



DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY, NAPLES, ITALY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACTNAPLESINST 1752.3D
N00/N91
29 Oct 25

NAVSUPPACT NAPLES INSTRUCTION 1752.3D

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

Subj: FAMILY ADVOCACY PROGRAM

Ref: (a) SECNAVINST 1752.3B
(b) DoD 6400.1-M-2
(c) DoDI 6400.06
(d) OPNAVINST 1754.1B
(e) OPNAVINST 1752.2C
(f) OPNAVINST 1300.14D

Encl: (1) NSA Naples Child Removal and Mandated Interview
(2) Temporary Care Parental Consent Form

1. Purpose. To revise policy and assign responsibilities based on recent issuance of OPNAVINST 1752.2C, 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. NAVSUPPACTNAPLESINST 1752.3C

3. Definitions. Terms related to the FAP, and used in this instruction, are defined in reference (c) and (e). For the purpose of this instruction, the term “child abuse” encompasses child neglect, abuse (physical, emotional or sexual) and “domestic abuse” encompasses current or former spouse and intimate partner abuse. Specific definitions of what constitutes a current or former spouse and/or intimate partner can be found in Reference (c) section G2.

4. Discussion. The FAP was established to provide a consistent, standardized response to incidents of child or domestic abuse. The FAP is a command-directed program that provides clinical assessment, treatment, and services for Service members and their families as well as U.S. citizen DoD civilian employees and their families located OCONUS and U.S. citizen contractor personnel authorized to accompany Military Services in contingency operations OCONUS. Unique to the Naples area, North Atlantic Treaty Organization U.S. personnel stationed at Joint Forces Command fall under the Navy Service as the lead agency and NSA Naples Fleet & Family Support Center (FFSC) offers services to these personnel and cases are generally heard at the associated Naples Installation Incident Determination Committee (IDC), unless determined otherwise by Family Advocacy Representative (FAR) and Installation XO.

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5. Policy. This instruction implements the policies set forth in references (a) through (f). Enclosure (1) is an SOP to reference as guidance for CO mandated child interview and removal procedures.

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 primary goals of the NSA Naples FAP are prevention, victim safety and support, rehabilitative interventions, command and abuser accountability, and to provide a consistent and 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 the 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 can be disclosed to a Fleet and Family Support Center (FFSC) clinician, a Family Advocacy Program or Sexual Assault and Prevention Response (SAPR) Victim Advocate (VA), Sexual Assault Response Coordinator (SARC), Regional/Deployed Resiliency Counselor (RRC/DRC), other Health Care Professionals (HCP), or a Legal Representative.

f. There is an important emphasis on overseas screening in an effort to prevent families who need significant treatment from transferring to this location, where there are limited resources. Those families CONUS who have an open FAP case and/or a closed unresolved high-risk case, are disqualified from overseas assignment while receiving treatment.

6. Action. Specific policies developed here locally are outlined below:

a. Region Fleet & Family Readiness (FRR, N9) will fund temporary lodging to support victims of abuse. For additional information, consult with Naples FFSC FAR.

b. The NSA Naples Installation Commanding Officer (ICO):

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(1) Serves as the Family Advocacy Committee (FAC) chairperson which is the policy-making, coordinating, and advisory body to address domestic and child abuse for the installation.

(2) Must ensure that qualified FAP trainers provide training on the prevention of and response to domestic and child abuse to:

a. Commanders within 90 days of assuming command.

b. Annually to non-commissioned officers who are senior enlisted advisors

(3) Appoints in writing the Family Advocacy Representative (FAR), which at NSA Naples is the Counseling, Advocacy and Prevention Supervisor.

(4) Establishes the Incident Determination Committee (IDC) and Clinical Case Staff Meeting (CCSM). At NSA Naples the IDC is chaired by the Installation Executive Officer and this is designated in writing by ICO. The IDC convenes monthly. The CCSM is chaired by the FAR and meets at minimum monthly.

(5) Establishes a written policy setting forth a 24-hour emergency response plan for domestic and child abuse incidents. Enclosure (1) of this instruction is the response policy in the event of a mandated child interview or child removal. This instruction serves as the written policy guiding the use of Enclosure (1). Enclosure (2) is an additional document that can be used to carry out a response plan.

c. NSA Naples FFSC Counseling, Advocacy, and Prevention program provides domestic abuse victims with access to domestic abuse advocacy services 24 hours a day through in-person or telephonic contact. The Family Advocacy Representative (FAR) maintains a watchbill for coverage of the 24/7 on-call victim advocate phone. The on-call number is provided to all first responders, US Naval Hospital (USNH) Naples, Italy, and is published on the FFSC voicemail and in the Naples Navigator, the NSA Naples Mobile App (Navy Life Naples), the NSA Naples CNIC Website, and NSA Naples Plan of the Week. It is also posted in strategic physical locations, such as the doors of FFSCs. For incidents requiring law enforcement or medical intervention, all personnel should immediately contact the appropriate local emergency responder.

d. Per Reference (e), REGCOM requires that the ICO establishes a written policy setting forth a 24-hour emergency response plan for domestic and child abuse incidents. Enclosure (1) of this instruction is the response policy in the event of a mandated child interview or child removal. This instruction serves as the written policy guiding the use of Enclosure (1). Enclosure (2) is an additional document that can be used to carry out a response plan.

e. Installation Executive Officer (XO) chairs the Naples Installation Incident Determination Committee (IDC) and ensures all core members of the IDC are designated in writing and an alternate chairperson is designated in writing in the event the XO is unavailable.

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f. All NSA Naples associated Commands, including Supported Command CO's/Officer-in-Charge (OIC's) must:

(1) Assist the victim of domestic or child abuse incidents with protection from the alleged abuser.

(2) Verbally designate an appropriate officer or senior enlisted member to serve as the Command Family Advocacy Liaison (FAL), typically the XO or CMC, previously referred to as the FAP Point of Contact (POC). The command FAL is responsible to receive reports from the FAR, coordinate with the FAR and monitor the status of each case, and provide information to the CO/OIC. Commands will abide by this Instruction and Reference (e) in response to FAP situations.

(3) Participate in the Incident Determination Committee (IDC).

(4) Ensure all command members receive regular and ongoing FAP training. All supported command COs/OICs should attend FAP training within 90 days of taking command. All senior enlisted personnel should receive FAP training annually. See Reference (e), Chapter 19, for additional training guidance.

g. 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 Liaison).

(4) Utilize the FAP 24/7 on-call clinician for any victim advocacy needs. Contact information is published in NSA Naples Plan of the Week, is listed on the Command Duty Officer (CDO) distro, and is posted in strategic physical locations, such as the doors of FFSCs.

h. Family Advocacy Representative (FAR)

(1) Responsible for overall clinical management of the FAP.

(2) Represents the FAP at IDC.

(3) Chairs the Clinical Case Staff Meeting (CCSM) to recommend clinical intervention and appropriate treatment for victim, alleged abuser, and family member in each FAP domestic or child abuse incident. The CCSM also determines the severity level of FAP cases, recommends flagging and case closures, and makes rehabilitation treatment failure determinations.

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(4) Ensures proper case coordination as needed for cases involving other branches or services, and with other entities such as Child and Youth Programs (CYP) and Child Development Center (CDC), and with other members of the coordinated community response team.

(5) Ensures all FAP providers work with commands, victims, Child and Welfare Services (CWS), etc., to address any safety concerns, ensure resources and referrals are provided as needed, and properly document all actions in FFSMIS.

(6) Provides FFSC Director with a report of all Command FAP Toolkits, which is shared with CO on a quarterly basis, via the chain of command

(7) Manages the 24/7 FAP Victim Advocacy On-Call Watchbill.

i. FAP Victim Advocates (VA)

(1) Will answer all calls to the 24/7 on-call phone. If a call is missed, it will be returned within 30 minutes.

(2) Will respond in person to the USNH on NSA Naples when a victim requests in-person support. The victim advocate will respond to the hospital within 2 hours of the request.

(3) Provide training on a quarterly basis on the prevention of and response to domestic and child abuse to:

1. Commanders within 90 days of assuming command.

2. Annually to non-commissioned officers who are senior listed advisors.

3. Provide quarterly report of completion to the CO, via the Chain of Command.

j. All Hands. All personnel (unless precluded by professional privilege) report incidents or suspected incidents of child and domestic abuse. During normal working hours, the report is to be made to the FAP; outside of normal working hours, the report is to be made to the installation CDO. For incidents requiring law enforcement or medical intervention, all personnel should immediately contact the appropriate emergency responder.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at: <https://portal.secnnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

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b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

8. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years unless revised or cancelled in the interim and will be reissued by the 10-year anniversary date if it still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

RANDAZZO J. L. RANDAZZO
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NSA NAPLES CHILD REMOVAL AND MANDATED CHILD INTERVIEW

1. Purpose. To establish policy on emergency child protection and placement procedures in accordance with references (a) - (f) within U.S. Naval Support Activity, Naples. To establish policy on issuing a child interview without parental consent.
2. Background. Accompanied service in overseas and isolated duty stations presents unique challenges such as fashioning an appropriate response to family advocacy related situations which does not conflict with SOFAs or other international agreements, and the jurisdiction which may be entertained by the cognizant foreign court. In isolated sites within U.S. control, unique challenges may exist because of a lack of trained personnel on-site when expeditious transfer to a location where services are available is not practical.
3. Scope. This instruction is applicable to all command-sponsored families at NSA Naples, whether living in government housing or on the economy.
4. Policy. The installation commanding officer (ICO) is responsible for the security and safety of service members, command-sponsored dependents, and non-foreign hire civilian employees of the Department of Defense (DoD) and their legal family members assigned to commands within NSA Naples.
 - a. The authority of the ICO to temporarily remove a child from the child's home without parental consent exists when there is substantial reason to believe the life and/or health of the child is in real and present danger and in situations in which there is no protective and non-offending adult family member available to care for the child. Removal of a child from the home is a drastic action and should be used once all other options are exhausted (see paragraph 5, section b).
 - b. Removal decisions and procedures should be made per references (a) – (f). When making the decision to temporarily remove a child from the parent(s), the ICO shall obtain input from the installation Family Advocacy Representative (FAR), medical personnel, the Staff Judge Advocate (SJA), Naval Criminal Investigative Services (NCIS), any law enforcement that responded to the incident, and any Commanding Officers of involved parties. The decision must be documented thoroughly by the ICO.
 - c. When consistent with the safety and welfare of the child, the parent(s) shall be afforded the opportunity to present their perspective on the incident before removal.
 - d. Written consent of the parent(s) shall be requested prior to removing the child from the home, but it is not required. Consent to place the child with a designated and approved caregiver shall not be considered an admission of wrong-doing.
5. Procedure. Suspected child abuse/neglect victims may initially come to the attention of a variety of sources to include security, medical, childcare, school personnel, Family Advocacy Program (FAP) staff, etc. In all cases, military law enforcement is to be notified of child abuse/neglect allegations. Installation Security is the first responder for most incidents occurring

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on the installation. They will communicate with the on-call NSA Naples Fleet and Family Support Center (FFSC) clinical counselor to provide consultation on risk assessment and child safety, which may include the need for an immediate response. When responding to an allegation of abuse or neglect, the high risk for violence-coordinated community response team (HRV-CCR) will provide information as to the child's current situation and initial assessment findings to individuals participating in the decision for an alternative child placement. This collaboration should include the following participants if appropriate/warranted by the circumstances: medical personnel (if the child is in need of immediate medical attention), Base Security, NCIS, installation Family Advocacy Representative (FAR) and/or the on-call FFSC clinical counselor, a representative of the Sponsor's command, SJA or Region Legal Service Office (RLSO), and chaplain. The HRV-CCR team should initially discuss the safety and current intervention(s) needed to ensure the immediate safety of the child and appropriateness of out of home care. Security and NCIS will investigate incidents of child abuse/neglect. In high risk/serious injury cases of child abuse, NCIS will take the investigative lead. Once a decision has been made by the first responders, the on-call FFSC clinical counselor and medical, if involved, discuss the recommendations for safety with the family with the intent of gaining their cooperation and compliance. The party who takes the lead in discussing the decision to remove the child with the parents, will be dictated by the circumstances of the situation. The lead may be the on-call FFSC clinical counselor or a joint conversation that includes NCIS. In medical situations, this would likely include the admitting physician who can explain medical procedures and the needs of the child. When the discussion includes the possibility of removing the child from the parent/guardian's care, the installation SJA and the ICO will be contacted to participate in the discussion and decision. Per reference (a), involuntary child removal may be considered in cases of alleged child abuse where there is substantial reason to believe the life or health of the child is in real and present danger, or when there is no protecting and responsible adult in the home. To fully assess the situation, the ICO may request the following actions:

a. Interview of the child by personnel trained in interviewing children.

(1) The interviewer may be an NCIS special agent, physician and/or a credentialed mental health professional, or the installation FAR. If there is an ongoing NCIS investigation, the interviewer should consult with NCIS prior to speaking to the child, unless the questioning occurs during the provision of medical care.

(2) The ICO may order such an interview without the parents' consent if the ICO determines that the interview is required to protect the health and safety of the child and civilian authorities are not reasonably available to direct such an interview.

(3) Commanders should expect the interviewer to take into consideration the following factors when arranging the interview: the age of the child; any physical, mental, or emotional limitations of child; and parental concerns over the child's comfort and well-being.

b. Temporary removal of the child from the home, by order of the ICO.

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(1) Removal of a child from the home is a drastic action which could be challenged by the parents and, as a result, must be documented completely. The following options must be exhausted first:

(a) The first option should be to have the child remain in the home with the non-offending parent or guardian and have the alleged offender leave the quarters. If the alleged offender is active duty, responders will request that the service member's command or the ICO issue a Military Protective Order (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 or she can stay, pending establishment of safety.

(b) The second option should be to have the child placed with a family, approved by the Sponsor's command, with whom the child is comfortable. This can be a family known to the parents or a family known only to the child. This option is only available with the consent of at least one parent. Provided that the parent is competent to give consent, enclosure (2), a *Temporary Care Parental Consent Form*, should be used as a means of obtaining this written authorization.

(c) If the parents are unable to suggest a family for temporary placement, the command may place the child in the care of a family of their choosing. Every effort will be made to obtain the consent of at least one parent.

(2) If the ICO determines a child is in physical danger, and the parents are unavailable or uncooperative, the Military Treatment Facility (MTF) commander may admit the child to the hospital or provide required medical care without parental authorization, per reference (d). Involvement of a parent or Sponsor in the treatment process should always be sought to increase understanding and reduce resistance to medical care; however, this consideration should not be permitted to inappropriately conflict with identified victim safety concerns.

(3) If the ICO determines removal from the parent/guardian is required, a written Child Removal Order (CRO) should be used and an appropriate factual record of the decision and supporting information should be compiled. The FAR, in conjunction with the Sponsor's command, is responsible for developing and implementing a safety plan.

(a) The ICO's authority to remove the child is temporary. It continues only until:

1. the immediate threat has passed,
2. local civilian authorities assume responsibility for the case, or
3. the return of the family to CONUS and local civilian authorities assume responsibility for the case.

(b) A plan of intervention should be established as soon as possible following the decision to place a child in either voluntary or involuntary out of the home care. The FAR will

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develop a plan of intervention in coordination with the parents of the child, Sponsor's command representative, the Family Advocacy Program (FAP) case manager, installation SJA, NCIS/Law Enforcement Agency (LEA), and pediatrician or other medical personnel. The intervention plan will outline steps to be taken for the child to return to the parents' care and expectations for the parents while the child is in temporary placement. The FAR will apprise the ICO of the status of the case and progress towards returning the child to the home.

(4) If it is determined that long-term care and treatment is required after a thorough assessment, investigation, and review by the ICO, the FAR, the installation SJA, NCIS/LEA, and a medical representative (if involved), the ICO may approve the decision to recommend return of the child (and preferably the parents) to CONUS. Specific guidance regarding early returns is provided in the MILPERSMAN 1300-306. The FAR can assist with arrangements. Early return decisions may be made in crisis situations requiring urgent action. Early return of children to CONUS without parental accompaniment will only be accomplished if the losing site coordinates with the gaining State Child Protection services agency. The transfer process is outlined below:

(a) The losing FAR will coordinate with the FAR at the receiving location and provide complete case information.

(b) The Commanding Officer of the Sponsor will send a letter to the gaining command explaining the case and recommending the command contact the local FAR.

(c) The FAR and Sponsor's Commanding Officer will work with command to arrange escorts for minors if safety of the minors is a concern.

(d) The losing FAR will request follow-up reports from the gaining command, FAR, and CWS if a member is not transferred with the family.

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TEMPORARY CARE PARENTAL CONSENT FORM

This form is to be used whenever out-of-home placement is required to ensure the safety of a minor child.

We/I, _____,
(Parent(s) name(s))

voluntarily consent to the placement of our/my child(ren),

(child(ren)'s name(s))

In a Temporary Care Family (for an initial period of 72 hours.)

Signature of Parent(s) Date

Witness

Note: If the parent(s) do not wish to give consent and placement is deemed necessary, please contact NSA Naples Command Duty Officer for further direction.