfare of the child, afford the parents the opportunity to present their perspective on the incident before removal. The parent/guardian may consent for the good of the child. Consent to place the child with another caregiver should not be considered an admission of wrong doing on the part of the parent.

e. When responding to an allegation of abuse and neglect, all parties involved in the response will provide information as to the child's current situation and initial investigative findings to individuals participating in the decision for an alternative child placement. This collaboration will include medical personnel if the child is in need of immediate medical attention. NAVSUPPACT, Naples Security, if involved in the initial response, Naval Criminal Investigative Service (NCIS), the on-call social worker, and the representative of the sponsor's command will initially discuss the safety and current intervention needs as the relevant facts of the situation are known. If the discussion includes the possibility of removing the child from the parent/guardian's care, the Installation Staff Judge Advocate (SJA) and the Installation Commanding Officer will be contacted to participate in the discussion and decision.

f. All parties to the discussion do not have equal weight in the decision. Expertise counts. For example, if the allegation involves unique medical situations such as a Shaken Baby or Failure to Thrive, medical expertise carries more weight given medical knowledge of the dangerousness of these acts and what is considered medical best practice in responding to these situations.

g. When medical concerns are present, including the mental health of the child, observation in a hospital setting may be appropriate. The decision to admit a child to the hospital as result of abuse or neglect resides with the appropriate medical personnel. In the event of an admission to the hospital due to medical or mental health needs of a child due to abuse or neglect, the CO USNH Naples, will be contacted, usually by the emergency room physician. The installation CO will also be informed that a child is being admitted to the hospital due to abuse or neglect.

h. A "social admission" to the hospital (one in which there are no medical needs for the child) is not a service the hospital can normally provide. This should only be considered in unique circumstances after more desirable child placement options have been explored. The CO of USNH will be consulted and make the final decision regarding a social admission to the hospital.

3. Procedures for Voluntary Placement of a Child. The child who has been suspected to have been abused or neglected may initially come to the attention of a variety of sources to include, security, medical, child care, school personnel, NAVSUPPACT Family Advocacy Program (FAP) staff, etc. In most cases law enforcement/ NAVSUPPACT Naples emergency dispatch should be called for an immediate response to an incident of child abuse/neglect. NAVSUPPACT Naples security is the first responder for most incidents occurring on the installation. NAVSUPPACT Naples Security will contact the on-call social worker to provide consultation regarding safety of those involved. NAVSUPPACT Naples Security and NCIS will investigate incidents of child abuse/neglect. In high risk/serious cases of child abuse NCIS will take the investigation lead. Once a decision has been made by the first responders, the on-call social worker, and medical, if involved, one party should take the lead to discuss the recommendation for safety with the family with the intent of gaining their cooperation and compliance. Which party takes the lead will be largely dictated by the circumstances of the situation.

a. The first option should be to have the child remain in the home with the non-offending parent/guardian and have the alleged offender leave the quarters. This is the least disruptive action for the child. If the alleged offender is active duty, responders will request the service member's command issue a Military Protective Orders (MPO) prohibiting any contact with the child and the non-offending parent and house the alleged offender, until safety of the child is established. If the alleged offender is not active duty, first responders should strategize with the alleged offender on where he/she can stay pending establishment of safety.

b. If there is no protective non-offending parent or removal of the alleged offender is not feasible, the second option would be for the child to be placed with a family the child knows and is comfortable with as approved by the sponsor's command. This

can be a family known to the parents or a family known just to the child. This is more likely to be the case when the child is an adolescent. The sponsor's command may recommend a family within the sponsor's command; a family the command is comfortable with and who can be a neutral party between the parents and the child.

c. The used of a Child Development Home Care Provider is not an option for placement of a child when abuse or neglect is indicated.

d. Families Designated by the Command. The command of the active duty or civilian sponsor should suggest a suitable family that may be available for emergency placement until the safety of the child can be established. All commands and NAVSUPPACT Naples departments are encouraged to establish one to two families within their organization to be a resource in an emergency when no other suitable resource is available. If the sponsor's command cannot identify a suitable family, a family from another command may be identified by the on-call social worker. See paragraph (4) below for more information.

e. Power of Attorney. In both voluntary and non-voluntary situations, the family will be asked to sign a Special Power of Attorney and Consent form prior to the child placement. Security or NCIS will request the parent sign this consent form at the time of the child placement. The signed form allows the family providing the care to act on behalf of the parents for the purposes of obtaining medical care, food, shelter, transportation, clothing, and education for the child. A copy of the Special Power of Attorney will be provided to the school principal, child development center director, and school age care director, as appropriate.

4. Designation of Families to Provide Temporary Care for Children. When all other options have been exhausted, designated Ombudsman will be contacted by the Command, in conjunction with the on call social worker to coordinate support for the identified family in need. The identified volunteer care family will agree to a local FAP background check.

5. Non-voluntary Temporary Removal of the Child from the Home by Order of the Installation CO. In overseas locations the decision to remove a child from the home is ultimately the installation Commanding Officer's responsibility and decision.

In all cases the consent of the parents/guardians and their cooperation and participation in the decision will be requested. When the parents/guardians do not consent to the temporary placement of their child, enclosure (4) of reference (a) provides the following guidance:

a. The FAR, represented by the on-call social worker will coordinate with the installation SJA, sponsor's command, Security personnel, and NCIS as appropriate to recommend non-voluntary removal of the child by the installation CO, when appropriate.

b. The CO's authority to remove a child is temporary. It continues only until the immediate threat has passed or the return of the family to CONUS and local authorities assume responsibility for the case.

c. If efforts to gain consent for an alternative placement from the parent/guardian is not successful, the COs may take the following actions without parental consent, per reference (c):

(1) Interview of the child by personnel trained in interviewing children; if it is determined the interview is required to protect the health and safety of the child. This includes NCIS, FFSC clinician or Behavioral Health, as appropriate to the situation.

(2) Placement of the child in the care of another person designated by the sponsor's command or the installation CO, as appropriate.

d. When not inconsistent with the safety and welfare of the child, the installation CO should afford notice and opportunity for the parents to present their perspective on the incident, before removal.

e. If the installation CO determines removal from the parent/guardian is indicated, a written Child Removal Order should be used as an appropriate factual record of the decision and supporting information should be compiled.

f. The FAR is responsible for developing and implementing a safety plan. Paragraph (6) of this enclosure provides additional information regarding safety planning.

g. If the parents are uncooperative and the child requires medical treatment, the Commanding Officer of the MTF may admit the child to the MTF or provide required medical care without parental authorization.

6. Safety/Intervention Planning Following Placement of a Child in a Temporary Home. A plan of intervention should be established as soon as possible following the decision to place a child in either voluntary or non-voluntary out of the home care. This plan should outline requirements to re-establish a safe environment for the child to return to the parent/guardian. The FAR is responsible for developing and implementing a safety plan with input from the sponsor's command.

a. The FAP case manager will convene a meeting of the involved parties the first working day after the placement of the child or as soon as practical.

(1) The meeting should include the parents of the child, sponsor's command representative, the clinical case manager, FAR, installation SJA, law enforcement and/or NCIS, pediatrician or other medical personnel, as appropriate.

(2) The purpose of the meeting is to develop an intervention plan that outlines what needs to occur for the child to return to the parents' care and outline expectations for the parents while the child is in this temporary placement. The plan should include consideration of financial support, visitation, counseling, etc. The plan should be in writing to avoid mis-communication.

(3) The frequency and membership of the case management meetings will be specific to the case circumstances. The focus of the meeting is to assess progress towards the goal of returning the child to the home.

b. The sponsor's command and/or the clinical case manager will serve as liaison with the family who is providing care for the child.

c. The clinical case manager or other designated person will meet with the child, explaining what is going to happen and maintain regular contact with the child to assess the child's well-being and to keep the child informed.

d. The FAR will keep the installation CO informed of the status of the case and progress towards returning the child to the home.

e. In situations involving removal of a child by order of the installation Commanding Officer the **Incident Determination Committee (IDC)** should be convened if early return of the family is considered. **An Ad Hoc IDC** meeting may be convened to develop other interventions or recommend an Early Return of Family Members or return of the entire family if it is determined long term foster care and/or treatment is required by resources not locally available.

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I,_____(hereinafter "Grantor"), currently residing at_____, telephone number_____, by this document do make and appoint_____(hereinafter "Grantee"), whose present address is _____and whose telephone number is _____,as my true and lawful attorney-in-fact to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

I, Grantor, the parent of the following minor child,_____(hereinafter Child), do hereby state that it is necessary to leave said Child in the care of Grantee. Grantee shall have my full permission and consent:

Grantee is authorized to take any and all other necessary actions to provide for the safety, education, and welfare of said Child, including the taking of all steps necessary for enrollment in a public school and the signing of all documents in connection with the care, maintenance, medical treatment, education, and activities of said Child.

I HEREBY GIVE AND GRANT TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact.

FURTHER, this power of attorney shall remain in full force and effect indefinitely, unless sooner revoked by me, provided, however, that such prior revocation shall be of no effect in respect to parties acting or things done in reliance hereon prior to receipt by them of such notice of revocation as may be prescribed by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day, _____ day of _____, _____.

_____

Grantor

ACKNOWLEDGEMENT

SERVING WITH THE ARMED FORCES OF THE UNITED STATES AT NAVAL SUPPORT ACTIVITY, NAPLES, ITALY

Before me personally appeared_____, who, having produced a Uniformed Services Identification Card, is known to me to be the identical person who is described herein, and who signed and executed the foregoing instrument on this day, _____ day of _____, _____, as a true, free, and voluntary act and deed, for uses, purposes, and considerations therein set forth. And I do further certify that by Federal law I am authorized to exercise the powers of a notary without requirement of a seal, and that this document is executed by me in accordance with those powers and in that capacity.

_____

Print Name:

Authority: 10 U.S.C. § 1044a.
NO SEAL REQUIRED

MILITARY PROTECTIVE ORDER

PRIVACY ACT STATEMENT

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

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

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

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

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

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

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

3. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER

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

a. Civil protection order issued *(Date - YYYYMMDD)* _____, in _____ Court, _____ County, State of _____

b. Order issued *(Date - YYYYMMDD)* _____, in _____ Court, _____ County, State of _____ ☐ Property Settlement ☐ Custody and/or Visitation

5. **As a Commanding Officer with jurisdiction over the above-named service member, I find that there is sufficient reason to conclude that the issuance of an order is warranted in the best interest of good order and discipline. It is hereby ordered that** *(Initial applicable portions)*:	
	a. The above-named service member is restrained from initiating any contact or communication with the above-named protected person either directly or through a third party. For purposes of this order, the term "communication" includes, but is not limited to, communication in person, or through a third party, via face-to-face contact, telephone, or in writing by letter, data fax, or electronic mail. If the protected person initiates any contact with the service member, the service member must immediately notify me regarding the facts and circumstances surrounding such contact.
	b. The above-named service member shall remain at all times and places at least _____ feet away from the above-named protected person and members of the protected person's family or household including, but not limited to, residences and workplaces. Members of the protected person's family or household include:
	c. The above-named service member will vacate the military residence shared by the parties located at:
	d. Until further notified, the above-named service member will be provided temporary military quarters at:
	e. The above-named service member will attend the following counseling:
	f. The above-named service member will surrender his/her government weapons custody card at the time of issuance of this order.
	g. The above-named service member will dispose of his/her personal firearm(s) that are located or stored on the installation at the time of issuance of this order.
	h. Exceptions to this order will be granted only after an advance request is made to me and approved by me.
	i. Other specific provisions of this order:

6. **DURATION: The terms of this order shall be effective until _____, unless sooner rescinded, modified, or extended in writing by me.**
ENFORCEABILITY: Violation of this order or an applicable civilian protection order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.

a. COMMANDING OFFICER'S SIGNATURE	b. DATE *(YYYYMMDD)*

7. **I hereby acknowledge receipt of a copy of this order and attest that I understand the terms and conditions it imposes on me.**

a. SERVICE MEMBER'S SIGNATURE	b. DATE *(YYYYMMDD)*

DISTRIBUTION:
Service member
Protected person (Custodial parent of protected child)
Service member's local personnel file

DD FORM 2873 (BACK), JUL 2004