



COMDTINST 1752.1
14 Aug 2014

COMMANDANT INSTRUCTION 1752.1

Subj: FAMILY ADVOCACY PROGRAM (FAP)

- Ref: (a) 10 U.S.C. §1058
 (b) Transitional Compensation and Other Benefits for Abused Dependents, COMDTINST 1754.16 (series)
 (c) Uniform Code of Military Justice, 10 U.S.C. §801 – 946 (as amended)
 (d) Office of Personnel Management Guidance for Agency-Specific Domestic Violence, Sexual Assault, and Stalking Policies, February 2013
 (e) Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series)

1. PURPOSE. This Instruction establishes Coast Guard policy on the prevention, identification, reporting, investigation, and treatment of intimate partner and child maltreatment and assigns responsibilities for a coordinated community response within the Coast Guard in collaboration with services outside the Coast Guard.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements shall comply with the provisions of this Instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED. Coast Guard Family Advocacy Program, COMDTINST 1750.7C dated June 27, 2006, is cancelled.
4. APPLICATION. This Instruction applies in all situations in which an active duty member or dependent is either identified as an alleged offender, a victim, or a non-offending caretaker in an incident of maltreatment, or is receiving services as a Family In Need of Services client. It also applies to Coast Guard prevention efforts to address the problem of maltreatment in Coast Guard communities. See Enclosure (1) for the definition of active duty (AD) as it applies to the FAP.
5. DISCUSSION.
 - a. The Coast Guard FAP was created to assist families by providing services comparable to those provided within the DoD in accordance with Family Advocacy Program, Department of Defense

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(DoD) Directive 6400.1 (series), and to comply with reference (a), by ensuring an appropriate response to incidents of maltreatment. Violence in the home is one of the leading reasons AD Coast Guard personnel are arrested by civilian authorities. Responding to such incidents involves a coordinated community response within and outside the Coast Guard, including commands and community agencies charged with the responsibility to protect individuals and hold those who have committed criminal acts accountable. The eight types of maltreatment addressed by FAP are: physical, sexual, and emotional child abuse; child neglect; intimate partner physical, sexual, and emotional abuse; and neglect of spouse.

- b. The goals of the FAP are to prevent maltreatment within family and intimate partner relationships, assist commands in addressing incidents of maltreatment, and to mitigate the effects of maltreatment incidents on mission readiness where possible. The methods used within the FAP to accomplish these goals include:
 - (1) Primary prevention: In the Coast Guard, primary prevention activities include efforts to raise awareness through local and Coast Guard-wide communications and activities such as child maltreatment awareness campaigns. These efforts can include local proactive programs sponsored by Health, Safety, and Work-Life (HSWL) Regional Practice (RP) staffs that are designed to improve, for example, couples communication, parental bonding, and parenting skills. As with all FAP activities, appropriated funds may be used for primary prevention efforts.
 - (2) Secondary prevention: Programs and services that target the reduction of identified risk factors and the strengthening of protective factors on the individual, unit, installation, and community levels. Secondary prevention services include direct services to help couples and families cope with marital and family stress. It also can include services designed to help families cope with the stress of deployments, such as return and reunion programs and programs designed to help deployed parents stay connected to their children. It can include Family In Need of Services, a separate counseling service provided under FAP.
 - (3) Tertiary prevention: These services include all programs and services provided after an incident has occurred, such as counseling and education programs. The primary goal of tertiary prevention services is to prevent subsequent incidents. To the extent possible, Family Advocacy Specialists (FASs) at HSWL RPs provide/arrange services for all parties in maltreatment incidents. Their first priority will always be to ensure that all involved are safe. The role of the FAS is to be objective with the goal of establishing collaborative relationships with all persons involved so that appropriate help can be provided.
 - c. Only approximately 42 percent of all Coast Guard units are within 30 miles of a HSWL RP. Delivering optimal care to FAP clients remains a challenge as actual, in-person contact is often unavailable. Many of the procedures within the FAP have to be accomplished by phone. Commandant (CG-111) will continue to explore the use of emerging telephone and video technologies to add real-time, face-to-face capabilities to better serve those clients in remote areas.
 - d. The HSWL Service Center (SC) is developing amplifying guidance for the FAP responsibilities of HSWL RPs and Incident Determination Committees.
6. DEFINITIONS. See Enclosure (1).
7. POLICY. It is Coast Guard policy to:
- a. Establish command climates that promote respect for each other as a way of life, not just in the workplace, but also in home life, including the treatment of family members and intimate

partners with fairness, dignity, and compassion.

- b. Protect those who are victims of maltreatment from further harm.
 - c. Provide services to those affected by child and intimate partner maltreatment, including offenders.
 - d. Provide services to personnel experiencing other forms of abuse such as parental, sibling, elder, and extra-familial.
 - e. Hold AD offenders accountable for abusive behaviors.
 - f. To the extent possible, ensure alignment with DoD FAP procedures and collaborate with DoD and DoD Branch FAP programs, where appropriate.
 - g. Ensure FAP and command cadre personnel are trained to intervene in maltreatment incidents using a coordinated community response.
8. PROCEDURES. See Enclosure (2).
9. KEY DUTIES AND RESPONSIBILITIES.
- a. Commandant (CG-00A) shall:
 - (1) Ensure all chaplains are aware of the requirements of this program.
 - (2) Provide specialized training every three years for chaplains in identifying, addressing, and reporting maltreatment.
 - b. Commandant (CG-11) shall promulgate policy and guidance regarding the Coast Guard's FAP.
 - c. Commandant (CG-111) shall:
 - (1) Promote and budget for primary, secondary, and tertiary prevention efforts that address intimate partner and child maltreatment, and the skills and treatment services families need for developing positive, healthy relationships.
 - (2) Coordinate, support, assist, and guide all Coast Guard FAP efforts and ensure that related requirements are carried out.
 - (3) In collaboration with Commandant (CG-114), establish and maintain a FAP component of the Integrated Health Information System.
 - (4) Respond to incident status determination (ISD) case appeals.
 - d. Commandant (CG-112) shall implement a process for FASs to be privileged as mental health counselors.
 - e. Commandant (CG-114) shall, in collaboration with Commandant (CG-111), establish and maintain a FAP component of the Integrated Health Information System.
 - f. Commandant (CG-1111), Chief, Behavioral Health Services Division, shall:
 - (1) In collaboration with the HSWL SC, budget for primary, secondary, and tertiary prevention efforts that address intimate partner and child maltreatment, and the skills and treatment services families need for developing positive, healthy relationships.
 - (2) In collaboration with Commandant (CG-114), assist in establishing and maintaining a FAP component of the Integrated Health Information System.
 - (3) Review and approve all FAP policies and related procedures, including responses to ISD appeals.
 - (4) Meet and maintain all Commandant (CG-112) requirements for privileging as a mental health counselor.
 - (5) In collaboration with Commandant (CG-112), assist in the process for privileging mental health counselors. Act as Mental Health Counselor Force Manager as requested by

Commandant (CG-112).

- g. Commandant (CG-1111), Family Advocacy Program Manager, shall:
 - (1) Administer the Coast Guard's FAP and act as the Coast Guard's authority in all related matters.
 - (2) Meet and maintain all Commandant (CG-112) requirements for privileging as a mental health counselor.
 - (3) Prepare policy and guidance regarding the Coast Guard's FAP.
 - (4) Provide consultation regarding this Instruction as needed to the HSWL SC staff and to all FASs to ensure adequate and appropriate implementation.
 - (5) In collaboration with Commandant (CG-114), implement a FAP component of the Integrated Health Information System. Collaborate with the HSWL SC in developing a training program and materials for users.
 - (6) Collaborate with FORCECOM-512 and the HSWL SC in the development of FAP training products.
 - (7) Represent the Coast Guard on the DoD FAP Committee.
 - (8) Provide responses when appropriate to Central Registry background check requests initiated by agencies outside the Coast Guard.
 - (9) Create an annual FAP report to include incident rate for reported abuse by type of abuse, identification of systemic problems in the FAP, and recommendations for addressing problems noted.
 - (10) Collaborate with the HSWL SC staff in ensuring a FAP quality assurance review process and conduct related case reviews.
 - (11) Provide subject matter expertise to Commandant (CG-112) when requested regarding the privileging of FASs as mental health counselors.
 - (12) Collaborate with the HSWL SC to develop FAP Standard Operating Procedures (SOP).
 - (13) Provide opportunities for professional training of FASs, including an annual, face-to-face training, when funds are available.
 - (14) Participate in the interview and selection process for hiring FASs.
- h. Coast Guard Force Readiness Command (FORCECOM-FC-Tms) shall assist Commandant (CG-1111) and HSWL SC in the development of FAP performance interventions and training products in accordance with training system guidance.
- i. Coast Guard Investigative Service Headquarters (CG-2-CGIS) shall:
 - (1) Ensure all CGIS investigative personnel are familiar with requirements of this Instruction and that they provide support to commands and FASs to meet requirements related to applicable investigations, including coordination with civilian and military law enforcement agencies as applicable, and participation in the Incident Determination Committee process when appropriate.
 - (2) Ensure notification of the appropriate FAS upon receipt of the initial report of an applicable allegation.
 - (3) Collaborate with Commandant (CG-1111) and the HSWL SC as needed in coordinating investigations.
 - (4) Ensure that all CGIS investigative personnel assigned to child abuse cases are trained in related forensic interviewing skills.
- j. The Judge Advocate General, Commandant (CG-094), shall ensure that attorneys are available

for the purpose of:

- (1) Providing consultation and advice to FASs and the Incident Determination Committee Chair on applicable laws and directives affecting maltreatment cases and other related FAP issues such as memoranda of agreement.
 - (2) Participation in Incident Determination Committee meetings when possible.
 - (3) Responding to commands requesting advice on disciplinary and administrative actions in intimate partner and child maltreatment cases, measures to protect victims from further abuse, and on transitional compensation for abused dependents in accordance with reference (b).
 - (4) Coordination with Federal, state, local, or foreign authorities, as needed, on the criminal prosecution of intimate partner and child abusers not subject to reference (c).
 - (5) Participation in the negotiation and drafting of memoranda of agreement with child protective services and other civil authorities.
 - (6) Advising FASs and HSWL RMs on all legal issues on the release of information and records related to FAP cases.
- k. Chief, Office of Military Justice, Commandant (CG-0946), shall act as the Coast Guard's central point of contact for responding, in accordance with 6 CFR Part 5 and 49 CFR Part 9, to all civilian court-related record requests and subpoenas that concern current or past Coast Guard maltreatment cases.
- l. Personnel Service Center, Enlisted Personnel Management Division (PSC-EPM), Officer Personnel Management Division (PSC-OPM), and Reserve Personnel Management Division (PSC-RPM) shall:
- (1) Establish procedures for coordinating assignment decisions for personnel involved in active FAP-related treatment programs with the FAS assigned to the case.
 - (2) Accommodate, to the extent possible, the FAP-related needs of a member and/or the member's dependents when determining the location and timing of permanent change of station orders.
 - (3) Ensure all detailers and assignment officers are aware of procedures established.
- m. Commanding Officer, HSWL SC, shall:
- (1) Assist Commandant (CG-1111) in identifying policy, program implementation, and funding needs of the program, including FAP and Family In Need of Services treatment funds for each HSWL RP area of responsibility (AOR).
 - (2) Ensure that all healthcare providers are familiar with the contents and healthcare provider-related requirements contained in this Instruction.
 - (3) Provide guidance and training on FAP reporting procedures, including restricted reporting, to all Coast Guard healthcare providers.
 - (4) Ensure quality assurance program of the FAP emphasizes policy compliance, customer satisfaction, and best practices.
 - (5) Establish a FAS peer review process that provides periodic review of case records in the FAP component of the Integrated Health Information System.
 - (6) Develop training products in support of the program in collaboration with Commandant (CG-1111).
 - (7) Develop FAP SOPs in collaboration with Commandant (CG-1111). SOPs will minimally include guidance for:

- (a) Incident Determination Committee processes and definitions,
 - (b) Case and records management,
 - (c) Training and prevention,
 - (d) Clinical services, privileging, and external services, and
 - (e) Quality assurance reviews.
- n. Coast Guard Healthcare Providers shall:
- (1) Be familiar with FAP processes and procedures as defined in this Instruction.
 - (2) Receive requests for restricted reporting from victims of intimate partner maltreatment and coordinate a response to the request with the appropriate FAS. When not colocated near a FAS, the healthcare provider will be expected to explain Family Advocacy Victim Reporting Preference Statement, Form CG-1754A, to the patient and obtain his/her signature in applicable cases. Medical record entry will be limited to information regarding treatment of medical injuries and referral to FAS. Note: in contrast to restricted reporting in sexual assault cases, restricted reporting in intimate partner maltreatment cases is additionally available to civilian dependents.
 - (3) Report all incidents of suspected maltreatment to the appropriate FAS. Additionally, as a mandated reporter, report all child maltreatment directly to the appropriate child protective services agency.
 - (4) Collaborate with FASs regarding treatment services needed in FAP cases.
 - (5) When possible and appropriate, provide an opinion regarding treatment planning in specific FAP cases. Participate in Clinical Case Staff Meetings when requested.
- o. Command Chaplains shall:
- (1) Be familiar with this Instruction.
 - (2) Assist with crisis interventions in FAP cases when requested and appropriate.
 - (3) Assist with primary prevention efforts when available.
 - (4) Inform victims of intimate partner maltreatment of the restricted reporting option, where applicable, in accordance with guidance in this Instruction.
 - (5) Collaborate with the appropriate FAS regarding services for families and members as appropriate.
 - (6) When possible and appropriate, participate in Clinical Case Staff Meetings in accordance with this Instruction.
- p. Commanding officers of Coast Guard bases or other commands to whom the HSWL RM reports, shall:
- (1) Chair the Incident Determination Committee or delegate a member of the command who has the rank of O-4 or higher as the Chair. Ensure that the Incident Determination Committee is run in accordance with guidance contained in this Instruction and in amplifying information provided by HSWL SC in the FAP SOP.
 - (2) Monitor FAP incident case trends and dispositions within the HSWL RP area of responsibility. Collaborate with HSWL RP and other commands as appropriate to address concerns, including gaps in needed FAP-related services, and any issues negatively impacting collaborative efforts with community agencies.
 - (3) Support FAP prevention efforts within the HSWL RP AOR to the extent possible.
- q. COs/OICs/XOs/XPOs shall:
- (1) Promote a command atmosphere that supports positive family activities and resolution of

- family-related and intimate partner disagreements and stressors in healthy ways.
- (2) Report all suspected intimate partner and child maltreatment incidents to the appropriate FAS as soon as possible, within 24 hours of command notification. See Enclosure (3) for a brief reference guide of expected command actions after receiving notification of an incident.
 - (3) Participate, or delegate a member of the command to participate, in the Incident Determination Committee process in those cases involving a member of the command. The member designated must be of same or higher rank as the highest ranking member involved in each case.
 - (4) Encourage members involved in incidents to cooperate with the FAS to the maximum extent possible from initial report to case closure, to include participation in individual and family interviews or examinations by appropriate social services, medical, and law enforcement personnel. If necessary, direct the member to participate in a FAP assessment by, or arranged by, FAP staff.
 - (5) Consider FAP recommendations regarding treatment, protection of the victim, impact on other family members, and maintenance of the family. Note: FASs do not make recommendations regarding disciplinary actions.
 - (6) At least once every three years attend FAP training as provided by the servicing FAS. Where applicable, ensure that the command senior enlisted leader also attends. Department heads and division heads are recommended, but not required, to attend. This requirement is waived for leadership personnel trained after the date of this Instruction who have been in consecutive command cadre billets in the same HSWL RP AOR.
 - (7) Promote prevention awareness within the command, especially during April (Child Abuse Prevention Awareness Month) and October (Domestic Violence Awareness Month).
 - (8) Ensure a 24-hour command emergency maltreatment response procedure that, to the extent possible, provides protection to victims of intimate partner maltreatment and child maltreatment. Take appropriate measures, to include military protection orders and restricting a member's access to weapons when needed to protect family members and intimate partners from maltreatment.
 - (9) Consult with the servicing legal office and personnel staff as needed to verify that proposed actions by command comply with law and policy. In emergent situations, give priority to immediate protective action when needed rather than waiting on legal consultation.
 - (10) Consider mandating counseling and educational programs under the FAP for those active duty members involved in "met criteria" incidents in which there is a moderate to high risk of subsequent incidents as determined by the FAS, and the member is not motivated to attend voluntarily.
 - (11) Ensure that benefits for abused dependents in accordance with reference (b) are considered where applicable.
 - (12) Support FAP treatment recommendations to the extent possible. Provide concurrence, or rationale for non-concurrence, to the appropriate FAS within five business days of notification of the recommendations.
 - (13) Provide notice to the member indicating specific expectations as to whether the command is requiring the member to cooperate with treatment recommendations.
 - (14) Provide support as needed to active duty and civilian victims to the extent possible.
 - (15) Monitor member's attendance when treatment is command-mandated. Consider disciplinary and/or adverse administration action in accordance with reference (c) and

Discipline and Conduct, COMDTINST M1600.2 (series), when member fails to comply or is considered to be a treatment failure.

r. HSWL RMs shall:

- (1) Ensure compliance with this Instruction and amplifying information provided by HSWL SC in the FAP SOP within the HSWL RP AOR.
- (2) Ensure that all FAP clients are given the opportunity to provide feedback on the services received. Act on all negative responses as appropriate. Retain all responses, and actions taken, for quality assurance review purposes.
- (3) Ensure there is coverage for urgent FAP matters in the event the FAS is unavailable.
- (4) Act as a reviewer in the process for privileging FASs as mental health counselors when requested by Commandant (CG-112).
- (5) Ensure that persons selected for FAS positions after 31 August 2012 meet requirements for privileging as mental health counselors.
- (6) Ensure FAP case files are properly secured and that the FAS has a secure and confidential office to conduct business.
- (7) Periodically review FAP case records to ensure that case management activities are documented, normally within three business days.
- (8) Take action to initiate memoranda of agreements (MOA) with outside agencies in those situations in which an MOA would facilitate better services to Coast Guard families and more efficient coordination with the FAP. Consult with Commandant (CG-1111), HSWL SC, and a Legal Service Center (LSC) attorney, as needed, for assistance.

s. FASs shall:

- (1) Case-related duties:
 - (a) Open case records on all cases involving a reasonable suspicion of maltreatment.
 - (b) Report all allegations of suspected maltreatment in accordance with Federal, state and local laws and this Instruction.
 - (c) At intake gather information regarding incident and history of maltreatment. Determine severity and risk level and initiate safety planning with victim and alleged offender.
 - (d) Provide informed consent as required by this Instruction to the client(s) in the first client contact. Reason for any delay in providing informed consent must be documented in record. Examples of valid reasons for delays include client not cooperating, insufficient time in contact, and concern about high risk situation.
 - (e) Liaise with commands as needed to ensure safety. Make recommendations regarding military protection orders if needed. Keep command informed of safety issues and updated regarding progress.
 - (f) Identify incident details (acts), estimate of incident impact, and any relevant exclusion that may apply and present this information to the Incident Determination Committee for an incident status determination.
 - (g) Gather information necessary for assessment of individuals involved in case.
 - (h) Conduct (if privileged as a mental health counselor), or arrange for, clinical assessments, as applicable.
 - (i) In all maltreatment cases, offer to provide parents (if privileged as a mental health counselor) or arrange for, clinical assessments of dependent children in the home.
 - (j) Provide (if privileged as a mental health counselor) or arrange for treatment services for

- all FAP and Family In Need of Services (via purchased care) cases as needed.
- (k) Open a Family In Need of Services case record, after closing the FAP case record, in cases where there is no “met criteria” incident but the family is requesting services. Ensure that the Family In Need of Services case is not recorded in the Incident Determination Committee minutes. Also, open a Family In Need of Services case when providing services to Coast Guard civilian employees in accordance with reference (d).
 - (l) Conduct initial Clinical Case Staff Meeting on all active FAP cases that meet criteria to determine treatment/intervention plan. Conduct on-going monthly Clinical Case Staff Meetings until case is closed to monitor progress and adjust treatment plans and risk level determination as needed. Coordinate plans with all providers involved, including the member’s primary care provider, as needed to ensure appropriate services are provided to meet identified medical treatment needs.
 - (m) Maintain at least monthly contact, minimally by phone or email message, with all adult clients while the case is open. Document all contacts.
 - (n) Manage all FAP and Family In Need of Services case records in accordance with guidance to be provided by HSWL SC in the FAP SOP.
 - (o) Provide guidance and assistance to family members seeking transitional compensation in accordance with reference (b).
 - (p) Provide support to victims of sexual assault in accordance with Sexual Assault Prevention and Response (SAPR) Program, COMDTINST 1754.10 (series), when needed.
 - (q) When AD members in active cases are transferred via permanent change of station or extended temporary additional duty orders, brief receiving FAS on case, document case transfer summary and forward case record to the receiving FAS.
 - (r) Ensure Coast Guard members involved in active FAP cases are appropriately flagged in Direct Access and that the flag is removed when the case record is closed.
- (2) Other FAP-related duties:
- (a) Maintain, if hired after 31 August 2012, all Commandant (CG-112) requirements for privileging as a mental health counselor.
 - (b) Develop, in collaboration with the Regional Manager, and any other FASs in the AOR, a FAP budget for the AOR. Identify estimated costs for prevention activities, including client and general population educational materials, activities/events designed to promote healthy relationships, Family In Need of Services and FAP treatment services from outside providers, travel and per diem related to required training, and the associated costs for maltreatment awareness activities in April and October.
 - (c) Provide consultation regarding child abuse and neglect incidents and prevention to the Coast Guard Child Development Services program to include child development centers and family child care homes. Accompany child development services personnel to child development centers and family child care homes when requested for inspection purposes.
 - (d) Maintain list of qualified treatment providers and related services as needed to support FAP and Family In Need of Services clients in the AOR. Include local and state intervention resources for family and intimate partner maltreatment.
 - (e) Establish and update an email address list of command cadre and command Incident Determination Committee representatives for FAP promotional purposes. Send quarterly

messages to the address list that provide updated information on policy, procedures, and services available, including services available to Coast Guard civilian employees in accordance with reference (d).

- (f) In collaboration with other FASs if assigned to the Regional Practice AOR, set agenda for Incident Determination Committee meetings, record results, and ensure follow-up notifications as required. Provide assistance to Incident Determination Committee Chair in conducting Incident Determination Committee meetings in accordance with this Instruction and amplifying guidance to be provided by HSWL SC in the FAP SOP.
- (g) Maintain record of Incident Determination Committee determinations in administrative FAP files in accordance with this Instruction and amplifying information provided by HSWL SC in the FAP SOP.
- (h) Conduct primary (e.g., activities to promote healthy relationships and to promote awareness of maltreatment), and secondary (e.g., specific outreach efforts for stressed populations like deployed parents) prevention activities in the AOR as funding permits.
- (i) In collaboration with other FASs who may be assigned to the Regional Practice AOR, coordinate and provide the required FAP CO/XO/OIC/XPO training in sufficient numbers and locations to meet requirements.
- (j) Provide other services in support of reference (d) including participation on domestic violence, sexual assault, and stalking response teams, and provide awareness training, when requested.
- (k) Participate in training, including teleconferences and webinars, sponsored and/or funded by Commandant (CG-1111) or HSWL SC, as required.
- (l) Assist commands in the AOR in developing protocols for responding to maltreatment incidents.

10. PRIVACY COMPLIANCE.

- a. Privacy Act. The Privacy Act of 1974, 5 U.S.C. §552a, mandates that agencies establish administrative, technical, and physical safeguards to ensure the integrity of records maintained on individuals and also requires the protection against any anticipated threats which could result in substantial harm, embarrassment or compromise to an individual. However, because of the nature of FAP incidents, the sharing of personally identifying information (PII) is required in accordance with this Instruction. Clients whose PII is required to be shared with commands will, whenever possible and reasonable, be told when such information is shared, provided the sharing of this information does not compromise the safety of any individuals. Unintended and unauthorized disclosure or compromise of an individual's PII constitutes a Privacy Incident and must be reported in accordance with Privacy Incident Response, Notification and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5 (series).
- b. Health Insurance Portability and Accountability Act (HIPAA). Coast Guard Health Services, for purposes of its responsibilities for the FAP, is considered a covered entity in accordance with HIPAA, 45 C.F.R. Parts 160 and 164.
- c. Release of FAP case records. The Secretary of Homeland Security has exempted FAP records from the notification, access, and amendment procedures of the Privacy Act because of criminal, civil, and administrative requirements. However, the Department of Homeland Security (DHS) and the Coast Guard will consider individual requests to determine whether or not information may be released. Individuals seeking a FAP record may submit a request in writing to the United States Coast Guard Freedom of Information Act (FOIA) Officer, whose contact information can

be found at the DHS FOIA and Privacy Act website under “FOIA Contact Information” at <http://www.dhs.gov/foia>.

- d. The FAP System of Records Notice (SORN) and Information and Life Cycle Management Manual, COMDTINST M5212.12 (series), are being revised to reflect changes in accordance with this Instruction. The current FAP SORN can be found at the DHS System of Records Notices website at <http://www.dhs.gov/system-records-notices-sorns>.
11. **DISCLAIMER.** This document is intended to provide operational requirements for Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.
12. **RECORDS MANAGEMENT CONSIDERATIONS.** This Instruction has been thoroughly reviewed by Commandant (CG-611) and it has been determined to meet scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., and National Archives and Records Administration (NARA) requirements. The applicable NARA Records Disposition Authority is Job Number N1-026-12-002, approved by NARA on 1 October 2012. Commandant (CG-1111) has initiated appropriate action to ensure compliance.
13. **ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.**
 - a. The development of this Instruction and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, and are categorically excluded (CE) under current USCG CE #33 from further environmental analysis, in accordance with Section 2.B.2. and Figure 2-1 of the National Environmental Policy Act Implementing Procedures and Policy for Considering Environmental Impacts, COMDTINST M16475.1 (series).
 - b. This directive will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any federal, state, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policies in this Instruction must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Council on Environmental Policy NEPA regulations at 40 CFR Parts 1500-1508, DHS and Coast Guard NEPA policy, and compliance with all other environmental mandates.

14. FORMS/REPORTS. The forms referenced in this Instruction are available in Coast Guard electronic forms on the standard workstation or on the internet at <http://www.uscg.mil/forms/> or in CGPortal at <https://cgportal.uscg.mil/delivery/Satellite/uscg> and the intranet at <https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx>.

M. K. DOLLYMORE /s/
Rear Admiral, U.S. Public Health Service
United States Coast Guard
Director of Health, Safety and Work-Life

- Encl: (1) Definitions
(2) Family Advocacy Program Procedures
(3) Command FAP Case Action Summary Guide

DEFINITIONS

1. Active Duty (AD). This term, as used in this Instruction, includes all active duty Coast Guard personnel including Reserve Coast Guard personnel on active duty, and, DoD and Public Health Service personnel assigned to the Coast Guard.
2. Alleged Offender. An individual who reportedly physically or sexually abused, emotionally maltreated, or neglected his or her child, a current or former spouse, intimate partner with whom the individual has shared a domicile, a domestic partner of a military member, or an intrafamilial or extrafamilial caregiver who allegedly physically or sexually abused, emotionally maltreated, or neglected a child in his or her care.
3. Case. One or more alleged or “met criteria” incidents of child or intimate partner maltreatment pertaining to the same victim.
4. Child. For purposes of the FAP, a “child” is an unmarried person under 18 years of age for whom a parent, guardian, foster parent, caregiver, employee of a residential facility, or any staff person providing out-of-home care is legally responsible. The term “child” means a biological child, adopted child, stepchild, foster child, or ward. The term also includes an individual of any age who is incapable of self-support because of a mental or physical incapacity, and for whom treatment in a DoD or Coast Guard medical treatment program is authorized.
5. Child Maltreatment. The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intra-familial or extra-familial, under circumstances indicating the child’s welfare is harmed or threatened. For FAP purposes, such acts by a sibling, other family member, or other person shall be deemed to be child maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.
6. Clinical Case Staff Meeting (CCSM). The CCSM is the forum for clinical management of cases including non-emergent risk management and safety planning. The essential purpose of a CCSM is to ensure that all FAP cases are clinically reviewed periodically by the FAS along with other professionals to ensure that the most appropriate recommendations and case plan are being provided in both FAP and Family In Need of Services cases.
7. Coast Guard FAP Central Registry. Database of all incidents of maltreatment that have an incident status determination of “met criteria” for an allegation.
8. Coordinated Community Response (CCR). CCR is the accepted best practice approach to dealing with the problems of intimate partner maltreatment. Its principles are equally applicable in cases of child maltreatment. A CCR in the Coast Guard brings together not only the community and military professionals who respond to incidents of child and intimate partner maltreatment but also other community organizations including law enforcement and the courts, community support organizations, faith, educational, and other groups with an interest in solving community problems. In the Coast Guard, unit leaders and leaders at higher levels play important roles in a CCR. Key principles in a CCR: 1) Consistent application of victim safety as the central focus of all interventions; 2) Identification of best practices for all agencies and services that are part of the integrated response; 3) Efforts to enhance networking among all service providers; 4) Building case monitoring and tracking into the response system; 5) Ensuring supportive community services are available to victims; 6) Holding offenders accountable and providing them appropriate rehabilitation services; 7) Provision of services to children exposed to violence; and, 8) Evaluation of the CCR from the standpoint of the victim.
9. Domestic Partner. Means a person in a domestic partnership with a Service member of the same sex.
10. Domestic Partnership. Means a committed relationship between two adults of the same sex that meets requirements established by DoD and the Coast Guard for benefits.

11. Domestic Violence. An offense under the United States Code, the Uniform Code of Military Justice, or state law involving the use, attempted use, or threatened use of force or violence against a person, or the violation of a lawful order issued for the protection of a person, who is: (a) a current or former spouse; (b) a person with whom the abuser shares a child in common, or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile, or, (d) a domestic partner of a military member. For purposes of interpreting the FAP requirements in reference (a) of this Instruction, “domestic violence” includes both child and intimate partner maltreatment.
12. Family In Need of Services. Family In Need of Services is a category of FAP services for those cases in which there was a reasonable suspicion of maltreatment that was later determined to not meet the criteria for maltreatment but the persons involved request continued services. Family In Need of Services clients may also include individuals and families who are impacted by other types of abuse that are not reviewed by the Incident Determination Committee, including elder, sibling, and out-of-home abuse. These services can include individual, marital, or family therapy, anger management groups, other forms of counseling/education related to family issues, and information and referral services. Note: Family In Need of Services cases are strictly confidential and information about them is not shared without the expressed permission of the clients involved.
13. Healthcare Provider. This term applies to individuals who are employed or assigned as a healthcare professional. These individuals provide health care services at a military medical or military dental treatment facility, or provide clinical care at a deployed location in an official capacity. This term includes active duty and non-active duty personnel, Coast Guard civilian employees, and DoD and Coast Guard contractors who provide health care. For the purposes of this Instruction, the term healthcare provider includes Coast Guard Health Services Technicians.
14. Incident. A single allegation of one or more acts of maltreatment that occurred in a short period of time. An incident can involve more than one victim and more than one alleged offender.
15. Incident Determination Committee. A team of designated individuals tasked with the evaluation of reports of child and intimate partner maltreatment to determine whether they meet the relevant criteria for the type of maltreatment alleged. Formerly known as the Case Review Committee.
16. Incident Status Determination. The Incident Determination Committee decision whether or not the reported incident meets the relevant criteria for the type of maltreatment alleged.
17. Intimate Partner. A person with whom the victim shares a child in common (e.g., a spouse) or a person with whom the victim shares or has shared a common domicile, or a domestic partner of a military member.
18. Intimate Partner Maltreatment (IPM). A generic term used to include all incidents of maltreatment between adults that are covered by the FAP.
19. Maltreatment. A generic term used to include all forms of child and intimate partner abuse and neglect. Maltreatment as defined here is not meant to encompass conduct defined for the same term in the Manual for Courts-Martial, United States (2012 edition).
20. Met Criteria. The term that the FAP uses when, in the Incident Determination Committee’s opinion, there is a preponderance of information indicating that the alleged incident qualifies as a maltreatment incident.
21. Neglect. The negligent treatment of a person through acts or omissions by an individual responsible for the victim’s welfare under circumstances indicating the victim’s welfare is harmed or threatened.
22. Non-Offending Caretaker. For purposes of this Instruction, the live-in intimate partner of an adult who is suspected to have maltreated a victim who is a child (as defined in this Enclosure), and is not suspected to have maltreated the child.

23. Preponderance of Information. The standard of evidence used by the Incident Determination Committee in determining that an incident report meets the relevant criteria that define the type of maltreatment alleged. Preponderance means that the available information is of greater weight, or more convincing, than the information that indicates the criteria were not met. The voting member need not be certain that the information meets the criterion but may vote to “concur” if he or she is only 51 percent sure that it does. In such cases he or she may vote to “concur” that the criteria were met even when there is reasonable doubt.
24. Reasonable Suspicion. Available information is sufficient to cause an objective individual to believe that maltreatment may have occurred by acts of commission or omission.
25. Restricted Report. A report of an incident of intimate partner maltreatment made by an adult victim who requests FAP and/or medical services while also requesting that the maltreatment not be reported to the Coast Guard Investigative Service, the Incident Determination Committee, or the alleged offender’s or victim’s command. In the Coast Guard, requests for restricted reporting can be received by a Coast Guard healthcare provider, a FAS, or other HSWL Regional Practice staff member when performing FAS duties, or a Victim Advocate.
26. Unrestricted Report. A report of an incident of intimate partner maltreatment by any person, including an adult victim, that uses current reporting channels, e.g., the chain of command, military or civilian law enforcement, or military criminal investigative organization, and the FAP for intervention.
27. Victim. A child who is the subject of an alleged incident of child abuse, or a person who is the subject of an alleged incident of intimate partner maltreatment by a person who is the current or former spouse or with whom the alleged abuser shares a child in common, or is a current or former intimate partner with whom the alleged abuser shares or has shared a common domicile, or is a domestic partner of a military service member.
28. Victim Advocate. A Coast Guard-assigned advocate for the victim; a person who can provide emotional support to the victim during interviews, medical procedures and legal proceedings. Reference (e) of this Instruction provides guidance regarding victim advocates.

FAMILY ADVOCACY PROGRAM PROCEDURES

1. REPORTING INCIDENTS TO FAP AND SUBSEQUENT NOTIFICATIONS AND CONSIDERATIONS.
 - a. Duty to Report.
 - (1) Active Duty (AD) Members. All AD members who either witness an incident of intimate partner or child maltreatment, or who receive credible information that an incident has occurred, are required to report the incident to a member of their command cadre or to the servicing FAS, or to the HSWL RP staff member working as the FAS, within 24 hours. Additionally, maltreatment involving an AD member of another service branch must be reported to that member's command, if known. This reporting requirement applies in all incidents in which an AD member is a victim or an alleged offender in an incident of maltreatment, or is a non-offending caretaker in a child maltreatment incident.
 - (2) Civilian Supervisors. All supervising civilian Coast Guard employees are similarly required to report, within 24 hours, suspected incidents to the applicable FAS or chain of command when the alleged incident involves a subordinate employee who is an AD member.
 - (3) Command Cadre. Command cadre members who receive reports involving AD members from any source are required to report incidents to the FAS, or the HSWL RP staff member working as the FAS, within 24 hours of receipt.
 - b. Child Maltreatment Mandated Reporters. FASs and all Coast Guard healthcare providers must report all incidents of suspected child maltreatment to the agency having the statutory responsibility to investigate such allegations. Hereafter, this agency will be referred to as child protective services. Reports can be made by calling the National Child Abuse Hotline at 1-800-4-A-CHILD. Every state, U.S. territory, and the District of Columbia have designated individuals who are mandated by law to report suspected incidents of child maltreatment. Mandated reporters typically include social workers, physicians, child program workers, teachers, etc., who have regular contact with children. In addition, approximately eighteen States and Puerto Rico require that all persons report suspected child maltreatment regardless of their professional background. Therefore, it is important that all Coast Guard personnel be familiar with the reporting laws for their location. Specific information regarding each state, territory, and the District of Columbia requirements can be found at the Department of Health and Human Services (DHHS) State Statutes Search website at https://www.childwelfare.gov/systemwide/laws_policies/state/.
 - c. Elder Abuse Mandated Reporters. FASs and all Coast Guard healthcare providers must report all incidents of suspected elder abuse to the agency having the statutory responsibility to investigate them. Although elder abuse is not considered a FAP incident, such incidents must be reported by personnel designated by statute as mandated reporters to the applicable adult protection services (APS) agency. Approximately eight states require that all persons, regardless of profession, report such incidents to APS. For further information regarding elder abuse and how to obtain help visit the DHHS Eldercare Locator website at <http://eldercare.gov/eldercare.net/Public/Index.aspx> or call 1-800-677-1116.
 - d. Encouraged to Report. All Coast Guard personnel, including non-supervisory civilian personnel, even though not mandated by this Instruction or by law, are encouraged to report incidents of maltreatment to either a member of their command cadre or to the servicing FAS. Additionally, any person having knowledge of a suspected incident of child maltreatment or elder abuse, even though not mandated by this Instruction or by law, is encouraged to directly report the incident to the appropriate child protective services or APS agency.

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- e. Requests for Anonymity. If the reporter reveals his/her identity but requests anonymity, the FAS will not share his/her identity with anyone without the reporter's consent. Reporters also have the option of refusing to reveal their identity.
- f. Reporting to Member's Command. In order to ensure a coordinated community response to reports of child and intimate partner maltreatment, the FAS, or HSWL RP staff member acting in place of the FAS, must notify the member's commanding officer (CO), executive officer (XO), officer-in-charge (OIC), or executive petty officer (XPO) of involved AD member(s) within 24 hours of the FAS receiving the report, excepting those cases accepted as "Restricted Reports" in accordance with paragraph 1.j. below.
- g. Reporting to Law Enforcement. Excepting incidents in which the victim has requested and received the restricted reporting option in accordance with paragraph 1.j. below, the FAS is required to notify Coast Guard Investigative Service (CGIS) of all allegations of maltreatment. If applicable, the Coast Guard Police/Security Department having jurisdiction must also be notified. In situations in which available information indicates safety concerns, the FAS will contact local law enforcement agencies directly to request assistance in ensuring household members are safe.
- h. Informed Consent. All adult FAP clients will be provided informed consent information in their first contact with the FAS. Coast Guard FAP Information/Limits of Confidentiality, Form CG-1754F; Family in Need of Services, Form CG-1754D; or Family Advocacy Victim Reporting Preference Statement, Form CG-1754A; will be used for this purpose. The client will normally be given an opportunity to sign the appropriate form prior to proceeding with the intake process. The form can also be read to the client by phone. The client does not have to sign the form in order to receive services. Victims requesting the restricted reporting option are required to sign Family Advocacy Victim Reporting Preference Statement, Form CG-1754A, or verbally confirm they would sign it if they had access to it, in order to receive the restricted reporting option. If the requestor reports child maltreatment, the requestor is also requested to sign the Coast Guard FAP Information/Limits of Confidentiality, Form CG-1754F.
- i. AD Alleged Offenders as Self-Referrals. Alleged offenders should be encouraged to seek assistance through self-referral. Those AD members who seek FAP treatment or assistance for maltreatment problems may initiate the evaluation and intervention process by voluntarily disclosing the nature and extent of his/her problem to the chain of command and/or to the FAS. Individuals who do so should be commended for their willingness to seek help. However, there is no automatic amnesty or amelioration of consequences assured for those who self-report criminal conduct. Specifically,
 - (1) When a self-referral or self-disclosure is made to a FAS or other HSWL RP staff member, the member must be advised of the limits of confidentiality in accordance with paragraph 1.h. above. Additionally, in cases of self-referral or self-disclosure, if a FAS or other HSWL RP staff member suspects a member of serious criminal wrongdoing not otherwise reported to CGIS, the FAS or HSWL RP staff member shall advise the member of his/her rights under Article 31(b) of reference (c) of this Instruction. The FAS or other HSWL RP staff member will use UCMJ and Miranda/Tempia Rights, Article 31(b), Form CG-5810E, to document this advisement.
 - (2) Admission of abuse by an AD member is sufficient information for the notification of the member's command when disclosure is made to the FAS or other HSWL RP staff member.
 - (3) Disciplinary or administrative action against a member is not precluded by self-referral.
 - (4) The fact that an AD member, who is not already under investigation and/or assessment for child and intimate partner maltreatment, voluntarily discloses such maltreatment may be

considered when determining whether disciplinary or adverse administrative action is appropriate. Voluntary disclosure may be an indication of genuine remorse and motivation to get help.

- j. Restricted Reporting (RR) Option for AD and Dependent Victims of Intimate Partner Maltreatment (IPM). AD members and dependents who allege maltreatment by an intimate partner may request the RR option. While it is preferred that all incidents of IPM be referred promptly to activate both services and accountability actions, a requirement that all IPM incidents be reported can represent a barrier for victims hoping to gain access to medical and counseling services without command or law enforcement involvement. Therefore, the IPM can be reported by the victim to either a Coast Guard healthcare provider, a FAS or other HSWL Regional Practice staff member when performing FAS duties, or a Victim Advocate for the purpose of receiving medical care, supportive services, and/or advocacy and information, without initiating an investigative process, Incident Determination Committee notification, or notification of the victim's or alleged offender's command. The reason for this option is to ensure that needed services are provided to victims to the extent possible, and to maximize a victim's control over his/her situation.
 - (1) Exceptions. The RR option is not available to victims when either the victim's or the alleged offender's command is already aware of the alleged maltreatment. If the victim discloses an IPM allegation in the presence of the alleged offender the restricted reporting option does not apply. It is also not available in situations in which the victim provides information that indicates the victim and/or other household members (e.g., a child) are in imminent danger of serious injury due to IPM.
 - (2) Preference Statement. In all cases of the RR option, completion of the Family Advocacy Victim Reporting Preference Statement, Form CG-1754A, is required. The authorizing person ensures that the victim acknowledges the limitations of RR as described in the form. Verbal or email confirmations of the victim's acknowledgements that are required in the form are acceptable.
 - (3) Child Maltreatment and RR. If the victim reports that a child has also been abused or neglected in incidents that are unrelated to the incidents of IPM, then that portion of the victim's report will not be eligible for the RR option. That is, the child maltreatment allegation will be reported to child protective services and addressed as an unrestricted report of child maltreatment by the FAS. If the child maltreatment is directly related to the incidents of reported IPM no part of the IPM victim's report will be eligible for the RR option.
 - (4) Reconsideration by a Victim. The victim has the option of withdrawing the request for restricted reporting at any time. The FAS will ask the victim to confirm the request by completing, or verbally acknowledging, the appropriate items in the "Reconsideration" section of the Family Advocacy Victim Reporting Preference Statement, Form CG-1754A. The report then becomes an unrestricted report. The appropriate command(s) is(are) notified and the normal processing of the alleged incident will then follow.

2. RESPONSE TO MANAGE RISK.

- a. Coordinated Community Risk Management. Managing the risk of maltreatment incidents, including developing and implementing an intervention plan when the risk of serious injury is present, is a community responsibility, consistent with the principles of a coordinated community response.
 - (1) Coast Guard Responsibilities for Risk Management. Specifically, this responsibility lies with:

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- (a) The AD member's CO or OIC when the AD member is an alleged offender or victim, or, in a child case, is the non-offending caretaker.
 - (b) The FAS for liaison and coordination with civilian authorities when the alleged offender is a civilian.
- (2) Monitoring by both the FAS and Command. Ongoing monitoring, including contact with the victim and liaison with the agencies in the coordinated community response, is necessary to determine the alleged offender's sincerity and behavioral change. Monitoring requires contact with multiple information sources involving both military and surrounding community agencies. Monitoring includes:
- (a) Initial monitoring, including the FAS's initial risk assessment, beginning at the time of intake;
 - (b) Periodic monitoring by the FAS to include the FAS's assessment of treatment progress and the ongoing risk assessments as identified in Clinical Case Staff Meetings; and
 - (c) Periodic monitoring by the AD member's command, to include contacts with the alleged offender, victim, or non-offending caretaker, as applicable, regarding his/her progress, and coordination with the FAS when there is a risk concern or new information that may contribute to a more accurate assessment of risk.
- b. Initial Assessment of Risk. At intake, the FAS will gather as much information as possible regarding the incident(s) reported, within 24 hours of receipt, or as soon as reasonably possible, in all cases involving a reasonable suspicion of maltreatment. After gathering information, the FAS assigns a level of risk (low, moderate, or high) to each of the following two questions:
- (1) What is the likelihood that the type of maltreatment alleged will occur in the future without intervention/treatment?
 - (a) Low – Few to no risk factors present. This is the level assigned when the type of maltreatment alleged is judged not likely to be repeated. Examples: isolated incident uncharacteristic of alleged offender, ready acceptance of help, offender admits to fault, no history of past physical abuse.
 - (b) Moderate – Several risk factors identified that indicate a repeat of this type of maltreatment is possible. This is the level assigned to most FAP cases. Examples: short history of minor past incidents, marital difficulties, work and family stressors present, few supports, willingness to accept services.
 - (c) High – Significant risk factors present indicating that another incident of the same type alleged will likely occur. Examples: alleged offender has rigid beliefs about family life, not willing to compromise in relationship disputes, believes actions were acceptable, abuses alcohol, history of past incidents, serious abuse in family of origin, pattern of power and control tactics, child appears to be targeted by offender.
 - (2) What is the likelihood that, without intervention/treatment, the alleged offender will escalate to a more serious form of maltreatment or more physically injurious, as from a current incident of minor physical abuse to a life threatening physical injury, or from emotional abuse to physical abuse?
 - (a) Low – Few to no risk factors present to indicate that the alleged offender's behavior will escalate to a more serious form of maltreatment. Examples: offender highly motivated, has appropriate support system, no prior history of maltreatment.
 - (b) Moderate – Several risk factors pointing to the possibility of escalating maltreatment. This is the level assigned to most FAP cases. Examples: offender minimizes responsibility for the maltreatment, on-going marital problems, history of past incidents.

- (c) High – Significant risk factors present. Examples: offender accepts no responsibility, intensity of incidents increasing, abuses alcohol, victim fears offender, victim believes offender is capable of lethal violence, frequency of power and control tactics increasing, partner has unsuccessfully attempted to leave in the past or is currently attempting to leave or has recently left, offender is reportedly stalking victim, offender appears to be increasingly frustrated and subject to outbursts, there's a co-occurrence of IPM and child abuse, offender has weapon, history of criminal behavior, frequent alcohol abuse, threats to harm self or others present, offender violating protection or disbarment order. Note: this level is also assigned in the absence of access to information that could eventually rule it out.
- c. Severity Determination. Assessment of the severity of current and previous maltreatment incidents will be performed by the FAS as soon as possible. Severity determination will be categorized as mild, moderate, or severe. Examples:
- (1) Mild – Minor physical injury (e.g., scratch, minor bruising, requiring no medical treatment), no readily apparent physical or emotional harm.
 - (2) Moderate – Minor physical injury requiring medical follow-up or involving pain lasting more than several hours, short-term mental health counseling may be needed.
 - (3) Severe – Major physical injury requiring inpatient medical treatment or causing temporary disability, emotional effects may require long-term mental health treatment, any injury to a pre-verbal child.
- d. Safety Planning for Victims, Non-Offending Caretakers and Alleged Offenders. Whenever possible and appropriate, the FAS will assist the victim, non-offending caretaker, and alleged offender in developing a plan to keep all involved as safe from harm as possible.
- e. Command Response. When a high risk situation has been identified, or has not yet been ruled out, the command of the alleged offender must take immediate action to ensure, to the extent possible, that the victim or other persons involved remain safe. Appropriate actions may include, but are not limited to:
- (1) Ordering the member to go directly to the CO, OIC, or designee in the member's chain of command (under escort if considered appropriate);
 - (2) Restricting the member from having contact with the victim;
 - (3) Provision of assistance to the victim in obtaining a temporary restraining order in a civilian court;
 - (4) Issuance of a military protective order (MPO) (see Military Protective Order, Form CG-6070);
 - (5) Confiscation of personal and government-issued weapons in accordance with Coast Guard Policy on the Possession of Firearms and/or Ammunition by Coast Guard Military Personnel, COMDTINST 10100.1 (series);
 - (6) Assisting victims in obtaining alternative housing and providing an escort; and,
 - (7) Requesting assistance from CGIS and/or local police as needed.
- f. Legal Counsel. Command consultation with the servicing legal office counsel and the FAS should always precede high risk response actions unless the consultation would delay a response in a situation considered to involve imminent danger, or in those situations where imminent danger has not been ruled out. If time and circumstances permit, the command may call a meeting with the servicing legal office counsel and supervisors most knowledgeable about the situation to discuss protective actions.

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g. On-going Management of Risk. The FAS is required to report any changes in risk level to the command of the alleged offender, and to the command of the victim, if applicable. Commands must also keep the FAS informed of any changes that would indicate a change in risk level. Examples of such changes include escalation of risk due to the victim's decision to leave the relationship, evidence that alleged offender is abusing alcohol, or the reduction of the risk level as suggested by the alleged offender's improved attitude about treatment or convincing reports from the victim shared with the command.

3. INCIDENT DETERMINATION COMMITTEE.

- a. Purpose of the Incident Determination Committee. The Incident Determination Committee's purpose is to ensure fairness and accuracy in determining which referrals for suspected maltreatment meet the criteria that define the type of maltreatment alleged to have occurred, and to identify what incidents will be accessible in the Coast Guard FAP Central Registry. The decision as to whether or not an incident "meets criteria" is known as the incident status determination (ISD). ISDs are based on a preponderance of information as defined in Enclosure (1) of this Instruction. In determining ISDs, the Incident Determination Committee will use specific research-vetted criteria developed by the DoD FAP for each of the eight types of maltreatment. These criteria will be described in guidance to be provided by HSWL SC.
- b. Relationship Between Incident Determination Committee and Disciplinary Action by Command. An Incident Determination Committee meeting is not a disciplinary proceeding under reference (c), and the requirements for due process for disciplinary proceedings are not applicable to Incident Determination Committee meetings and actions. A CO or OIC may not take disciplinary action against a member based solely upon an ISD for an act of maltreatment committed by that member. However, COs and OICs may take disciplinary action based on legal or other appropriate advice independent of the Incident Determination Committee.
- c. Chair of Incident Determination Committee. The CO of the Coast Guard base, or other command to whom the HSWL Regional Manager (RM) reports, is responsible for chairing the Incident Determination Committee. The CO can delegate this responsibility to a member of the command who has the rank of O-4 or higher. The Chair of the Incident Determination Committee shall appoint core members of the Incident Determination Committee in writing.
- d. Membership. Core Incident Determination Committee members shall have one vote. A quorum is required for ISDs. A quorum is 3 core members. Core Incident Determination Committee members shall normally be limited to:
 - (1) The Incident Determination Committee Chair.
 - (2) A representative from the servicing legal office.
 - (3) A CGIS Special Agent when available (preferred in cases involving a CGIS investigation).
 - (4) Two representatives of other commands within the HSWL RP area of responsibility (AOR) of the rank of E-7 or above.
 - (5) A FAS. Note: more than one FAS may participate in Incident Determination Committee meetings but only one FAS will be considered a core member with a vote in each case.
 - (6) A healthcare provider.
- e. Case-Specific Command Representative(s). The CO or OIC, or alternate designated from within the chain of command, of an AD sponsor, AD victim, or AD alleged offender, may attend the meeting for that portion of the meeting in which the incident(s) involving the AD sponsor, alleged offender, or victim from the command is presented. Each affected CO, OIC, or designated representative is provided an opportunity to provide input regarding the alleged incident and will be permitted to vote on each criterion along with the core members of the

Incident Determination Committee. The command representative must be of at least the same rank as the highest ranking AD member involved in the case.

- f. Additional Non-Voting Attendees. If additional information is required to determine whether an incident meets the appropriate criteria, the Incident Determination Committee Chair may invite a non-voting guest, such as a child protective services caseworker, a CGIS Special Agent or other law enforcement officer, an outside mental health provider, Coast Guard Chaplain, or medical personnel to attend and present relevant information. The information to be presented must be directly related to the specific incident(s) alleged to have occurred. Persons acting as “character references” or evaluators of a person’s work performance are not appropriate or needed at Incident Determination Committee meetings. No member or family member from any military branch who is an alleged offender or victim is authorized to attend the Incident Determination Committee, nor is an attorney or any other representative for such individuals permitted to attend the Incident Determination Committee.
- g. ISDs. ISDs shall be made within 30 days of the incident report.
- h. Exceptions to Incident Determination Committee Review. Every reported FAP incident in which a Coast Guard AD member is reportedly involved as the alleged offender, victim, or non-offending parent or guardian (in a child case), shall be presented to the Incident Determination Committee for an ISD. Exceptions to this requirement include incidents:
 - (1) In which there is no possibility of meeting the criteria for maltreatment,
 - (2) Of IPM in which the victim has been granted the RR option,
 - (3) Over 180 days old at the time reported unless the incident is suspected to:
 - (a) Be part of an on-going pattern of neglect and/or emotional abuse,
 - (b) Involve significant injuries or the serious threat of injuries, sexual abuse, or
 - (c) Occurred within 180 days prior to the date the victim was granted the RR option, and the victim is now requesting the unrestricted reporting option.
 - (4) Involving circumstances in which an ISD is not appropriate. The following types of incidents can be reason for opening a Family In Need of Services case, but are not taken to the Incident Determination Committee as no ISD is to be made in these incidents:
 - (a) Child maltreatment in which the alleged offending adult, regardless of military affiliation, is not the parent, guardian, stepparent, or on-going caretaker of the child, and is not the intimate partner of the child’s parent or guardian.
 - (b) Child maltreatment committed by a person, other than a parent or stepparent, who is under the age of 18. This includes incidents of sibling abuse.
 - (c) Child abuse or neglect allegation in a child care setting in which the alleged offender, regardless of military affiliation, is not the parent, stepparent, or guardian of the child.
 - (d) Elder abuse.
 - (e) Parental abuse.
- i. Requests for Review of an ISD. The alleged offender, victim, a parent on behalf of a child victim, or an Incident Determination Committee member can request a reconsideration of the ISD, if submitted to the Incident Determination Committee Chair within 14 days of notification. The basis for the request must be that either new incident-specific information, not previously known to the Incident Determination Committee, is now available, or that procedures as described in this Instruction were not followed in making the ISD. The Incident Determination Committee must respond to such review requests within 14 days of receipt. If the person appealing is not satisfied with the Incident Determination Committee’s response he/she may

appeal to Commandant (CG-111). This appeal must be made within 14 days of the Incident Determination Committee's response to the first appeal.

4. FAP CLINICAL ASSESSMENTS. Clinical assessments will be offered and, when the offer is accepted, provided for all FAP clients. Assessments for children involved in child cases and/or exposed to IPM will be offered to parents in all child and applicable IPM cases. Assessments are voluntary in all cases excepting AD alleged offenders who are mandated by their commands to be evaluated as the result of a maltreatment incident. Note: it is inappropriate for commands to mandate that AD victims be evaluated and treated because of an IPM incident. Clinical assessments are neither required, nor normally needed, prior to an ISD. Copies of clinical assessments shall not be shared with the Incident Determination Committee or command cadres. Assessments can be performed by FASs who are privileged as mental health counselors by Commandant (CG-11), or can also be arranged by the FAS through qualified providers outside the Coast Guard.
5. CLINICAL CASE STAFF MEETING (CCSM). The CCSM is the forum for clinical management of all "met criteria" cases referred to the FAP. The CCSM is intended to provide clinical consultation with other professionals either involved in the case or available within the HSWL RP. Participants in the CCSM will be limited to FASs and other HSWL personnel including healthcare providers and outside providers who have assessed or provided related services to the involved family members. The CCSM reviews the current status, safety plan, and the individualized treatment plans for each client. The CCSM provides at least monthly reviews of all maltreatment cases and makes recommendations for changes and case closure as appropriate. Each CCSM is initiated by the assigned FAS or the FAS designated by the HSWL RM in locations where there is more than one FAS. Each CCSM must be documented in the FAP record.
6. PERSONNEL RECORD "FLAG". The appropriate FAS will ensure that, at the time a FAP case is opened, the AD member's electronic personnel record is "flagged." The flag will be a simple indicator to let Personnel Support Command personnel know that a FAP case is open, so that the member's detailer will know that the appropriate FAS should be contacted before orders on the member can be written. The purpose of this contact is to obtain the FAS's recommendation regarding whether or not the member is available for orders. FASs will only share that the member involved is either available for orders or is not. No other case information about the member's case will be shared without the member's permission. If the Incident Determination Committee determines that the incident "does not meet criteria," the flag will be removed by the FAS.
7. COAST GUARD FAP CENTRAL REGISTRY (CR). This electronic database consists of "met criteria" cases only and exists for the purpose of certain background checks. Employment-related background check requests described below must be accompanied by an authorization from the subject of the request.
 - a. All FASs and authorized Commandant (CG-111) and HSWL SC personnel have access to the CR and are authorized to conduct FAP background checks on persons:
 - (1) Applying for licensure as Family Child Care providers or as Child Development Center employees, in accordance with Child Development Services Manual, COMDTINST M1754.15 (series);
 - (2) Applying for an appointment as an Ombudsman in accordance with Coast Guard Ombudsman Program, COMDTINST 1750.4 (series), or as a Sexual Assault Response Coordinator or Victim Advocate in accordance with reference (e);
 - (3) Applying for employment in any other Coast Guard or DoD Branch child or youth program,

- (4) Who are the subjects of an open FAP case in the Coast Guard or DoD Branch or of an open criminal investigation being conducted by CGIS or a DoD military criminal investigative office; and
 - (5) Nominated for participation as core members of an Incident Determination Committee. Nominees who have been previously identified as alleged offenders in a “met criteria” case must be approved by Commandant (CG-1111).
- b. Prohibited Uses of Central Registry Information. FAP background checks on individuals for purposes other than listed above, such as for determining suitability for promotions, special military assignments, and select positions such as recruit company commanders and recruiters, are prohibited.
8. FAMILY IN NEED OF SERVICES. Family In Need of Services is a category of FAP services for those cases that initially involved a reasonable suspicion of maltreatment but are subsequently determined to not meet the criteria for the maltreatment alleged. Family In Need of Services also can be provided in cases that involve abusive behaviors that impact families but do not involve categories of maltreatment for which an ISD is required, including parental, sibling, elder, and extra-familial abuse [see paragraph 3.h. above]. Family In Need of Services may also include counseling services provided in situations in which there is no presenting issue related to maltreatment but the potential exists for increased interpersonal conflict. Services can include individual therapy related to family issues, marital or family therapy, anger management groups, and other forms of counseling/education related to family issues. Family In Need of Services assistance is always voluntary. These services may be funded by the FAP.
9. ADMINISTRATIVE AND DISCIPLINARY ACTIONS. Offender accountability is one of the key principles of a coordinated community response in addressing maltreatment within the Coast Guard. The FAP procedures for handling incidents in the Coast Guard as described in this Instruction gives the alleged offender the opportunity to accept personal responsibility for his/her maltreating behavior and to take advantage of recommended treatment. However, FAP involvement does not preclude use of other administrative and disciplinary actions deemed appropriate by commands.
- a. Options. COs/OICs can consider a range of administrative and disciplinary actions including, but are not limited to:
- (1) Court-martial;
 - (2) Nonjudicial punishment;
 - (3) Letter of reprimand;
 - (4) Military Protective Order;
 - (5) Administrative discharge;
 - (6) Administrative Remarks, Form CG-3307;
 - (7) Denial of reenlistment, including bars to reenlistment;
 - (8) Termination of government family housing;
 - (9) Advance return of family members to the United States from an overseas command;
 - (10) Curtailment of the member’s military tour or duty overseas;
 - (11) Administrative Use of FAP Recommendations. (COs/OICs may choose a non-punitive administrative response by requiring that the member comply with FAP recommendations. This action, in cases in which the alleged offender has demonstrated rehabilitative potential to participate in FAP-recommended treatment, is in many cases an effective way to hold the member accountable, ensure needed rehabilitation services are provided, prevent further abuse, and minimize a negative impact on victims and other family members resulting from adverse actions.)

Enclosure (2) to COMDTINST 1752.1

(12) Transportation to dependent victims in high risk situations in accordance with Coast Guard Supplement to the Joint Federal Travel Regulations (CGS-JFTR), COMDTINST M4600.17 (series); and

(13) Assistance to a victim in obtaining financial support, or a waiver of the requirement to provide support, in accordance with Discipline and Conduct, COMDTINST M1600.2.

b. Other Considerations. Consistent with the interests of justice and the needs of the accused, in addition to the factors listed in rules of courts martial 306(b) in Manual for Courts-Martial (MCM), United States (current edition), COs/OICs may consider the following before taking or recommending disciplinary and adverse administrative actions against members in maltreatment cases:

(1) The seriousness of the alleged offense and the weight and availability of the evidence supporting it.

(2) Matters in aggravation or extenuation surrounding the commission of the alleged offense.

(3) Matters in mitigation including, but not limited to:

(a) The member's military record and potential for further service.

(b) The manner in which the abuse was discovered (e.g., whether the alleged offense was uncovered during a self-referral or as a result of a report to or investigation by law enforcement).

(c) The accused member's potential for rehabilitation based on the FAP's recommendation.

(d) The impact that disciplinary and administrative action against the member will have on his/her treatment and family.

(4) FAP recommendations for treatment, protection of the victim, impact on other family members, and maintenance of the family.

(5) Transitional compensation for dependents. A family member may become eligible for transitional compensation payments *only if* the conviction or administrative separation is based upon a dependent-abuse offense as defined in reference (b).

10. TRAINING. FAP-related training requirements include:

a. COs, XOs, OICs, XPOs, and Command Master Chiefs are required to attend FAP training as provided by the servicing FAS, at least once every three years. This requirement is waived for leadership personnel who have already been trained and have been in consecutive command cadre billets within the HSWL RP AOR.

b. FASs are required to attend annual FAS training sponsored by Commandant (CG-1111), or equivalent training approved by Commandant (CG-1111), and quarterly FAS teleconferences.

c. FASs, Commandant (CG-1111), and HSWL SC and RP personnel who have an official need to know the contents of FAP and Family In Need of Services records are required to annually complete Health Insurance Portability and Accountability Act (HIPAA) training. Training can be accessed at <https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp>.

d. Incident Determination Committee members, including command representatives, are required to be trained in the Incident Determination Committee process prior to ISD voting. Training can be provided by the FAS, or via online course when available.

e. FASs will conduct annual FAP trainings for Coast Guard Child Development Center staff and Family Child Care home providers when requested.

f. FASs will provide FAP awareness training to units as requested when possible.

COMMAND FAP CASE ACTION SUMMARY GUIDE

1. After receiving report, assess the situation for obvious safety issues including medical needs, signs of imminent danger, and the need for alternative housing.
2. Address safety issues. Consider a military protection order or verbal order to the alleged offender, provide assistance in locating alternative housing, and coordinate efforts with law enforcement/CGIS. Note: it is normally inappropriate to issue orders to an active duty (AD) victim because of an incident.
3. Report incident to the servicing FAS within one business day. Consult regarding safety issues and next steps in the assessment process.
4. Contact Legal Counsel and CGIS. Obtain advice regarding disciplinary and investigatory issues, as needed.
5. Meet with AD member(s). Encourage cooperation with the FAP. Provide assistance to AD victim or non-offending caretaker in child case, if needed. Note: do not meet with alleged offender and victim together.
6. Meet with or contact non-AD victim or non-offending caretaker (in a child case). Provide assistance and support as possible.
7. Contact the FAS for an update on risk level determination and safety recommendations. Determine when the Incident Determination Committee will meet.
8. Adjust safety measures, as needed.
9. Identify who will represent the command at the Incident Determination Committee meeting. Contact the FAS if just-in-time training is needed for command representative to be qualified to vote on the incident status determination.
10. Participate (or have designee participate) in the Incident Determination Committee process. Provide amplifying information if available about the incident being considered.
11. If the incident does not meet the criteria: meet with the member and brief him/her. If appropriate, discuss the option of on-going services/treatment through Family In Need of Services, or other program, if desired.
12. If the incident does meet the criteria: meet with the member and brief him/her. Assess alleged offender's level of cooperation and encourage the member to cooperate with FAP regarding any remaining assessment recommendations.
13. Consult with FAS regarding treatment plans recommended by the Clinical Case Staff Meeting. Let the FAS know if command supports or does not support plans.
14. Meet with AD alleged offender to discuss a treatment plan as appropriate. Encourage participation as appropriate.
15. Monitor AD alleged offender's attendance and progress in treatment through at least monthly contacts with FAS. If member is not keeping appointments, meet with him/her and encourage attendance. Issue a direct order to attend treatment if necessary. Check-in with the member at least monthly regarding his/her progress.
16. When FAS reports the case is closed due to successful completion of treatment contact the member and congratulate him/her.
17. When FAS reports the case is closed due to treatment failure on the part of an AD member, consider alternatives for holding member accountable. Consult with legal counsel as needed. Meet with member to discuss career implications.
18. When adverse action leads to a discharge, ensure that the action taken preserves benefits for abused dependents in accordance with reference (b) when possible.