

FAMILY ADVOCACY PROGRAM (FAP)



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May 2025**

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COMMANDANT INSTRUCTION 1752.1A

Subj: FAMILY ADVOCACY PROGRAM (FAP)

- Ref:
- (a) Reserve Duty Status and Participation, COMDTINST 1001.2 (series)
 - (b) The Coast Guard Medical Manual, COMDTINST 6000.1 (series)
 - (c) Coast Guard Investigative Service Roles and Responsibilities, COMDTINST 5520.5 (series)
 - (d) Coast Guard Freedom of Information (FOIA) and Privacy Acts Manual, COMDTINST 5260.3 (series)
 - (e) Privacy Incident Response, Notification, and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5 (series)
 - (f) Title 10 U.S.C. § 1058, Responsibilities of Military Law Enforcement Officials at Scenes of Domestic Violence
 - (g) Title 34 U.S.C. § 20341, Child Abuse Reporting
 - (h) Title 10 U.S.C. § 1561a, Civilian Orders of Protection: Force and Effect on Military Installations
 - (i) Discipline and Conduct, COMDTINST 1600.2 (series)
 - (j) Title 10 U.S.C § 1567, Duration of Military Protective Orders
 - (k) Military Justice Manual, COMDTINST 5810.1 (series)
 - (l) Transitional Compensation and Other Benefits for Abused Dependents, COMDTINST 1754.16 (series)
 - (m) Military Justice Manual, COMDTINST 5810.1 (series)
 - (n) Special Victims' Counsel and Disability Attorneys, COMDTINST 5801.5 (series)
 - (o) Title 10 U.S.C. § 1044e, Special Victims' Counsel for Victims of Sex-Related Offenses
 - (p) Sexual Assault Prevention Response and Recovery (SAPRR) Program, COMDTINST 1754.10 (series)
 - (q) Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST 6320.5 (series)
 - (r) Military Assignments and Authorized Absences, COMDTINST 1000.8 (series)
 - (s) National Defense Authorization Act for Fiscal Year 2019, Pub. L. No.115-232, § 1089, Policy on response to juvenile-on-juvenile problematic sexual behavior committed on military installations.
 - (t) National Defense Authorization Act for Fiscal Year 2019, Pub. L. No.115-232, § 577, Multidisciplinary teams for military installations on child abuse and other domestic violence.

- (u) Family Advocacy Program Determination Committee Standard Operating Procedures, Health Safety and Work-Life Service Center, HSWLSCTD 2018-007.
- (v) Child Development Service Manual, COMDTINST M1754.15 (series)
- (w) Cybersecurity Governance, COMDTINST 5500.13 (series)

1. PURPOSE. This Instruction establishes policy, assigns responsibility, and provides guidelines on the administration of the Family Advocacy Program (FAP). The FAP directly assists commands in prevention efforts, in initial response of alleged incidents, and in subsequent incident case management. Incidents include alleged Domestic Abuse (DA), Intimate Partner Abuse (IPA), child abuse and neglect, Problematic Sexual Behavior in Children and Youth (PCB-CY), and other maltreatment. References (a) through (w) guide the administration of the program. This Instruction does not address all potential medical, legal, or investigation aspects as related to the FAP program. The FAP goal is to promote and maintain safe and healthy family relationships and supports a mission ready workforce.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chief of headquarter directorates must comply with the policies contained.
3. AUTHORIZED RELEASE. Internet release is authorized.
4. DIRECTIVES AFFECTED. Family Advocacy Program (FAP), COMDTINST 1752.1 is cancelled.
5. DISCUSSION. The FAP contributes to military family readiness. It supports the command, service member, and their families. Aspects of the FAP are congressionally mandated and the administration of the program requires collaboration from both within the Coast Guard and from other military services, civilian social service agencies, medical personnel, and both military and civilian law enforcement. While education and prevention are very important, an effective coordinated response to alleged incidents is equally necessary and important. This Instruction provides detailed guidance on both prevention and response requirements to include effective case management through privacy protections, case closures, and records requirements. A Coordinated Community Response (CCR) may be necessary depending on the specific alleged incident. Details are provided within this Instruction including Appendix A through F.
6. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide administrative guidance for Coast Guard personnel and is not intended nor does it impose legally binding requirements on any party outside the Coast Guard.
7. MAJOR CHANGES. Family Advocacy Specialists (FAS) are required to be credentialed through the Coast Guard and must be able to perform clinical duties. Professional licensing and credential requirements did not change and have remained consistent since the prior version of this Instruction. This Instruction also consolidates the cross programmatic functions of the FAP in one location. Evidence-based practice (EBP), as an approach for the FAP is further described within.

8. SCOPE AND AUTHORITIES. It is recommended the reader become familiar with the directives and publications noted throughout this Instruction and listed below in series order: Youth Programs (YP) and Activities for Dependent Children, COMDTINST 1710.12 (series); Religious Ministry Within the Coast Guard, COMDTINST 1730.4 (series); and U.S. Coast Guard Auxiliarist support to Coast Guard Health Care Facilities, COMDTINST 6010.2 (series).
 - a. This Instruction applies to Coast Guard active-duty service members (SM) and reserve members on active duty per Reference (a). It also applies to Public Health Service (PHS) officers detailed to the Coast Guard, Coast Guard SMs detailed to other commands, and Department of Defense (DoD) SMs while serving under a CG command. Reference (f) directs speedy action to review situations in any case of domestic violence (DV) which has been reported to the appropriate commander and local military advocacy representative, as designated, that is exercising responsibility over the area where an incident is alleged to have taken place.
 - b. This Instruction applies to current and former spouses, intimate partner (IP) who are victims of DA, children who are victims of child abuse and neglect, and children when there is co-occurring child abuse and neglect or exposure to DA. There are circumstances at times that require additional coordination. For example:
 - (1) When FAP receives an allegation of DA or child abuse and neglect, and the victim or the alleged abuser is a member of another uniformed service, the FAP will coordinate with that service to provide FAP services.
 - (2) When alleged victim(s) and abuser(s) are assigned to different servicing FAPs (or are from different uniformed service) both servicing FAP offices and, if applicable, both services are kept informed of the status of the case, regardless of Primary Managing Authority (PMA).
 - (3) Individuals who are not eligible for military medical care yet have been involved in an alleged IPA as defined in Appendix A of this Instruction, involving a Coast Guard SM, may be offered an emergency response, an intake assessment, risk assessment and safety planning, care coordination and information on civilian community support services and resources by the FAS.
9. POLICY ON FAP SERVICE AND SUPPORT COORDINATION. In addition to prevention outreach activities, this Instruction applies to response situations which an active-duty service member (SM), their military dependent or their intimate partner (IP) is either identified as an alleged abuser, a victim, or a non-offending caretaker in an incident of child abuse and neglect and DA or is receiving FAP prevention services within the Family in Need of Services Program (FINS).
10. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. The Office of Environmental Management, Commandant (CG-47) reviewed this Commandant Instruction and the general policies contained within and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. This Commandant Instruction will not result in any substantial change to existing environmental conditions or

violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental requirements, and the U.S. Coast Guard (USCG) Environmental Planning Policy, COMDTINST 5090.1 (series).

11. DISTRIBUTION. Electronic distribution in the Directives System Library. Intranet/Pixel Dashboard: Directives Pubs, and Forms - PowerApps (appsplatform.us). If Internet released: Commandant Instructions (uscg.mil), Coast Guard Forms (uscg.mil) .
12. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with Records & Information Management Program Roles and Responsibilities, COMDTINST 5212.12 (series) and the records retention schedule located on the Records Resource Center Microsoft SharePoint site at: <https://uscg.sharepoint-mil.us/sites/cg61/SitePages/CG-611-RIM.aspx> .
13. PRIVACY PROVISIONS. The Privacy Act (5 U.S.C.§ 552a), as discussed in The Coast Guard Freedom of Information (FOIA) and Privacy Acts Manual, COMDTINST M5260.3 (series), Reference (d) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as discussed in Reference (b), apply to records that contain protected health information. These acts and regulations place procedural requirements on the use and disclosure of such information. To maintain the public's trust and prevent privacy breaches, the Coast Guard has a duty to safeguard all types of Personally Identifiable Information (PII) in its possession. Unintended disclosure or compromise of an individual's PII constitutes a Privacy Incident as defined in Appendix A and must be reported immediately to the Office of Privacy Management, Privacy Division (CG-6P1 via HQS-DG-M-CG-61-PII@uscg.mil and in accordance with the Privacy Incident Response, Notification and Reporting Procedures for Personally Identifiable Information (PII), in accordance with COMDTINST 5260.5 series and Reference (e)).
14. FORMS. See List of Forms as Appendix D which describes how to access each form or process. Suggested changes and/or corrections for immediate action may be submitted to USCG.Forms@uscg.mil.
15. REPORTS. Prepare responses to programmatic inquiries as required by statute, U.S. Congress, or U.S. Department of Homeland Security (DHS).
16. SECTION 508. This policy is created to adhere to accessibility guidelines and standards as promulgated by the U.S. Access Board with consideration of Information and Communications Technology (ICT) requirements. If accessibility modifications are needed for this artifact, please communicate with the Section 508 Program Management Office (PMO) at Section.508@uscg.mil. Concerns or complaints for non-compliance of policy and/or artifacts may be directed to the Section 508 PMO, the Civil Rights Directorate (<https://www.uscg.mil/Resources/Civil-Rights/>) for the Coast Guard, or to the U.S. Department of Homeland Security at accessibility@hq.dhs.gov.

17. REQUEST FOR CHANGES. Units and individuals may recommend changes in writing via the chain of command to Commandant (CG-1K1), U.S. Coast Guard STOP 7907, 2703 Martin Luther King Jr. Ave SE, Washington DC 20593-7907.

/PAUL I. JUNG/
Rear Admiral, U. S. Coast Guard
Assistant Commandant Health, Safety and
Work-Life

Appendix A. Select Definitions
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CHAPTER 1. ROLES AND RESPONSIBILITIES

A. Roles and Responsibilities of the Family Advocacy Program (FAP).

1. Roles and Responsibilities Overview. The Family Advocacy Program in collaboration with other Coast Guard support programs and external services provides clinical services to predominantly active-duty service members. The FAP provides support services, referrals, and other resources for families and service members that are in need. The complexity of the program requires support from multiple levels of the organization. The roles and responsibilities are briefly outlined below with additional detail described in Appendix E titled Detailed Roles and Responsibilities for several of the offices and positions that are listed in this chapter.
2. Assistant Commandant for Health, Safety, and Work-Life (HSWL), Commandant (CG-1K). Located at Coast Guard Headquarters, Commandant (CG-1K) is accountable to the Deputy Commandant for Personnel Readiness (DPR). Commandant (CG-1K) promulgates policy and provide executive level oversight regarding many HSWL programs within the Coast Guard including the FAP Program.
3. Office of Work Life (CG-1K1). Located at Coast Guard Headquarters, Commandant (CG-1K1) is accountable to the Assistant Commandant for Health, Safety and Work Life (CG-1K). This staff is responsible for establishing, developing, and promulgating Work-Life policy and interpreting program standards for Coast Guard wide implementation. The focus of service member and employee (and dependents) well-being is at the core of their objectives.
4. Office of Health Services (CG-1K2). Located at Coast Guard Headquarters Commandant (CG-1K2) is accountable to the Assistant Commandant for Health, Safety and Work Life (CG-1K). This office oversees the Coast Guard's medical privileging system and ensures all FAS and/or Health Care Providers (HCP) are properly trained and credentialed.
5. Behavioral Health Services Division, Commandant (CG-1K11). Located at Coast Guard Headquarters, Commandant (CG-1K11) and reports to the Assistant Commandant for Health, Safety, and Work Life, Commandant (CG-1K). The division is responsible for the FAP program and assigns a lead program manager and establishes budget priorities aligned with program goals and objectives. Policy management and FAP direction resides within the division.
6. The Family Advocacy Program Manager (FAP PM). The FAP PM is located at Coast Guard Headquarters and is responsible for the day-to-day administration of the Coast Guard enterprise-wide Family Advocacy Program. The FAP PM reports to the Behavioral Health Services Division, Commandant (CG-1K11) Division Chief. This role develops policy and procedural guidance and collaborates at the headquarters level with other lead program managers and key stakeholders. Personnel and management and subject matter expert advisement and program responsibility oversight includes:
 - a. Meet and maintain all Commandant (CG-1K2) requirements for credentialing as a mental health provider;

- b. Consult on and provide subject-matter expertise to Commandant (CG-1K2) regarding credentialing of the FASs as mental health providers;
 - c. Consult on and provide subject matter expertise on all FAP program management topics; and,
 - d. Consult with the HSWL SC, RMs and WLSs when hiring FAS applicants to ensure personnel possess the appropriate FAP-related experience, licensure, and position descriptions.
7. Coast Guard Investigative Service (CGIS). CGIS agents are federal law enforcement personnel. In addition to Coast Guard Headquarters, CGIS agents are located throughout the United States in eight regional offices. The Investigative service for the Coast Guard, CGIS supports and protects Coast Guard personnel, operations, integrity, and assets worldwide. CGIS prevents and defeats criminal threats through objective and independent investigations. The CGIS, is responsible for investigations, under certain circumstance and is responsible for several important duties as contained in Appendix E including reporting and investigations, ensuring full force of a Child Protective Order (CPO) on CG installations and Military Protective Orders (MPO) are entered into the National Crime Information Center (NCIC).
 8. The Judge Advocate General (TJAG) and Chief Counsel (CG-094). The Coast Guard's legal program resides under the TJAG and Chief Counsel directorate and includes several or servicing legal offices. TJAG oversees the Coast Guard JAG program that provides legal advice and support to the Coast Guard and its members and manages and supervises the Coast Guard Legal Assistance Program. See Appendix E.
 9. The Office of Military Justice (CG-LMJ). LMJ is the Coast Guard's central point of contact for responding to all civilian and military court-related record requests and subpoenas that concern current or past Coast Guard DV, DA, and child abuse and neglect cases in accordance with Reference (k). See Appendix E.
 10. Legal Member Advocacy (CG-LMA) and Chief, Member Advocacy Division (CG-LMA-A). Offers a variety of services including personnel law, military justice, and the special victims counsel program.
 11. Special Victims' Counsel (SVC) Program. SVCs are judge advocates that will represent the interest of the victim throughout the investigatory and military justice process. An SVC may provide support to alleged victims in accordance with Reference (n). Communications with SVCs and a client are protected by the attorney-client privilege. SVCs are available to adult victims, who make either a restricted or an unrestricted report of sexual assault and child victims or of an eligible offense in accordance with References (n) and (o). If an SVC is requested for alleged victims of DA or child abuse and neglect, CG-LMA-A should be consulted to decide whether it is appropriate to grant an exception to policy and authorize representation by an SVC. The victim may request an SVC at any time during the legal, medical, or investigative process. Eligible victims must be offered the services of an SVC but are not required to accept or use the services. See Appendix E.

12. Commander, Coast Guard Personnel Service Center (CG-PSC). CG-PSC provides military personnel services throughout a service member's career including compensating, separating, and retiring. CG-PSC oversees the Coast Guard Pay and Personnel Center, Coast Guard Community Services Command, and Coast Guard Recruiting Command.
13. Chaplain of the Coast Guard (CG-00A). Chaplains perform religious ministry within the Coast Guard. This Instruction does not alter Chaplain privilege under Military Rule of Evidence 503. Details on Chaplain support to the FAP are listed in Appendix E. Chaplain policy may be found in Religious Ministry within the Coast Guard, COMDTINST, 1730.4 (series).
14. Coast Guard Force Readiness Command Training Division (FC-T). FORCECOM assists in the development of training products used by the workforce. The FC-T is made up of three branches: operations, mission support and performance technology center. The mission support branch provides performance consulting services and training management support including developing, maintaining and implementing training system standard processes and procedures.
15. Health, Safety, and Work-Life Service Center (HSWL SC). Staff at the HSWL SC interpret and implement HSWL programs as set forth in applicable guidance. HSWL SC FAP will assess, respond, and identify the HSWL program needs of the Coast Guard and prioritizes the delivery of available resources. HSWL works collaboratively across the Coast Guard enterprise as well as DoD and Tricare to ensure access and delivery to authorized personnel. See Appendix E.
16. HSWL Regional Managers (RMs) and Work-Life Supervisors (WLSs). Regionally based throughout the Coast Guard, these managers and supervisors ensure implementation of the FAP policy and other procedural guidance within their AOR. They, when applicable by position, supervise and provide administrative oversight including on functions of personnel guidance, training, records management, peer review coordination, building relationships and developing a positive customer experience. Furthermore, they provide managerial support to the FAS to ensure compliance with their roles, responsibilities and duties. See Appendix E.
17. Family Advocacy Specialists (FAS). The FAS is a vital position for the FAP. They are licensed clinical professionals who provide supportive services, assessment and intervention assistance to SMs families to improve their social and psychological well-being. The FAS has many responsibilities. See Appendix E. Note, questions about the FAS's clinical credentials and related requirements may be referred to the FAP PM.
18. Coast Guard Healthcare Providers (HCPs). Board certified and board eligible certified personnel within the Coast Guard that can provide routine and emergency care. Specialized care may be provided in certain circumstances. Additionally, the U.S. Coast Guard Auxiliarist support to Coast Guard Health Care Facilities, COMDTINST 6010.2 (series) applies. See Appendix E.

19. Regional Behavioral Health Provider (RBHP). The RBHP is an independent licensed behavioral health provider who provides direct patient care (assessment, diagnosis, and treatment), high-risk care coordination/case management as well as consultation, training, and mentorship as a subject matter expert for behavioral health issues. See Appendix E.
20. Child Development Service (CDS) Program Manager. The Program Manager reports to the Office of Work Life in the Family Services Division Chief (CG-1K11). Guidance for personnel is contained within the Child Development Service Manual, COMDTINST 1754.15 (series) as Reference (v). See Appendix E.
21. Youth Services (YS) Youth Programs (YP) Manager. The YP is managed through the Morale, Welfare, and Recreation (MWR), CG-PSC, and Community Services Command (CSC). The YP PM is responsibility for program policy. Guidance for personnel is contained within both Appendix E, and a new CI with the same title will be published.
22. Base Commanding Officers (COs) and Training Center (TRACEN) COs within HSWL Regional Practices (RPs). Commands within HSWL RP's perform Administrative and Operational duties in their Area of Responsibility, as assigned. Consult with the FAP PM. See Appendix E.
23. Unit Commanding Officers (COs), Executive Officers (XOs), Officers in Charge (OICs), Executive Petty Officers (XPOs). Commands have a responsibility with the Family Advocacy Program and should become familiar with their servicing HSWL RP. Commands should consult with the servicing legal office and personnel staff to verify that proposed actions by command comply with law and policy. See Appendix E.
24. Multidisciplinary Team (MDT). The FAP program both leads and is engaged in several MDT's. Stakeholders vary among the MDT's. See Chapter 6. and Appendix F for additional details.

B. Personnel Requirements.

1. FAP Billets. FAP personnel may consist of military personnel on active duty, employees of the federal civil service, contractors, volunteers, or a combination of such personnel. The Base CO is responsible for ensuring there are qualified FAP personnel to fill the designated FAP Billets. The Base CO must consult with the FAP PM on qualification requirements.
2. Criminal History Records Check. All FAP personnel whose duties involve providing services to children require a criminal history record check upon hire and every five years thereafter.
3. Position Requirements. Several positions have minimal qualifications as part of the civilian hiring process. Please consult with the FAP PM and/or refer to position descriptions, and/or consult with a Human Resource Specialist. See Appendix E for select position requirements.
4. Training Requirements. See Chapter 8.

CHAPTER 2. PREVENTION

A. Prevention.

1. Prevention Overview. The FAP prevention and outreach services are designed to promote a Coordinated Community Response (CCR) with an emphasis on how local commands along with the larger military community and civilian communities work together to advance the social and emotional well-being of children, families, and IP relationships and to prevent maltreatment. Prevention services strive to increase protective factors, which mitigates risk factors that can lead to harmful behaviors. By improving family function, enhancing communication, and strengthening parenting skills, FAP prevention services can ease stressors that may contribute to or trigger patterns of maltreatment (e.g., deployments, first time parent, single parent, special needs, communication issues, frequent moves, lack of extended family support, feeling of isolation, and financial stressors). An additional objective of FAP prevention services is to create community and command awareness by providing information, education, and supportive services that empowers and enables strong and resilient individuals, couples, and families. Prevention is a community responsibility. FAP prevention and clinical services are comprised of three principal components: primary prevention, secondary prevention, and tertiary prevention. FAP primary and secondary prevention services are provided by the FAS, other Work-Life Staff, Chaplains, and other military or civilian organizations. These services are voluntary and available to all eligible Coast Guard beneficiaries.
2. Primary Prevention. The goal of primary prevention is to stop harmful behaviors before they occur through building protective factors, which mitigates risk factors/stressors, at the individual, interpersonal, community, and societal levels. Primary prevention, as practiced in the military services, collaborates with both internal (Coast Guard) organizations and external (local communities, Department of Defense (DoD) and other force multipliers) to forward efforts that promote wellness for the Coast Guard Total Force (service members, their families, and civilians). Coast Guard primary prevention efforts are integrated across the Coast Guard enterprise and include FAP Prevention services targeted to educating and enhancing positive behavior(s) and strengthening family interpersonal relationships. FAP primary prevention is an important component of the Coast Guard's Prevention System, which describes the overarching organization-level protective factor building opportunities available to all members of the total workforce. FAP primary prevention efforts include activities that raise awareness through local and Coast Guard-wide communications, consultation, training, marketing, and education with a specific focus on child abuse and neglect and DA awareness campaigns. Efforts center on healthy relationships and protective factors; building and strengthen interpersonal relationship and marriages, enhance parenting and communication skills, and promoting successful adaptation to a military lifestyle. Primary prevention also includes consultation and training for Coast Guard leadership, units, HCP, LE, CDC, and family childcare providers. As with all FAP activities, appropriated funds may be used for primary prevention efforts.

3. Secondary Prevention. Post-event, families may either be referred or self-refer to FAP services. FAP secondary prevention services promotes available resources to build and sustain protective factors for healthy family relationships and to reduce risk factors for child abuse and neglect and DA. All secondary prevention services are confidential.
4. Prevention Services Provided. Services consist of individual counseling or psycho-educational groups for stress management, anger management, couple's communication, and parenting. Additionally, secondary FAP Prevention Services provide early intervention assessments, clinical and supportive counseling, education, and resources to help couples and families cope with marital, parental, and familial stressors with the goal to deter or mitigate risk factors thus ensuring safety and, a mission ready workforce.
5. FAP Family in Need of Services (FINS). FINS is a voluntary program offered by FAP to SMs, spouses, couples, and their dependents requesting services to improve their parenting skills, communication, and their relationships. In addition, FINS is offered to SMs, IPs and Coast Guard families in which there was a reasonable suspicion of maltreatment that was later determined not to meet the criteria, however, SM or their dependents may request continued support and services. FINS clients may include military dependents who are impacted by other types of maltreatment that are not reviewed by the IDC, including elder, sibling, and out-of-home abuse and military dependents affected by PSB-CY. Services provided include individual, marital, and family counseling, support groups, anger management, couple's communication assistance, education, as well as information and referrals. Clinical services are provided by a Licensed Clinical FAS. Note: FINS cases are strictly confidential. Except when ordered to do so by a court, client information is not shared without the expressed and written consent of the clients involved.
6. Tertiary Prevention. For longer post-event care, FAP provides tertiary level prevention services. Tertiary prevention provides assessment, intervention, and treatment services to the SM, IP, and their children after an incident of IPA, DA and/or child abuse and neglect has been reported or occurred. The primary goal of tertiary prevention services is to ensure safety and prevent subsequent incidents. These services are provided by a licensed clinical FAS, Military Treatment Facility (MTF) FAP, Tricare provider, or a licensed private provider, who specializes in DA and child abuse and neglect.
7. Command Support Role. Commands, to the greatest extent possible, are encouraged to support SMs, when presenting with indicators of risk, through early identification and intervention. Commands promote and support of SM's participation in FAP Prevention and Outreach services can mitigate the occurrence of maltreatment. FAS personnel are partners and resources for commanders to contact with questions related to risk factors, etc. The rules of confidentiality must be observed in concert with the FAP protocol, as appropriate.

CHAPTER 3. REPORTING

A. Reporting Policy.

1. Reporting Commitment. The Coast Guard is committed to ensure alleged and confirmed victims of Domestic Abuse (DA) and child abuse and neglect are protected, treated with dignity and respect, and are provided support, advocacy, and care. Reporting known or suspected abuse is necessary to mitigate the damages imposed by acts of domestic violence and child abuse. Reporting abuse will allow the victim to seek aid, professional advice, and access to resources regarding abuse. Assuring privacy and options for disclosure, as appropriate, is essential to supporting victims of DA. The Coast Guard reporting options and requirements are detailed in this chapter.

B. Reporting Requirements.

1. Command Cadre. Command cadre members who either witness an incident of DA or child abuse and neglect, or who receive credible information that an incident has occurred involving one of their service members (SMs), must report the incident to the servicing FAP and CGIS within 24 hours. Maltreatment involving a SM of another service branch must be reported to that member's command, or the respective FAP. This reporting requirement applies in all incidents in which a SM is a victim or an alleged abuser.
2. Civilian Supervisors. Civilian supervisors who witness, suspect, or receives credible information that an incident of DA or child abuse and neglect has occurred must report the incident to FAP within 24 hours, when the alleged incident involves an employee who is a SM or their dependent.
3. Child Maltreatment Mandated Reporting for Military Members and their Families. Child abuse and neglect allegations are unrestricted reports. The following actions must be immediately taken:
 - a. Any individual within the chain of command of a SM who obtains credible information (which may include a suspicion or reasonable belief), that a child in the family or home of the service member has suffered an incident of child abuse and neglect must report that information to the FAP Office responsible for that unit, as directed by Section 575 of Public Law 114-328.
 - b. All Coast Guard personnel who are covered professionals, as described in Reference (g), must report information that gives reason to suspect that a child in the family or home of a SM has suffered an incident of child abuse and neglect must immediately notify their local State Child Welfare Services Agency and designated FAP office, as required by section 575 of Public Law 114-328 and Reference (g).
 - c. All Coast Guard personnel who are not defined under paragraphs B.3.a. and B.3.b. of this chapter who have credible information or have witnessed an incident of child abuse and neglect involving the family or home of a SM, on or off a military installation, must report to their local FAP office and chain of command immediately in accordance with this Instruction.

- d. FAP must report all child abuse and neglect allegations to Child Protective Services, CGIS, and the Command immediately or within 24 hours of the report, in accordance with law and this Instruction.
4. State Child Welfare Services Agency Reports. The local State Child Welfare Services Agency and Child Protective Services (CPS) are used interchangeably in this Instruction. CPS 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. 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 (HHS) State Statutes Search website at: <https://www.childwelfare.gov/org>.
 5. Child Sexual Assault Reporting. All child sexual abuse (i.e. abuse of military dependents who are 17 yrs. of age or younger) must be reported in accordance with paragraph 3. of this section. FAP will manage all child sexual assault allegations.
 6. IP Sexual Assault/Abuse Reporting. Sexual assault between spouses and IP is domestic abuse and will be managed by FAP. FAP manages sexual assault allegations when the alleged offender is a partner in context of a spousal relationship, same sex domestic partner, unmarried IP or a military dependent 17 yrs. of age or younger. IP sexual assaults must be reported to FAP immediately when the alleged victim or abuser are residing together or have resided together in the same domicile, are married or have been married, have a child in common, or is in or has been in an intimate partner relationship as defined in Appendix (A). All non-domestic sexual assaults must be referred to the SAPRR program. If the SAPRR program responds to a victim requiring a referral to FAP due to the ongoing risk of violence, the SARC will ensure a warm handoff to FAP.
 7. Elder Abuse and About Mandated Reporters. Elders are categorized as being over 60 years in age. While elder abuse is not typically cased managed by the FAP, all Coast Guard HCP and the FAS must report incidents of suspected elder abuse to the agency having the statutory responsibility to investigate them. Mandated reports must report (typically an Adult Protection Services agency). The Administration on Aging (AoA), an agency of the U.S. Administration of Community Living provides resources at: https://eldercare.acl.gov/Public/Resources/LearnMoreAbout/Elder_Rights.aspx or by calling 1-800-667-1116. The federal government and states, the District of Columbia, and some territories have statutes to protect older adults from physical abuse, neglect, financial exploitation, psychological abuse, sexual abuse and abandonment. 50 states have some form of elder abuse prevention laws, and they vary by State. The Department of Justice Provides information on State Elder Abuse Statutes located at: <https://www.justice.gov/elderjustice/elder-justice-statutes-0>.
 8. Service Members (SM) Reporting. Safety is the ultimate concern for anyone involved in an abusive situation. If at any time a fellow SM believes that the life, health, or safety of an individual is in imminent danger of DA or child abuse and neglect, the SM must report the situation to FAP, CGIS, or both.

9. Fatalities Reporting. Incidents involving fatalities or serious injuries involving child abuse and neglect or DV must be reported to CGIS in accordance with Reference (c), the FAP PM, and to HSWL SC immediately in accordance with Chapter 6 of this Instruction.

C. Unrestricted and Restricted Reporting Options.

1. Intimate Partner Reporting Options. Adult victims of DA have two reporting options: Unrestricted Report (URR) or a Restricted Report (RR). For both RR and URR reports, confidentiality of medical information will be maintained IAW provisions of HIPAA.
2. Unrestricted Report (URR). All reports of maltreatment made by a person, including a victim, will be treated as unrestricted reports, unless designated as a restricted report per paragraph C (3). A URR allows the victim to access services and ensures that protective measures are put in place with the assistance of the SMs Command, CGIS, LE and FAP. FAP will offer medical and SVC referral to victims, as appropriate. FAP assessments and treatment for maltreatment will be offered to the victim, alleged abuser, and military family members and managed in accordance with this policy. The SMs Command, CGIS, and LE will be notified and become involved, as needed, to assist those involved in the incident and to monitor risk, safety, and compliance until the case is closed. All cases of child abuse and neglect are considered unrestricted by law.
3. Restricted Report (RR). The Coast Guard recognizes that URRs may create a barrier to reporting for some victims because of the associated notice or disclosure that may occur. Therefore, a restricted report option is available to adult victims of DA if the report is made to designated personnel. Requests for a RR can be received by a Coast Guard or DoD HCP, FAP, HSWL RP staff members when performing FAS duties, SARC, and a VA. This reporting option allows the victim to receive confidential FAP services, medical care, and a SVC while requesting that the maltreatment is not reported to the CGIS, LE, the IDC, the abuser, or the victim's or abusers chain of command. The victim may confide in a friend or a family member and maintain a RR if the confidant is outside the victim's chain of command.
4. Exceptions to RR. A RR is not an option when:
 - a. The victim's or the alleged abuser's command, or another third party that does not fit the definition of confidant in accordance with Appendix A, is already aware of the alleged maltreatment (e.g., police involvement, the incident is public knowledge, or there is a restraining order or other legal action in place).
 - b. The victim discloses an IPA incident in the presence of the abuser, or the abuser discloses the incident.
 - c. The victim provides information that indicates the victim or other household members (e.g., a child) are in imminent danger of serious injury due to IPA.
 - d. Child abuse and neglect is also reported.
 - (1) If the victim reports child abuse and neglect that is directly related to the incidents of reported DA, then no part of the victim's IPA report will be eligible for the RR option.

- (2) If the victim reports that a child has also been abused or neglected in an incident that is unrelated to the reported incidents of IPA. Then the victim of the IPA incident, is eligible for a RR, if the child did not witness or was not impacted by the IPA. However, the additional incident, unrelated to the IPA must be reported to CPS and to FAP. If the child abuse and neglect is directly related to the incident of reported IPM, no part of the IPM victim's report will be eligible for RR option.
5. Restricted Reporting (RR) to Unrestricted Reporting (URR): Reconsideration by a Victim. The alleged victim has the option of withdrawing the request for RR at any time. The victim must confirm the request by completing, or verbally acknowledging to the FAS, the appropriate items in the "Reconsideration" section of the Family Advocacy Victim Reporting Preference Statement, CG-1754A Form. If a victim verbally acknowledges, they must follow-up with an electronic or written request to the FAS that the victim acknowledging their request to convert their RR to URR before the reconsideration may be processed. Upon the receipt of the written request to change reporting options the report then becomes a URR. The FAS must attach the written request to the CG-1754A form and file it in the FAP restricted record. The RR must be closed and a FAP DA case file must be opened immediately. The appropriate command(s) must be notified along with CGIS, VA, and SVC, as appropriate within 24 hours of receipt. Current risk must be assessed, and a safety plan must be developed to ensure the safety of the victim and family members. The FAP process for a URR will then follow per this policy.

D. General.

1. Self-referrals. SMs and military dependents can voluntarily seek FAP services and/or FAP prevention services (FINS) or report incidents of DA or child abuse and neglect to FAP. Note: admission of child abuse and neglect must be reported to the appropriate authorities, see section B.3. of this chapter on child abuse and neglect reporting requirements.
2. Requests for Anonymity. If the reporter is not the alleged abuser or victim and reveals his/her identity but requests anonymity, the FAS will not share his/her identity with anyone without the reporter's consent unless there is a court order. Reporters also have the option of refusing to reveal their identity.
3. Reporting to the SM Command. The FAP must notify the SM's CO or OIC within 24 hours of FAP receiving a report of child abuse and neglect or IPA, except for "Restricted Reports."
4. Reporting to Law Enforcement. The FAP must report all URR allegations of child abuse and neglect, DA, and IPA to CGIS immediately, when possible, but no later than within 24 hours of receiving the report. If applicable, the Coast Guard Security Department having jurisdiction must also be notified. In situations that indicates safety concerns, the FAS or CGIS must contact local LE agencies to ensure the safety of the victim and family members in the household immediately upon receiving the report.

CHAPTER 4. RESPONSE TO DOMESTIC ABUSE (DA) AND CHILD ABUSE AND NEGLECT

A. Response to Domestic Abuse (DA) and Child Abuse and Neglect.

1. Response Policy. In addition to immediate reporting discussed in Chapter 3 process must be followed in response to DA and child abuse and neglect. The process of evaluating allegations of child or IP abuse is threefold: gathering facts, medical documentation, and conducting the psychosocial and family assessment is necessary to protect the victims of abuse and provide necessary clinical and support services. The assessment of the DA, IPA, and child abuse and neglect allegation should never be undertaken as an individual effort. It requires a multidisciplinary team approach to ensure that all relevant information and facts are provided to assess risk and severity and to ensure safety. The FAS must request information from a variety of sources to identify risk factors and to clarify the facts of the incident. The FAS, CGIS, HCPs, legal advisors, and command, share a common interest in ensuring that all reports of abuse are promptly and fully investigated and assessed. The safety of the victim is the primary consideration.
2. Coordinated Community Response (CCR). To accomplish the objectives set forth, this Instruction mandates a CCR and collaborative effort by FAP, LE, HCPs, legal advisors, commands, other military installations, and community-based organizations, to respond to maltreatment reports promptly. This includes sharing information and records, as permitted by law and regulations, as well as conducting joint interviews whenever possible. Victims of child abuse and neglect, DA, IPA must be protected from further trauma caused by unnecessary or repeated questioning by the various agencies involved, especially in cases with child victims.
3. Referral. The FAP process begins with the referral. When the FAS is notified of an alleged maltreatment incident, they must contact and speak to the person reporting the abuse via phone or in person immediately or within 24 hours of receiving the report. The incident must be thoroughly discussed with the reporter in-order to obtain sufficient details about the incident and to provide the FAS an opportunity to ask clarifying questions. The FAS must document in the FAP case record, the incident(s), and specific details to include time, date, place, who was involved in the incident, who witnessed the incident, events leading up to and during incident, substance use, weapons in the home or involved, injury incurred, act and impact on individuals involved and other risk factors.

B. Risk Assessments.

1. Initial Risk Assessments. Since the immediacy of the response is based on imminence of risk, the victim or non-offending caregiver in the event of a report involving a minor must be contacted immediately but no later than within 24 hours of receipt of the reported incident to assess the victim's level of risk, safety, mental status, and immediate needs. The initial risk assessment and safety planning must be provided by FAP. The FAS and CGIS must work collaboratively to ensure the initial risk assessment is initiated within 24 hours for child abuse and neglect and unrestricted reports of DA. The victim(s) must be contacted before the abuser is notified of the allegation. The FAP Information/Limits of Confidentiality, 1754F form, and the FAP Victims Reporting Preference Statement, CG

1754 A form, must be offered to every adult victim and non-offending parent. A copy of the documents must be signed or scanned and filed in the FAP case file.

2. Risk Level. The FAS must assign the initial level of risk as low, moderate, or high within 72 hours of receipt of an allegation. Scale is as follows: Low. Few-to-no risk factors present that indicate a subsequent incident is not likely to occur; Moderate. Several risk factors present that indicate a likely reoccurrence of abuse; High. Significant risk factors present that indicate abuse will reoccur.
3. Severity Determination. The FAS must assign an initial severity level of mild, moderate, or severe within 72 hours of receipt of the allegation. Level as follows: Mild. Minor physical injury (e.g., scratch, minor bruising, requiring no medical treatment), not readily apparent physical or emotional harm; Moderate. Minor physical injury requiring medical follow-up or involving pain lasting more than four hours, or short-term mental health counseling may be needed; and, Severe. Major physical injury requiring inpatient medical treatment or causing temporary disability, emotional effects may require long-term mental health treatment, or any injury to a pre-verbal child.
4. Safety Planning on Evidence-Based Practice (EBP). Based on risk assessment EBP the FAS must engage in safety planning with the victim, non-offending caretaker, and abuser during the initial contact and ongoing until case closure.

C. Mandatory Notifications and SVC Referral Response Timelines.

1. Law Enforcement. Unrestricted reports must be reported immediately or within 24 hours of the incident to CGIS and/or Law Enforcement and the unit command.
2. SVC referral. A SVC must be offered to eligible victims in accordance with Reference (n).
3. Immediate Reporting. All child abuse and neglect allegations and or reasonable suspicion of child abuse and neglect must be reported immediately to FAP, CGIS, SM command, and CPS. Child sexual abuse victims must be offered a SVC by the FAS. Child victims of physical abuse or moderate to severe neglect may be offered a SVC by exception to policy.
4. Dependent Suicide or Homicidal Ideation. SMs or their military dependents presenting with suicidal or homicidal ideation must be reported to command and CGIS immediately and must always be supervised until escorted to the closest MTF or ER and assessed by an HCP per Chapter 7 of this Instruction.

D. FAP Psychosocial Clinical Assessment.

1. Clinical Assessment. The referral and initial risk assessment is followed by a psychosocial clinical assessment. An assessment must be offered to each victim, IP, all family members, and the abuser prior to the IDC by the FAS or a licensed mental health provider. Reporting options must be discussed, as appropriate. Reasonable belief must not be ruled out until each family members involved or affected by the incident are voluntarily assessed, and all facts are staffed at the CCSM prior to the IDC. When

conducting the clinical assessments, FAP staff must treat those being assessed with respect, fairness, and in accordance with professional ethics. The following requirements and coordinating actions apply:

- a. Assessments must be performed within 72 hours of the initial report;
- b. All family members must be assessed for all types of maltreatment witnessed or experienced as defined by the DoD/Coast Guard FAP Criteria for Maltreatment;
- c. Each family member must be interviewed separately, at least initially;
- d. Child and IP victims must be assessed prior to the abuser assessment;
- e. Joint interviews with CPS, CAC, and CGIS must be considered when assessing child abuse and neglect allegations, as appropriate;
- f. Assessments for children involved in child abuse and neglect cases and/or exposed to IPM can only be conducted with a legal guardian's written consent;
- g. A young child must be assessed for their developmental ability to give a valid interview;
- h. Assessments of non-active-duty members are voluntary. SM may be required by their unit command to participate in an assessment. (Note: it is not inappropriate for commands to require that SM victims participate in an assessment. The command can encourage the SM victim to engage in the assessment and obtain FAP services). If civilian family members refuse to participate in the FAP assessment or if parents refuse to allow their children to participate, the FAP provider will document the refusal and all efforts to obtain these interviews in the FAP record.
- i. The initial psychosocial assessments must be performed preferably in-person or using a HIPPA compliant virtual platform, by an FAS who is a licensed mental health provider and credentialed by Commandant (CG-1K2).
- j. If the geographic distance would not allow for the assessment to take place within the required time frame, the FAS may request a qualified MTF FAP provider, Tricare, CAC, or licensed private practice provider who specializes in DA and child abuse and neglect conduct the initial psychosocial assessment on each family member.
- k. The SM must sign a FAP Authorization to Release Information, CG-1754C Form, if receiving assessment and treatment outside of the Coast Guard FAP, to enable the FAP to obtain the necessary information required for case management and to determine an IDC/ISD. Non-active-duty individuals who receive an assessment or treatment outside of the Coast Guard FAP are encouraged, but not required to sign a FAP Authorization to Release of Information, CG-1754C Form. The signed document must be filed in the FAP case record.
- l. Copies of clinical assessments must not be shared with the IDC, the CO/OIC, or command cadre.

E. Components of Clinical Assessment.

1. Interview. A Licensed Clinical FAS, or Licensed Clinical Behavioral Health Provider specializing in DA and child abuse and neglect conducts the initial psychosocial assessment on each family member or individuals involved.
2. Record Review. The FAS conducts a review of all pertinent records, including but not limited to, medical reports and findings, law enforcement and blotter reports, CPS reports and findings, information from the referral source, and any other relevant collateral contacts.
3. Collateral Information. The FAS reviews information obtained from collateral contacts, including but not limited to LE, HCP, Schools, CDCs, and YP.
4. Psychosocial Assessment. The FAS conducts a psychosocial assessment using developmentally appropriate assessment tools for children and adults. A psychosocial clinical assessment includes: The presenting problem, (incident(s), act-impact, history of the problem, family history, current relationships, medical status and history, substance use or abuse, mental health history, developmental history, education and employment, special needs of children, youth and adults, strengths and challenges, support systems, coping mechanisms, mental status exam, treatment goals, and investment in treatment.
5. A Mental Status Exam. Assess client's appearance, attitude, behavior, mood, affect, speech, attention span, memory, insight, judgement, perception, thought process, thought content, intellectual functioning, suicidality, homicidally, and cultural considerations.
6. Risk and Protective Factors. An assessment of the presence and balance of risk and protective factors.
7. Safety Assessment. Evidence-based instrument used to measure the likeliness of current or future offenses, substance use and abuse, power and control, threats to harm self or others, behavioral health issues, past violence, violence towards children, and related matters.
8. Danger and Lethality Assessment. Evidence-based instrument used to measure the danger or lethality of a situation (i.e., Campbell Danger Assessment).
9. Intervention Strategy and Treatment Plan. Individual, couple, family and group counseling and treatment for DA. Clinical evidence-based trauma-informed interventions specifically designed to address risk, protective factors and dynamics associated with DA, as appropriate. Psycho-educational programs, supportive services, information, and referral, risk, and safety planning.

F. Response to High-Risk Behaviors.

1. Response. The FAS must take immediate action to ensure client's and victim's safety for clients and victims who present with the following High-risk behaviors during and after the clinical psychosocial assessment:

2. Harm to Self. The FAS must contact the Command immediately when a SM presents with suicidal ideation with a plan and intent during the FAP process. The SM must be escorted to the nearest MTF or ER by command, LE, or via 911 for a mental health evaluation. A military dependent presenting with suicidal ideation with intent and plan must be taken to the nearest MTF or ER for a mental health evaluation via 911, LE or an escort. The suicidal individual must not be left unsupervised at any time until assessed by an HCP.
3. Harm to Others. The Command and CGIS must be contacted immediately when a SM presents with homicidal ideation with a plan and intent during the FAP process. The FAS must contact CGIS, Law Enforcement, and/or 911 if a military dependent presents with homicidal ideation with intent and plan. In situations in which there is reason to believe that a person(s) is at imminent risk for serious harm or death, the FAS must contact CGIS and comply with the jurisdiction's Duty to Warn Statute. For this reason, all FASs should be familiar with the applicable Duty to Warn Statutes in their AOR. Refer to the following website to find the applicable statute: <http://www.ncsl.org/issues-research/health/mental-health-professionals-duty-to-warn.aspx>.
4. Behavioral Health Related Incidents. A SM presenting with mental health symptoms that significantly impact the members thought process, functioning or safety must be referred to the command to consider whether to order a Command Directed Mental Health Evaluation in accordance with Chapter 5 of the Coast Guard Medical Manual, COMDTINST M6000.1 (series), which is Reference (b). A CO should consider making an emergency mental health referral for any member who indicates intent to cause harm to themselves or others or who appears to have a severe mental disorder.
5. Substance Abuse Related Incidents. A SM involved with a substance abuse related DA or child abuse and neglect incident must be referred to command for an Incident Referral (Drug or Alcohol) according to Reference (q).

G. Response for Cases Involving Child Abuse and Neglect.

1. Child Sexual Abuse. A FAP case must open when there is an allegation of sexual maltreatment of a military dependent child, age 17 years or younger, by someone in the SMs household, who is a caretaker or in a position of power. The allegation must be reported immediately to FAP, CGIS, CPS, and the SM command. A referral to an SVC must be offered. A CSMRT must convene per Chapter 6 of this Instruction.
2. Sexual Assault. All sexual assaults involving a child of a SM, age 17 and younger, must be reported directly to the FAP, CGIS, CPS, and unit command in accordance with Chapter 3 of this Instruction. FAP must open a case when there is an allegation of child sexual abuse in a SM's household, by a caretaker or a person in a position of power over the child. An SVC referral will be offered and a CSMRT must convene per Chapter 6 of this Instruction.
3. Injury to an Infant. Any injury to an infant will be considered serious and high-risk. When an infant, age birth to 24 months, presents with a serious or unexplained injury, or in situations where symptoms indicate a possible head injury, the infant must be medically evaluated. When parents refuse to have an infant with injuries medically evaluated, the FAP provider must notify CPS, the SM's commanding officer, CGIS, and

the FAP provider's chain of command.

4. Child Abuse and Neglect. All SM and Coast Guard personnel who are covered professionals who have reasonable suspicion of child abuse and neglect age 17 or younger, must be taken seriously and reported to FAP, CPS and CGIS in accordance with Chapter 3 of this Instruction.
5. Cases Remain Open. FAP child abuse and neglect cases must remain open under the following circumstances:
 - a. If a military dependent child is in foster care, unless the parental rights have been removed by the courts;
 - b. When the child is in the parent's care, the FAP must monitor the child's safety until the state child protective services (CPS) closes their case. Any reasons for variance from this policy must be documented in CCSM minutes and FAP case record; and,
 - c. When unsanitary living conditions are discovered in a SM's government quarter inspections will be performed to ensure sanitary conditions are maintained for the successful completion of the FAP intervention plan. These inspections will be performed over a minimum period of three months. With monthly no-notice home inspections that could include inspectors from CPS and appropriate command as determined (base housing, etc.).
6. Extra-Familial Child Abuse and Neglect. When Coast Guard employees are performing Coast Guard sanctioned activities, they must comply with Coast Guard child guidance and supervision policies.
 - a. Child Sexual Abuse. The FAS must open a maltreatment case when there is an allegation of CSA by a caretaker in a Coast Guard-sanctioned activity. CGIS must conduct investigative interviews with extra-familial abusers.
 - b. Child Maltreatment in Coast Guard Sanctioned Activity. When a reasonable suspicion of child abuse and neglect occurs within a Coast Guard sanctioned activity, or by a Coast Guard-sanctioned caregiver, the FAP must notify CPS and CGIS to investigate. FAP must open a child abuse and neglect case record and notify the family of the child abuse and neglect allegation, and of the notifications made by FAP. FAP must take the allegation to the IDC for an ISD, after CGIS and CPS have completed their investigation. The CDC Director (for incidents that occur at a CG Child Development Center) or Child Development Services Specialist (CDSS) (for incidents that occur in a Family Child Care home) will attend the IDC as a non-voting member when an incident involves a CDC personnel/FCC provider or family member. The ISD will be forwarded to the CO/OIC of the Base or the Housing Officer where the CDC employee/FCC provider is attached. The CDC employee/FCC provider can provide a copy of the ISD directly to the CDC or CDSS or may sign a release of information for FAP to provide a copy to the CDC Director or CDSS. FINS must be offered to the victim and family members when the victim or family members request service or are receiving ongoing services.

- c. Child Maltreatment at Coast Guard and/or DoD- Sanctioned Activity. When an incident of child maltreatment occurs to a Coast Guard minor at a DoD or DoDEA sanctioned activity or to a DoD minor in a Coast Guard sanctioned activity, the primary managing authority (PMA) is assigned to the alleged abuser's installation. Both servicing FAP offices and military services are kept informed of the status of the case, regardless of PMA. The military service who employs the alleged abuser will take the lead in the investigation of child maltreatment. In these cases, PMA must make notification to CPS and the parents.
- (1) Both FAP offices must make notifications to their respective Investigative Services and Commands.
 - (2) PMA must secure updates regarding the status of the CPS or military law enforcement investigations and IDC/ISD and share with the other servicing FAP.
 - (3) FINS case must be opened when Coast Guard minor victims or family members are requesting and/or receiving ongoing services.
- d. Child Maltreatment at Non-Coast Guard and/or DoD Sanctioned Activity. If a Coast Guard child is abused or endangered by someone outside the family or household during a non-Coast Guard and/or DoD sanctioned activity, a FAP maltreatment record will not be opened. However, the FAS may offer crisis intervention, counseling, and/or information and referral. If the child or military beneficiary parent is requesting ongoing services, the FAS must open a FINS case to provide services to the victim and family members.

H. Intimate Partner Sexual Abuse.

1. Sexual assault between spouses or unmarried IP as defined in Appendix A must be reported to and case managed by the FAP in accordance with Chapter 3 of this Instruction. If FAP receives an IPSA allegation from the SARC, no further information is shared with the SARC or at the SAPRR Crisis Intervention Team (CIT) without the client's consent. The FAS may work collaboratively with the local SARC to ensure appropriate response, medical care, and resources are offered to the client, with the client's consent.
2. Reporting Options. The FAS must discuss restricted vs unrestricted reporting options with the victim and request the victim complete the Family Advocacy Victim Reporting Preference Statement, CG-1754A Form.
3. SVC Referral. The victim must be offered an immediate referral to medical and to the SVC.
4. Notifications. In the case of an unrestricted report, the FAP must make notifications to CGIS and Command and convene a HRVRT, as appropriate, immediately or within 24 hours of receipt of allegations. A FAP case must be opened, and the allegation must be taken to the IDC and documented in the FAP case record.
5. Law Enforcement. CGIS and other law enforcement will arrange to interview the victim.

I. Clinical Considerations, Recusals, and Managing Authorities.

1. Clinical Case Staff Meeting (CCSM). All FAP clinical assessments, interventions, and treatment plans for victims and abusers in incidents of child abuse and neglect and DA must be reviewed in the clinical case staff meeting (CCSM), in accordance with this Instruction. Risk assessment, mental status assessment, and safety planning continues through the initial referral, clinical assessment, treatment, and until case closure.
2. Clinical Recusal. There are situations when a provider or a client may request recusal from the clinical relationship. These requests may be considered on a case-by-case basis and will be evaluated accordingly. The FAS must consult with a Clinical Work-Life supervisor, the HSWL SC FAP coordinator or the FAP PM when requesting recusal from managing/providing treatment in a maltreatment case or when a client is requesting recusal from the FAS. The Clinical Work-Life supervisor, the HSWL SC FAP coordinator or the FAP PM must provide approval prior to transferring the case to another provider or terminating with the client.
 - a. Primary Managing Authority (PMA). When alleged victim(s) and abuser(s) are assigned to different servicing FAPs or are from different Military Services, both servicing FAP offices and military services are kept informed of the status of the case, regardless of PMA lead. The PMA is assigned in accordance with the:
 - a. Child Maltreatment Cases:
 - (1). PMA is assigned to the military sponsor's installation when the alleged abuser is:
 - (a) The sponsor;
 - (b) A non-sponsor family member eligible to receive treatment at a military treatment facility (MTF); or
 - (c) non-sponsor, status unknown.
 - (2) PMA is assigned to the abuser's installation when the abuser is:
 - (a) A non-sponsor SM.
 - (b) A non-sponsor, extra-familial caregiver eligible to receive treatment at a military treatment facility or,
 - (c) A Coast Guard-sanctioned out-of-home care provider.
 - (3) PMA is assigned to the victim's installation when the abuser is an extra-familial caregiver not eligible for treatment in an MTF.
 - b. Domestic Violence Cases.
 - (1) The alleged abuser's installation when both the abuser and the victim are SMs.

- (2) The alleged abuser's installation when the abuser is the only sponsor.
- (3) The alleged victim's installation when the victim is the only sponsor.
- (4) The installation FAP who received the initial referral when both parties are abusers in bi-directional DA involving dual military spouses or intimate partners.

J. Command Access to Relevant Information for Disposition of Allegations.

- 1. FAP provides the CO/OIC's timely access to relevant information on child abuse and neglect incidents and unrestricted DA incidents to support appropriate disposition of allegations. Relevant information includes:
 - a. The alleged (met criteria) SM abuser's intervention goals and treatment plan.
 - b. The alleged (met criteria) abuser's prognosis for rehabilitation, as determined from a clinical assessment.
 - c. The extent to which the alleged (met criteria) abuser accepts responsibility for his or her alleged behaviors and expresses a genuine desire for change (if met criteria), provided that such information from the abuser was obtained in accordance with Article 31 of the Uniform Code of Military Justice.
 - d. Status of any child taken into protective custody.
 - e. Other factors considered appropriate for the command, includes compliance with the treatment plan, and the estimated time the abuser will be required to be away from military duties to fulfill intervention or treatment commitments.

CHAPTER 5. RESPONSE TO INCIDENTS OF PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN AND YOUTH (PSB-CY)

A. Overview and Objective.

1. Overview. The FAP has expanded its scope to address problematic sexual behavior in children and youth (PSB-CY) through a (CCR) according to Reference (s).
2. Objective. The objective of FAP's expansion is to identify, report, respond, and intervene with appropriate assessments, treatment, and supportive services to help military children and youth and their families who have been impacted.
3. PSB-CY. is generally defined as problematic sexual behavior in children and youth that is initiated by children and youth under the age of 18. See Appendix A for expanded definition. PSB-CY may exhibit behaviors influenced by many factors such as personal demographics, familiar factors, trauma history, and mental health status. Some experts in the field who assess PBS-CY, strongly recommend not considering these children or youth "sex abusers" in the same way as adults would engage in the same victimizing behaviors.

B. Process.

1. Receiving Reports and Screening. The FAP must serve as the central point of contact across the Coast Guard for reports of PSB-CY. The FAP must screen incidents "in or out" based on the review of the referral and determine if it meets the full definition of PSB-CY, utilizing PSB-specific screening tools. If the referral is determined to meet the definition, a CSMRT, per Chapter 6 of this Instruction, must convene and will include a representative from the referral source, as applicable.
2. CSMRT. The CSMRT must conduct an initial review of available information regarding the report. Initially determine if there is information suggesting the need for an investigation or the potential for criminal proceedings (i.e., presence of a criminal act). The initial CSMRT must:
 - a. Determine the need for further investigation. If there is no need for further investigation, FAS will take the lead, open a FINS case, and conduct further assessment and processing. If there is a need for further investigation, CGIS will take the lead and the team will discuss the supportive roles of the other team members. Once investigative and legal authorities have completed their necessary interviews and initial requirements, the case will be turned over to the FAS.
 - b. Identify whether the parents or legally authorized representative of the identified children involved have been notified and, if not, coordinates how to proceed with such notifications.

3. Following the initial meeting, a CSMRT may be called by the FAS for a given case any time there is a change in status (e.g., an investigation ends, safety concern, team members feel there is a need for update, or there are decisions to be made requiring the support of the multidisciplinary team). Safety planning will always be a primary component of the CSMRT.
4. Consent. Parental consent, or consent by a child's non-parent legal guardian, must be obtained for every child referred for FAP assessment, clinical intervention, and supportive service.
5. Voluntary or Mandated Status of Client. Clients are considered voluntary and non-mandated recipients of services except when the individual is: A child and the parent or legal guardian has authorized an assessment or services; Ordered by a court to participate or; A military child or youth exhibiting PSB-CY who may also be a victim of child abuse and neglect, exposed to DA, or exhibiting potential for harm to other children in the home.

C. Clinical Case Management and Risk Management.

1. FAP Case Management. A FAS is assigned to each referral immediately and a FINS case is opened unless an adult is identified as the abuser.
2. Initial Risk Monitoring. The CSMRT initiates monitoring risk of further PSB-CY on receipt of the report. The FAS provides the CSMRT with available information from a variety of sources, to include the referral source, any children or youth impacted, and their family members, to identify additional risk factors, to clarify the context of the behavior, and to ascertain the need for safety planning.
3. Ongoing Risk Monitoring. The FAP case manager monitors risk through CSMRT at least: Monthly, for all children and youth impacted by PSB-CY. Any increase in risk must be communicated immediately to the CSMRT; and quarterly, when civilian agencies provide the clinical intervention services or CPS through MOUs with such agencies.
4. Communication of Increased Risk. The FAS communicates increases in risk to the appropriate military and/or civilian Law Enforcement and CPS agency.
5. Clinical Assessment. A clinical assessment will be provided to any child or youth exhibiting or impacted by PSB-CY and other family members who are eligible to receive treatment in a MTF, including: Developmentally appropriate clinical tools and measures to use, including relevant cultural attitudes and practices; and Communication with the referral source, other members of the MDT, and any involved or relevant civilian agencies, as appropriate.

D. Components of Clinical Assessment.

1. FAP Clinical Assessment. The FAP (or another clinical service provider) will conduct a trauma-informed clinical assessment of any child or youth exhibiting or impacted by PSB-CY and other family members who are eligible for treatment in an MTF, including:

- a. A biopsychosocial assessment, including developmentally appropriate assessment tools for children and youth, specific to PSB-CY.
 - b. A review of information obtained from the referral source and any relevant collateral contacts, including but not limited to law enforcement, medical providers, schools, CDC and YP.
 - c. An assessment to determine whether any credible information exists to indicate co-occurring child abuse and neglect or DA.
 - d. An assessment of the presence and balance of risk and protective factors.
 - e. A safety assessment, an evidence-based instrument used to measure the likeliness of current or future offenses, threats to harm self or others, behavioral health issues, current or past abuse, violence towards children, and related matters.
2. Referral to Civilian Provider for Clinical Assessment. When an adequately trained FAP clinical provider to conduct a trauma-informed clinical assessment is not locally available, the FAS or Work Life Supervisor will coordinate an appropriate referral for an assessment in a MTF or in the civilian community (e.g., Child Advocacy Centers (CAC) or Trauma Informed Clinical Provider).

E. Interventions.

1. Intervention and Safety Plan. The FAS, in coordination with the CSMRT, prepares an appropriate intervention and safety plan based on the clinical assessment of any child or youth exhibiting PSB-CY who is eligible to receive treatment in an MTF. The intervention and safety plan documents and recommends appropriate:
 - a. Actions that may be taken by appropriate authorities in the coordinated community response, including safety and protective measures, to reduce the risk of another act of PSB-CY, and the assignment of responsibilities for carrying out such actions.
 - b. Evidence-based treatment modalities based on the clinical assessment that may assist the child or youth exhibiting PSB-CY in changing his or her behavior.
 - c. Actions that may be taken by appropriate authorities to assess and monitor the effectiveness of the safety plan.
2. Intervention and Treatment Services for Children and Youth Exhibiting PSB-CY. The FAS identifies and offers intervention services available either from FAP or from other military agencies, contractors, or civilian service providers for a child or youth exhibiting PSB-CY. Intervention services may include:
 - a. Evidence-based clinical treatment specifically designed to address risk and protective factors and dynamics associated with PSB-CY.
 - b. Referral to clinical evaluation or treatment for co-occurring behavioral health concerns.

- c. Referral to the Coast Guard Special Needs Program or Family Support Program for co-occurring developmental issues.

F. Supportive Services and Continuity of Services.

1. Supportive Services for Parents and Other Caregivers. The FAP case manager offers appropriate trauma-informed, developmentally attuned support and intervention services that are available either from FAP or from other military agencies, contractors, or civilian service providers. Supportive services may include information and referral to behavioral health resources for family members, and non-medical counseling.
2. Supportive Services or Treatment for Children Impacted by PSB-CY. The FAS offers appropriate trauma-informed, developmentally attuned supportive services or evidence-based treatment available either from the FAP or from other military agencies, contractors, or civilian service providers. Supportive services or treatment may include clinical assessment and treatment specifically designed to address risk and protective factors and dynamics associated with child trauma, and non-medical counseling.
3. Supportive Services for Children Who Are Not Eligible to Receive Treatment in an MTF. Impacted children who are not eligible to receive treatment in an MTF will receive initial safety-planning services only and will be referred to civilian support services for all follow-on care. Children exhibiting PSB-CY will receive referrals to appropriate civilian intervention or treatment programs.
4. Continuity of Services. The FAP case manager establishes continuity of services before the transfer or referral of a case involving PSB-CY to other service providers at the same installation or other installations of the same service FAP headquarters, at installations of other service FAP headquarters, in the civilian community and/or in CPS agencies.

G. Termination of Cases, Case Closure, and Authorized Disclosure of Information.

1. Criteria for Case Closure. The case is closed when intervention or treatment provided to the child or youth exhibiting PSB-CY is completed or discontinued and treatment, counseling, or supportive services (if elected) provided to the impacted child are completed or discontinued for any reason. On closure of the case, FAS notifies the CSMRT designated to respond to PSB-CY; via the MDT, any appropriate civilian court currently exercising jurisdiction over a child or youth who has engaged in PSB-CY (whether alleged or adjudicated); any civilian PCS agency currently exercising protective authority over any involved children or youth; the parent(s) or legal guardian(s) of any child or youth involved in the incident, as appropriate.
2. Authorized Disclosure of Information. Information gathered during FAP clinical assessments and during treatment, counseling, or supportive services is only disclosed in accordance with FAP implementing policies and guidance, including HIPPA.

CHAPTER 6. MULTIDISCIPLINARY TEAMS (MDT)

A. FAP Multidisciplinary Teams (MDT) Overview.

1. The FAP Multidisciplinary Teams (MDT). The FAP MDT's of the Coast Guard are composed of designated professionals within different disciplines working at the installation level and community level tasked with providing for an enhanced collaborative team effort to address, investigate, respond, and resolve incidents of maltreatment in accordance with National Defense Authorization Act for Fiscal Year 2019, Pub. L. No.115-232, § 1089 and § 577 which are References (s) and (t). This chapter explains the various Coast Guard MDTs.
 - a. Family Advocacy Committee (FAC). The FAC is required per this Instruction. The FAC is an MDT appointed by the Base Commanding Officer. The FAC serves as the policy making, coordinating, and advisory body to address maltreatment. Quarterly meetings are chaired by Coast Guard Base CO or designee to advise on FAP procedures, training, program evaluation efforts and administrative details. The FAC collaborates with the DOL and HSWL SC, and CG-1K11, to address concerns, including gaps in FAP-related services, quality assurance issues and/or any other issues impacting the timely and appropriate response to Coast Guard families at risk. The FAC ensures a CCR for DA and child abuse and neglect includes other military installations and collaboration with community agencies as needed. The FAC also ensures prompt and appropriate response to military families at risk or to those who have experienced DA or child abuse and neglect. See Appendix F for committee membership.
 - b. Fatality Review Committee (FRC). Located at Coast Guard Headquarters, the FRC is required per this Instruction. The FRC is a MDT that convenes to review all known and/ or suspected fatalities involving an active-duty SM and/or their family that have been a result of an act of DV and/or an act of child abuse and neglect related homicides and suicides, and/or an infant and child death in which the manner of the death is undetermined at autopsy and/or suicides and homicides unrelated to FAP. See Appendix F for committee membership.
 - (1) Fatality Review. The fatality review takes place after related Law Enforcement investigations, autopsies, and court involvement have concluded. The FRC reviews cases in closed sessions to review and evaluate the involvement of each military and local/state agency that provided services to the deceased and the family. Additionally, it serves to form lessons learned, identify trends, patterns, contributing factors, results of prevention efforts, and recommendations for earlier and more effective intervention.
 - (2) Fatality Reports. Note that FAP fatalities are reported to the FAP PM, CGIS Threat Management Unit (TMU), and Casualties and Decedent Affairs. The cognizant reporter provides written information concerning fatalities that involve personnel assigned to their AOR promptly to the FRC.

- c. High-Risk for Violence Response Team (HRVRT). The HRVRT is an MDT of urgent nature and is activated by the FAP. It convenes to address immediate safety issues, risk factors, and to develop a coordinated plan for immediate implementation when an individual presents potential threats. Threats may include intent to harm another individual, HSWL staff, or the community at large. The HRVRT must be activated immediately when there is a threat of immediate and serious harm to a SM, family member(s), unmarried intimate partners (IP), to include unrestricted reports of IP sexual abuse as defined in Appendix A. Due to the urgent nature of the HRVRT, the meeting will not be delayed due to the unavailability of a specific MDT member. This team determines how to proceed with making required notifications, conducting interviews, scheduling medical exams, and arranging for the safety of the victim and all family members. HRVRT activation must be included in the presentation to the IDC and documented in the CCSM minutes and FAP case file for unrestricted reports. See Appendix F for committee membership.
- d. Child Sexual Maltreatment Response Team (CSMRT). The CSMRT MDT is designed to minimize risk and trauma to the military dependent child victim and family members and to ensure a coordinated decision making and case management response. The CSMRT must be activated and managed by the FAS immediately upon receipt of a military child sexual abuse allegation and manages the initial response to the allegation. Due to the urgent nature of the CSMRT, the meeting will not be delayed because a specific member is not available. The CSMRT reviews the allegation(s) and coordinates a course of action. This team determines how organizations will proceed in making required notifications, conducting interviews, scheduling medical exams, and arranging for the safety of the military victim(s) and all family members. The CSMRT must also be activated in cases of extra-familial child sexual assault and PSB-CY. See Appendix F for committee Membership.
- e. Team activation for a child sexual abuse case with an adult abuser must be included in the presentation to the IDC and documented in the CCSM minutes and FAP case file. PSB-CY cases will be handled as a FINS case and may not be reviewed by the IDC level unless the act is associated with an adult caregiver.
- f. Incident Determination Committee (IDC). The IDC's MDT purpose is to determine which incidents meet the criteria for maltreatment and to identify what incidents will be accessible in the Coast Guard FAP Central Registry. The decision as to whether an incident "meets criteria" or "does not meet criteria" is known as the Incident Status Determination (ISD). ISDs are based on a preponderance of information as defined in Appendix (A) of this Instruction. In determining ISDs, the IDC uses specific research-vetted criteria developed by the DoD FAP for each of the eight types of maltreatment. These criteria are described in the guidance provided by HSWL SC, defined in Reference (u). The IDC must meet within sixty days of receiving the incident report. An ISD may be deferred if there is insufficient information to make a ISD (e.g., pending CPS or CGIS investigation), but the initial IDC must convene and continue to meet every sixty days until an ISD is determined. The IDC will strive to carry out these tasks with fairness and accuracy. A quorum of five core members is required. See Appendix F for committee membership.

- (1) Relationship between IDC and Disciplinary Action by Command. An IDC meeting is not a disciplinary proceeding, and the requirements for due process for disciplinary proceedings are not applicable to IDC meetings and actions. A CO or OIC may not take disciplinary action against a member based solely upon an ISD for an act of DA and/or child abuse and neglect committed by that SM. However, COs and OICs may take disciplinary action based on legal or other appropriate advice independent of the IDC.
 - (2) Chair of Incident Determination Committee. The CO of the Coast Guard Base, or another command to whom the HSWL Regional Manager (RM) reports, is responsible for chairing the IDC. The CO can delegate this responsibility to a member of the command who has the rank of O-4 or higher. The IDC core members and their alternates must be appointed in writing by the IDC Chair. All core members and alternates must complete the IDC training prior to participating on the IDC.
 - (3) See Appendix F for specific processes on the IDC, ISD, and Appeal of ISD via the Coast Guard Headquarters HQIDC.
- g. Clinical Case Staff Meeting (CCSM). The CCSM is a MDT that manages risk and evidence-based clinical intervention. The purpose of the CCSM is to review the IDC determination regarding allegations of DA and child abuse and neglect and to provide clinical recommendations concerning risk assessment, safety planning, clinical treatment, and support services throughout the FAP process until case closures. All new incidents of child abuse and neglect and DA must be clinically staffed after the psychosocial assessment is conducted on each family member in preparation to going to the IDC, after an ISD for met criteria incidents and every thirty days thereafter until case closure. These clinical staffing are designed to discuss family dynamic to include the victim(s), alleged abusers, children in the home that have been directly and not directly involved in the incident. It also includes discussion of ongoing risk assessment, safety planning, and protective measures.
- (1) Clinical Consultation. Clinical consultation include the initial and ongoing risk assessments, safety planning, and protective measures monitoring for the victim; results of the risk assessment and psychosocial history, and if additional assessments are needed; and, the planning and delivery of clinical intervention or treatment for the victim(s) and any other family members in need of support services; the planning and delivery of rehabilitative treatment for the alleged abuser; and compliance and results of such treatment and support services.

CHAPTER 7. COORDINATED COMMUNITY RESPONSE (CCR) AND RELATED RISK

A. Risk Management and Mitigation by the CCR.

1. Policy on CCR Response. It is the policy to take a risk management and mitigation approach in the FAP employing an EBP methodology where practicable. A risk management and mitigation approach are key in the CCR response to DA including victim maltreatment and abuse. All individuals within the CCR must comply with their defined roles, and responsibilities in accordance with this Instruction and their organizational role. Chapter 1 describes The FAP prevention and outreach services which are designed to promote a Coordinated Community Response (CCR) with an emphasis of how local commands along with the larger military community and civilian communities work together to prevent maltreatment. See Chapter 1 and Appendix E.
2. Risk Response Approach for CCR. Command CO/OIC, CGIS, FAP, LSC, HCP, RBHP, HSWL CDS, YS, PSC, and Chaplains provide a CCR. As described in this Instruction CO/OIC have the responsibility for the response to DA and child abuse and neglect, for victims' safety, and for appropriate abuser accountability if the SM is the alleged abuser. Senior enlisted personnel serving in advisory roles to commanders also hold this responsibility. CGIS investigates and assesses risk of URR of DA and child abuse and neglect. FAS assess initial and ongoing risk, provides safety planning, clinical intervention, and case or RR of DA and URR of DA and child abuse and neglect. Coast Guard personnel who are covered professionals and mandated reporters are required to report any suspicion of child abuse and neglect to FAP or CPS, in accordance with Chapter 3 of this Instruction.
3. Risk Mitigation Roles. Each URR of DA and child abuse and neglect must be assessed for risk initially by FAP or CGIS. FAP must conduct risk assessments with the alleged abusers, victims, and their family members and must assess the risk of re-abuse, and the risk of harm to self or others. Any increased levels of risk, as defined in Chapter 4 of this Instruction, must be reported to CO/OIC, CGIS and other appropriate agencies immediately for action. FAP risk assessments must be conducted for RR and UR reports during the following times: any initial referral and contact; intake and clinical assessment and with every client encounter thereafter; weekly contact for high-risk cases and those involving children placed in out-of-home care by court order; and, at the presence of increased risk to the victim that warrants additional safety planning.
4. Safety Planning for Victims and Non-Offending Caretakers. The FAS and/or CGIS must engage in safety planning with the victim, non-offending caretaker, during the initial contact. The FAS will create an appropriate safety plan, with the victim's active participation, for each incident of DA if violence, the threat of violence, or psychological threat was used in the alleged incident. See Chapter 4.
5. Command Contact. The FAP must have ongoing contact with both the alleged victim's and alleged abuser's command to inform and discuss potential risk, safety, and compliance with treatment for UR. A minimum of monthly contact must be made with their command.

- a. High-Risk Cases. The FAP must activate the MDTs, in high-risk situations in accordance with Chapter 6 of this Instruction. FAP, CGIS, LE, medical, legal, and CO/OIC are responsible for managing acute situations where there is risk to the safety of a SM, a military dependent, or unmarried intimate partner. See Chapter 6 and Appendix F.
 - b. Harm to Self. The SM CO/OIC must be contacted immediately if a SM presents with suicidal ideation with intent and a plan during the FAP process. The SM must be escorted to the nearest Medical Treatment Facility (MTF) or Emergency Room (ER) by his or her command, law enforcement or via 911 for a mental health evaluation. A military dependent presenting with suicidal ideation with intent and plan must be taken to the nearest MTF or ER for a mental health evaluation via 911, law enforcement or an escort. The suicidal individual must not be left unsupervised at any time until assessed by a Health Care Provider (HCP) and cleared.
 - c. Harm to Others. The SM Command and CGIS must be contacted immediately if a SM presents with homicidal ideation with intent and a plan during the FAP process. The HCP/FAS must contact CGIS, law enforcement and/or call 911 if a military dependent is presenting with homicidal ideation with intent and a plan. In situations in which there is reason to believe that a person(s) is at imminent risk for serious harm or death, the HCP and FAS must contact CGIS and comply with their jurisdiction's Duty to Warn Statute. See select definitions on Duty to Warn for compliance information by U.S. State.
6. Behavioral Health Related Incidents. A SM presenting with severe behavioral health symptoms that significantly impact the members thought process, functioning or safety must be referred to their command to consider whether it is appropriate to order command directed mental health evaluation in accordance with Reference (b). A CO/OIC must make an emergency mental health referral for any member who indicates intent to cause harm to themselves or others and/or who appears to have a severe mental disorder.
 7. Substance Abuse (Drug and Alcohol) Related Domestic Abuse or Child Abuse and Neglect Incidents. A SM involved with a substance abuse related DA or child abuse and neglect incident must be referred to command for an Incident Referral (Drug or Alcohol) according to Reference (q).
 8. Intimate Partner Sexual Abuse. Sexual abuse allegations between spouses or unmarried IPs as defined in Appendix A must be reported and case managed by the FAP as specified in Chapter 6 of this Instruction.
 9. Command CCR Response. The command of the alleged abuser must take immediate action to ensure that the victim or other persons involved remain safe. See Appendix E.

B. Response during Unit Deployments or SM Temporary Duty Assignments.

1. Deployments and Temporary Duty. There are varying situations such as when Afloat unit commands or personnel are away from homeport however CCR response is still necessary. The number of circumstances is vast, and all procedures are not described in detail. Commands should consult with the FAP and legal representatives as appropriate based on the circumstances. In general, when DA and child abuse and neglect incidents are discovered or substantiated during the deployment of a SM, Commands must take CCR response actions. For examples, the unit command must notify the FAP and/or supporting Coast Guard Base (as appropriate) when the deployed SM will return to the AOR. Appropriate steps must be put in place to reduce the risk of subsequent maltreatment during the reintegration of the SM, including introducing the SM into the FAP case management process.
2. Reassignments. Permanent Change of Station (PCS) or Permanent Change of Assignments (PCA)/ Expedited Transfer (ET). ET provides SM victims and their dependents who file an unrestricted report of sexual abuse or DA may submit a request for a PCS, PCA or ET through the SMs CO. One ET may be facilitated for an unrestricted report of abuse according to UCMJ Articles 120, 120a and 120c in accordance with 10 USC 673C. Members who report being victims of specific crimes are eligible to request PCS transfer. Reference (r) outlines eligibility criteria and times lines associated with forwarding and approval of requests for a PCS transfer.

CHAPTER 8. TRAINING

A. Training.

1. Training to the Total Workforce. The FAP PM oversees training requirements in collaboration with stakeholders including FORCECOM and the HSWL SC. The FAP and FAS then implements and provides coordinated training activities throughout the Coast Guard, as appropriate for FAP prevention and response needs. While FAP training should be tailored to the target audience, the trainer must use the FAP training curriculum developed by the HSWL SC. Contact the FAP PM if in doubt. This training will cover the total workforce and will cover a wide variety of topics, depending on the audience. In general, FAS conducts training and provides subject matter expert support to trainers. Topics typically include DA, including child abuse and neglect prevention and response. There are optional and required training opportunities depending on role and responsibility. See Chapter 1 and Appendix E.
2. Required Training. The FAS must ensure that required FAP training within the Coast Guard, and their respective AOR's are conducted using standardized curriculum. Training must include restricted and unrestricted reporting and child abuse and neglect reporting mandates per this Instruction and Reference (g). While discussed previously in roles and responsibilities. Training mandates are briefly described as the following requirement: CO/OIC within ninety days of assuming command and annually thereafter; senior enlisted advisors within ninety days after assignment and annually thereafter; Coast Guard HCP within sixty days after hire, and annually thereafter and all mandated reporters within sixty days after hire, and annually thereafter. CDC, FCC, and YS staff must complete FAP training annually using the curriculum developed by the HSWL SC.
 - a. FAP training for personnel includes (at a minimum) Coast Guard FAP policies and procedures; risk factors and the dynamics of DA and child abuse and neglect; requirements and procedures for reporting child abuse and neglect ; Primary and Secondary Prevention; reporting options, safety planning, response, and actions that may be taken to protect the victim, unique to the military culture; roles and responsibilities of the FAP and the Command under the CCR to reports of unrestricted DA and child abuse and neglect; trauma-informed care; EBP; military and civilian DA resources to promote healthy relationships, protect victims and prevent re-occurrence of DA; the availability of transitional compensation for victims of child and DA per Reference (l).
3. Training for Other Personnel. The FAS will provide FAP training as required and requested to those with roles and responsibilities in Chapter 1 and Appendix E, as well as the total workforce including volunteers (auxiliary, ombudsman) and those serving in collateral duties such as victim advocates, and those serving the other resiliency collateral duty programs as needed.
4. MDT Training. The FAS must provide FAP training to designated Multi-Disciplinary Team (MDT) members prior to participation on an MDT. MDT training is outlined in Appendix F.

5. Delivery Options for Training. Training in person may be required for some certifications while other training can be completed self-paced.
 - a. For the CDC, YP training may also be instructed by the CDC Director, CDC training and curriculum specialist, in addition to the FAS.
 - b. Some training may only be provided by a licensed and credentialed FAP/FAS. When in doubt consult with HQ FAP PM for specific training guidance.

CHAPTER 9. RECORD MANAGEMENT AND INFORMATION SYSTEMS

A. Record Management.

1. General Management. Coast Guard FAP case records are typically maintained as case files. Depending on the type of record, processes will vary and may change as government transforms to digital format. It is recommended that the owner of the files review their file plan regularly and be vigilant of policy or process changes that could potentially impact their record management. For example, any files requiring permanent archiving must be digital. Health records are trending towards only digital. However, at publication the Coast Guard has not completed health record transformation.
2. FAP Case Management File Security. Security of FAP files requires positive control of all files, physical safeguards, and limited access.
 - a. Unrestricted Cases (Electronic and Hard Copy). All unrestricted Family Advocacy cases and FINS cases are created and documented in an electronic data base and/or a hard copy record.
 - b. Restricted Cases (Electronic and Hard Copy). All restricted Family Advocacy cases are created and documented in a hard copy case record and maintained in a locked file drawer as described in paragraph 3 or in an electronic data base.
3. Physical Safeguards for Hard Copy. FAP hard copy files must be properly secured under a double-lock-system, in a file cabinet inside a locked office or file room. A sign in/out log will be maintained in the file drawer to document the date a file is removed from or returned to the drawer and installed by the provider. An additional key or master key must be available and kept in a secured location to ensure access to FAP case record 24/7, in the case of an emergency.
4. Positive Control of Restricted Reports. FASs, W-L supervisor, and Regional Managers (RMs) must ensure 100% positive control of restricted FAP case files. Restricted case files must be housed in a separate locked file draw from the unrestricted FAP case files and must be identified by a RR case number and documented in the Restricted Report (RR) Case Log. Ensuring that the file does not leave the custody of the Regional Practice (RP) office and the assigned FAS. The RR log ensures centralized accountability of all RR cases.
5. Limited Access. All personnel with access to FAP files, will safeguard the information in accordance with HIPPA and Privacy Law and Policy. Information in the file will only be released to authorize individuals (on an official need-to-know basis) via a FOIA request or a court judge signed subpoena.
6. Administrative Files. Coast Guard FAP administrative files may be created, documented, and maintained as hard copy files in a file drawer or as computer electronic files using proper safeguards and procedures.
 - a. FAP Related Documents. IDC minutes, IDC agenda, IDC training roster, FAP briefing reports, training, and prevention activities.

- b. Information and Referral Log (I&R) log. The Regional Practice will maintain a I&R Log. The log provides a record of requests received and services provided by each FAS within the RP.
 - c. Administrative File Organization and Maintenance. Administrative files, whether hard copy or electronic, will be maintained in one location and clearly labeled and organized for easy identification of content by authorized personnel.
 - d. Hard Copy Case File Structure. FAP will create a hard copy case file for restricted and unrestricted reports of maltreatment and FINS. Case documentation will be maintained in a yellow, six-part file folder with printed label placed on the right side of file. The label must include the following: SM's Full Name, SM's EMPLID, WIMS Incident Number, Type of maltreatment, Met or Did Not Meet Criteria, Open/Closed date.
7. Case Management File Documentation. FAP case files will contain the following required case management documentation: FAP referral/allegation; Central Registry Check; WIMS Flag; limits of confidentiality; reporting options; risk assessment; safety plan; psychosocial assessment, mental status; notifications; CCSM /ongoing; case management notes; separate case management note for each family member although typically the case management file is organized by family unit.
 8. Clinical Note File Documentation. Privilege clinical notes separate from case management notes. Required documentation will include clinical notes; IDC notification, presentation, ISD notification; closing summary; a separate note for each family member; Coast Guard Form CG-5488 (series) upon referral/initial psychosocial assessment prior to IDC, after the IDC/ISD and upon case closure.
 9. Information/Limits of Confidentiality. Protected information collected during FAP referrals, intake, and risk assessments is only disclosed in accordance with References (b), (d), and (w). The FAS must provide all adult FAP clients and parents/legal guardians of child clients with the FAP forms listed below during their first contact with FAP. Document reason for any delay in providing the required forms and/or client refusal to sign forms.
 10. Refusal to Sign Documentation. Client refusal to sign must be documented on the form and filed in FAP record. These forms include:
 - a. Family Advocacy Victim Reporting Preference Statement, CG-1754A Form. (IPA Cases to identify reporting option).
 - b. Coast Guard Family Advocacy Program Information/Limits of Confidentiality Form, CG-1754F Form.
 - c. Family Advocacy Program Authorization to Release Information, CG-1754C Form.
 - d. Family Advocacy Informed Consent Families in Need of Service (FINS), CG-1754D Form.

11. Privileged Communication. When applicable, those referred for FAP clinical intervention and support services are informed of their rights and privileges with respect to communications with specified service providers as expressed in Reference (b). The adult client or parent or legal guardian of a child may sign a Family Advocacy Program Authorization to Release Information, CG-1754C Form, to allow the FAS to communicate with the provider.
12. Sending Files Electronically. In accordance with Reference (u) and (w), all sensitive information (i.e., Sensitive Personally Identifiable Information (SPII), Personally Identifiable Information (PII), Health Insurance Portability and Accountability Act Information (HIPAA), or For Official Use Only (FOUO) Information will be sent as an encrypted attachment to the e-mail. The password to the encrypted file or protected attachment must be provided to the recipient of the original e-mail via separate correspondence (a second or follow-on e-mail).
13. 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 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: <https://www.dhs.gov/foia>.
14. Disposition of FAP Files Electronic or Hard Copy. FAP files should be disposed of according to the current applicable National Archives Record Administration Records Schedule and the DoD/Defense Health Agency, Consolidated Health Record Schedule (CHRS).
 - a. Adult and child cases that “met criteria” are closed the end of the calendar year (EOCY) and remain on site for 2 years after case closure. The cases are retained for 25 years. The case(s) are destroyed or deleted as a family group 25 years after case closure.
 - b. Adult cases that “did not meet criteria” are closed and retained then destroyed or deleted 5 years after case closure. The cases are destroyed or deleted as a family group 25 years after case closure.
 - c. Child cases that “did not meet criteria” are closed and are stored on site for 3 years. The cases are retained for 25 years. The cases are destroyed or deleted as a family group 25 years after case closure.

B. Coast Guard FAP Central Registry (CR) – Information System.

1. Coast Guard FAP CR. The CR is an electronic database that consists of all incidents of IPA and child abuse and neglect that have an ISD. In addition, the CR is used to conduct employment-related background check requests, authorized by the person making the request. 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. Commandant (CG-1K11) and HSWL SC have access to the CR and are authorized to conduct FAP background checks in order to assure favorable FAP backgrounds on individuals that:

- a. Apply for licensure as Family Child Care providers or as Child Development Center employees, in accordance with Reference (v);
 - b. Apply for an appointment as a volunteer Ombudsman in accordance with the Coast Guard Ombudsman Program, COMDTINST 1750.4 (series);
 - c. Apply for an appointment as a Sexual Assault Response Coordinator or Victim Advocate in accordance with Reference (p);
 - d. Apply for employment in any other Coast Guard or DoD Branch child or YP;
 - e. Are the subjects of an open FAP case in the Coast Guard or DoD Branch or the subject of an open criminal investigation being conducted by CGIS or a DoD military criminal investigative office; and/or,
 - f. Are nominated for participation as a core member or alternate member of an IDC. Note, those who have been previously identified as alleged abusers in a “met criteria” case must not be appointed as an IDC member.
2. Work-Life Information Management System (WIMS). WIMS is an electronic information management system within the Coast Guard Personnel Management System, Direct Access. When a FAP maltreatment case is opened, the SM’s electronic personnel record is “flagged” in DA. The flag is an indicator to let PSC know that a FAP case is open. The SM’s detailer contacts the assigned FAS prior to the SM receiving orders for their next duty assignment. The purpose of this contact is to obtain the FAS’s recommendation, whether the member is available for orders. The FAS must not share any other information about the member’s case, without the member’s permission. If the IDC makes a ISD that the incident “did not meet criteria,” or a case is closed, the flag will immediately be removed by the FAS in Direct Access.

C. Privacy Compliance.

1. Privacy Act. The Privacy Act of 1974, 5 U.S.C. §552a mandate that agencies establish administrative, technical, and physical safeguards to ensure the integrity of records maintained on individuals and requires the protection against any anticipated threats which could result in substantial harm, embarrassment, or compromise to an individual. Unintended disclosure or compromise of an individual’s PII constitutes a Privacy Incident as defined in Appendix (A) and must be reported immediately to the Office of Privacy Management Privacy Division (CG-6P1) via HQS-DG-M-CG-61-PII@uscg.mil and Coast Guard Cyber Command at CGCYBER-SM-NOSC-Analyst@uscg.mil in accordance with Privacy Incident Response, Notification and Reporting Procedures for Personally Identifiable Information (PII), according to Reference (e) and (w).
2. 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 Reference (b) HIPAA, 45 C.F.R. Parts 160 and 164.

3. FAP System of Records Notice (SORN). The Privacy Act required each agency to publish notice of its systems of records in the Federal Register. The FAP SORN for Family Advocacy Case Records is listed under Component Coast Guard can be found at the DHS System of Records Notices website at <http://www.dhs.gov/system-records-notices-sorns>. FAP Case file information will only be released to authorized individuals on a need-to-know basis. The FAS will document the requests and responses to such requests in the case notes. Also, see Paragraph 12 of this Instruction and Information Program Roles and Responsibilities, COMDT 5212.12 (series).

D. Other Program Evaluation and Quality Assurance.

1. Peer Review. Each quarter every FAS will complete a peer review of two open and two closed FAP and FINS cases. A peer review process for Family Advocacy is designed to be a constructive and non-punitive quarterly peer review. Quarterly Reviews must be reviewed and signed by the RM or Work-Life supervisor. Discrepancies must be corrected within thirty days. Peer reviews must be conducted and documented in accordance with HSWL SC Technical Directives (TD).
2. Incident Determination Committee QA. HSWL SC must establish and maintain an ongoing IDC QA process for monitoring and reviewing the IDC at the RP.
3. FAP Quality Assurance QA. HSWL SC will conduct and document QA activities to ensure clinical and case management standards follow policy and the technical directives.
4. FAP and FINS Closed Cases. The case must have a QA check by the RM or WL supervisor prior to closing. The QA form will be signed by RM or WL supervisor and filed in the case record prior to closing. HSWL SC must conduct a final QA of the record before it is retired.

Appendix A. Select Definitions

1. Active-Duty Service Member (SM). 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 Abuser (AA). An individual reported to the FAP for allegedly having committed child maltreatment or DA.
3. Child. 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.
4. Child Abuse and Neglect. 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 inter-familial or extra-familial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person must be deemed to be child abuse and neglect only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.
5. Child Advocacy Centers (CACs). Community-based, child-friendly, multidisciplinary services for children and families affected by sexual abuse, severe physical abuse and problematic sexual behaviors in children and youth (PSB-CY).
6. Child Care National Agency Check with Inquiries (CNACI). The required criminal history background check, including a fingerprint check, and a check of state criminal history repositories, including personal, professional, and educational references. All employees working with children must have a valid CNACI within 5 years.
7. Child Development Services (CDS). Developmental service provided in CDCs, FCC homes, and a variety of alternative sites. The program provided is designed to protect the health and safety of children and to promote their physical, social, emotional, creative, and cognitive development.
8. Child Development Services Specialist (CDSS). A member of the Work-Life staff responsible for Family Child Care (FCC) program management, school related information and referral, and childcare information and referral.
9. Child Protective Services (CPS). State mandated social service agency that investigates reports of abuse and neglect of children.
10. Child with Special Needs. A child who has a medical, physical, emotional, developmental, or intellectual disability that limits his/her capability to engage in pursuits with peers and who requires special treatment, therapy, education, training, counseling, adaptive equipment, or special accommodations.
11. Child Sexual Maltreatment Response Team (CSMRT). A multidisciplinary team activated to provide an initial response to child sexual maltreatment allegation.
12. Civilian Protection Order. Includes any type of court order issued for the purpose of preventing violent or threatening acts, harassment against, contact or communication with, or coming within physical proximity to another person. This includes any temporary or permanent order issued by a civil or criminal court (other than a support or child custody order issued pursuant to State divorce and child custody laws, except to the extent that such an order is entitled to full faith and credit under other Federal law(s)), whether obtained by filing an independent action or as a pendente lite order in another proceeding; so long as such an order was issued in response to a complaint, petition, or motion filed by or for a person seeking protection.

13. 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.
14. Clinical Intervention. Direct clinical services to families identified as experiencing DA and child abuse and neglect. Also referred to as tertiary prevention.
15. Clinical Privilege. Authorizations that allow medical professionals to provide certain patient care services. These privileges are granted by a credentialing committee or medical staff that define the scope of practice for the provider; granting clinical privilege is a process to ensure patient safety, apply evidence-based practice, and is based on a variety of factors including education, training, experience, licensure, judgement, and other recommendations.
16. Coast Guard or DoD-Sanctioned Activity. A U.S. Government activity or a nongovernmental activity authorized by appropriate USCG or DoD officials to perform supervisory functions over programs that provide care and supervision of children or youth on Coast Guard or DoD controlled property. The care and supervision of children or youth may be either its primary function or incidental in carrying out another mission (e.g., medical care). Examples include child development centers, DoD dependents schools, Coast Guard or DoD youth activities, school age programs, family childcare providers, and childcare services that may be conducted as a part of a chaplain's program or as part of another morale, welfare, or recreation program.
17. Coast Guard Central Registry (CG CR). FAP Electronic Database of reported maltreatment incidents that have Incident Status Determination (ISD) of "met criteria" for an allegation.
18. Coast Guard Investigative Service (CGIS). Federal law enforcement whose law enforcement authority is derived from Title 14 of the United States Code. This authority provides for Coast Guard special agents to conduct investigations of actual, alleged, or suspected criminal activity; carry firearms; execute and serve warrants; and make arrests.
19. Coast Guard Investigative Services, Threat Management Unit (TMU). A prevention-based behavioral analysis program designed to support commands and CGIS special agents with identifying, assessing, and managing situations involving aberrant, aggressive, or violent behavior. Investigates and provides consultation to FAP on high-risk for violence cases.
20. Coordinated Community Response (CCR). A comprehensive, collaborative, and victim-centered response which includes prevention, education, and response/recovery components. Members often include medical, law enforcement, judicial and legal services, shelters, and protection services, schools, and other educational institutions, religious or cultural groups, and other stakeholders in the community.
21. Credible Information. Within the context of this issuance, information disclosed or obtained by an individual that, considering the source and nature of the information and the totality of the circumstances, is sufficiently believable to presume the fact or facts in question are true.
22. Did Not Meet Criteria (DNMC). The FAP term used when the Incident Status Determination Committee determines that there is not preponderance of information indicating that the alleged incident qualifies for a maltreatment incident.
23. Domestic Abuse (DA). DA or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is: (1) a current or former spouse; (2) a person with whom the abuser shares a child in common; or (3) a current or former intimate partner.

24. Domestic Abuse Victim Advocacy Services. Services that are offered to victims of DA with the goal of increasing victim safety and autonomy. Services must include, but not necessarily be limited to, responding to victims' emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children both in the civilian and military communities, and providing victims with ongoing support and referrals.
25. Domestic Abuse Victim Advocate (DAVA). A FAP staff member or a community based DAVA who provides DA victim advocacy services to victims of DA.
26. Domestic Violence (DV). 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; (c) a current or former IP with whom the abuser shares or has shared a common domicile, or (d) a person who is or has been in a social or of a romantic or intimate nature with the accused and determined to be an IP as defined Appendix A. This may include offenses as defined in Section 928b of Title 10, U.S.C. With respect to eligibility for legal assistance, alleged domestic violence offense is defined in Section 1044 of Title 10, U.S.C. (See Section 548 of PL 116-92). For purposes of interpreting the FAP requirements in this Instruction, "domestic violence" includes both child and IP violence.
27. Duty to Warn. An obligation for healthcare advisors to warn people (who are not their patients) of a serious threat or harm. This can include third parties. The National Conference of State Legislature provides content on the Mental Health Professionals' Duty to Warn. Their website may be reached at <https://www.ncsl.org> with key search Duty to Warn.
28. Egregious Bodily Harm. Serious bodily injury that includes fractures or dislocated bones, deep cuts, torn parts of the body, serious damage to internal organs, and other severe bodily injuries. This does not include minor injuries (e.g., a black eye or bloody nose).
29. Evidence-based practice (EBP). A treatment approach that uses interventions and modalities that have been shown to be effective through clinical trials, research studies, and meta-analyses. EBP aims to maximize the effectiveness of interventions derived from the best scientific evidence available, this is achieved by applying the principles that are based on empirical findings, clinical expertise, and client characteristics. Patients are encouraged to take more responsibilities in selecting and adhering to treatment plans.
30. Family. Eligibility for the FAP services, includes a SM, their military spouse or IP, and dependent child (ren) who are beneficiaries. (Intimate partners and their children who are non-beneficiaries are eligible for the FAP assessment, safety planning and referrals to local community resources).
31. Family Advocacy Case. One or more alleged or "met criteria" incidents of child abuse and neglect, DA, and/or IPA pertaining to the same victim.
32. Family Advocacy Committee (FAC). The policymaking, coordinating, and advisory body to address child abuse and neglect and DA at the installation.
33. Family Advocacy Specialist (FAS). A licensed provider, selected by the FAP, who has primary responsibility for all clinical services required by the victim and the alleged abuser, including clinical assessment and case management, development of a treatment or clinical services plan, and providing supportive counseling and treatment to address the alleged abuser's abusive behaviors and to mitigate impacts of the abuse on the victim and impacted children.
34. Family Child Care Coordinator (FCCC). A member of the Work-Life Staff responsible for identifying, recruiting, providing access to training, certifying, and monitoring family childcare providers.
35. Family Child Care (FCC) Provider. A Coast Guard family member residing in Coast Guard owned housing who is certified by the Coast Guard to provide childcare on a regular basis out of their Coast Guard owned housing unit.

36. Family Child Care Services (FCCS). Childcare provided on a reimbursable or bartering system and on a regularly scheduled basis for ten (10) hours or more a week by an individual certified by the Coast Guard who resides in Coast Guard -controlled housing.
37. Family Resource Specialist (FRS). A member of the Work-Life staff responsible for providing Information and Referral (I&R) services for families seeking child development services. Additionally, an FRS enrolls dependents with special needs in the Coast Guard Special Needs Program, assists families locating needed services, and chairs the Special Needs Resource Team (SNRT).
38. Felony. A crime which under State or Federal law is more serious than a misdemeanor (generally a crime that is punishable by a term of imprisonment that exceeds 1 year).
39. Firearm. Any weapon (including a starter gun) which will, is designed to, or may readily be converted to expel a projectile by the action of an explosive, and the frame or receiver of any such weapon. Any firearm muffler or firearm silencer. Any destructive device. This does not include major military weapons systems or crew served military weapons (e.g., tanks, missiles, aircraft).
40. Full Force and Effect. An administrative regulation that has the same significance and legal weight as a law or act of legislation.
41. Health Care. The provision of medical, dental, and mental health care to SMs, dependents, and other beneficiaries.
42. Health Care Provider (HCP). 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.
43. High-Risk for Violence Response Team (HRVRT). The HRVRT is designed to address safety issues, risk factors and to develop a coordinated plan for immediate implementation when an individual presents the potential threat, or the intended threat to harm another individual or the community at large. The HRFV-RT must be activated within 24 hours when there is a threat of immediate and serious harm to a SM, family member(s), unmarried intimate partners, to include unrestricted reports of IP physical or IP sexual assault. The HRVRT is activated at the discretion of FAP. This team determines how organizations will proceed in making required notifications, conducting interviews, scheduling medical exams, and arranging for the safety of the victim and all family members.
44. Household Member. An individual who comprises a family unit and who resides in the same home that may or may not be related to the family or to a member of the extended family and all those who are staying in the home for an extended period.
45. 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 abuser.
46. Incident Determination Committee (IDC). A multidisciplinary team of designated individuals tasked with evaluating reports of child and IP maltreatment to determine whether they meet the criteria for the type of maltreatment alleged. Formerly known as the Case Review Committee.
47. Incident Status Determination (ISD). The IDC decision determines whether the reported incident “met criteria or “did not meet criteria” based on the relevant criteria for the type of alleged DA or child abuse and neglect reported.
48. Intervention. An activity, process, event, or system that is designed to correct a problem, change a situation, or improve a condition.

49. Intimate Partner (IP). Two persons make up the intimate partner relationship when within the context of eligibility for FAP services, a person who is or has been in a social relationship of a romantic or intimate nature. This is determined by the length of the relationship, the type of relationship, and the frequency of interaction between the parties. An IP is informed by, but not limited to, the totality of factors such as:
 - a. A person with whom the partner shares a child in common (e.g., a spouse).
 - b. A person with whom the partner shares or has shared a common domicile.
 - c. Previous or ongoing consensual intimate or sexual behaviors.
 - d. History of ongoing dating or expressed interest in continued dating or the potential for an ongoing relationship (e.g., history of repeated break-ups and reconciliations).
 - e. Self-identification by one of the partners as being an IP intimate partners or otherwise identified by others known by the partners as a couple.
 - f. Emotional connectedness (e.g., relationship is a priority, partners may have discussed a future together).
 - g. Familiarity and intimate knowledge of each other's lives.
49. Intimate Partner Abuse (IPA). A term used to include alleged and confirmed (meets set criteria) incidents of abuse between two intimate adult partners. Services are provided by the FAP.
50. Intimate Partner Emotional Abuse (IPE). Incident of emotional abuse between two intimate adults who meet the above IP definitions.
51. Intimate Partner Physical Abuse (IPP). Incident of physical abuse between two intimate adults 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.
52. Intimate Partner Sexual Abuse (IPSA). An Incident of sexual abuse between two intimate adults 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.
53. Lautenberg Amendment. The Lautenberg Amendment to the Gun Control Act, codified in 18 U.S.C. 922(g), makes it a felony for those convicted of misdemeanor crimes of domestic violence to ship, transport, possess, or receive firearms or ammunition.
54. Maltreatment. A generic term used to include all forms of IP and child abuse and neglect. Maltreatment as defined here is not meant to encompass conduct defined for the same term in the Manual for Courts- Martial.
55. Mandated Reporter. A mandated reporter is a person who, because of his or her profession, is legally or per Coast Guard policy required to report any suspicion of child abuse or neglect to the relevant authorities. This includes Coast Guard personnel who are "covered professionals" as defined in Reference (v), individuals within the chain of command and Coast Guard personnel who has credible information or has witnessed an incident of child abuse and neglect. See Chapter 3 of this Instruction for information on who must report child abuse and neglect and to whom the report must be made.
56. Met Criteria (MC). A FAP term used when, in the Incident Status Determination Committee, determines there is a preponderance of information indicating that the alleged incident qualifies as a maltreatment incident.
57. Military Protective Order (MPO). An order, issued by a commander, using a Coast Guard Form 6070, to an active-duty SM to protect a victim of DA, child abuse and neglect, or sexual assault and to control the behavior of the alleged abuser or alleged abuser. A victim, victim advocate, CGIS Special Agent, or FAP clinical provider may request a commander to issue an MPO.

58. 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.
59. No Contact Order (NCO). A No Contact Order is designed to fill the role that a temporary restraining order fills in the civilian community. It is limited in scope to contact between the subject of the order and the protected person(s) and is of limited duration. Because of this, at least initially, like a temporary restraining order, generally no contact orders should be issued upon request. See Reference (i) for additional information.
60. Non-Offending Caretaker. The live-in IP or spouse that is not suspected/alleged to have maltreated the child.
61. Outreach. Activities in support of maltreatment prevention. Usually provided by the FAS and RP and take the form of primary and secondary prevention activities. Does not include tertiary prevention (usually referred to as clinical intervention for DA and child abuse and neglect).
62. Position of Power. Person has power over another person due to physical size, age, coercion/threats with the ability to carry out a threat, etc. The position of power may occur in a single incident or be a feature of an ongoing relationship. If not in a parent role, position of power can be established when the alleged abuser is older than the victim by approximately 3 years or that he/she is significantly larger in stature which might be intimidating to the victim or significantly more mature or mentally more sophisticated/savvy than the victim to use coercion, threats, or other means to get the victim to submit.
63. Preponderance of Information. The standard of information used by the IDC 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.
64. Prevention. Activities offered to individuals and families prior to the report of maltreatment. Primary Prevention are activities for the Coast Guard community, individuals, and families. Secondary Prevention are activities for families identified to be at risk for maltreatment.
65. Privacy Incident. The loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or any similar occurrence where (1) a person other than the authorized user accesses or potentially accesses [PII] or (2) an authorized user accesses [PII] for an unauthorized purpose. The term encompasses both suspected and confirmed incidents involving PII, whether intentional or inadvertent, which raises a reasonable risk of harm.
66. Problematic Sexual Behavior in Children and Youth (PSB-CY). Behaviors initiated by children and youth under the age of 18 that involve sexual body parts (genitals, anus, buttocks, or breasts) in a manner that deviates from normative or typical sexual behavior and are developmentally inappropriate or potentially harmful to the individual initiating the behavior, the individual(s) impacted by the behavior or others.
67. Psychological Threat. Conduct intended to intimidate, control, or isolate the victim and inflict emotional harm, such as but not limited to actions that refer to former acts of violence, actions used to punish or frighten a victim, or the use of technology or other electronic means to convey a non-verbal threat.
68. Reasonable Suspicion. Available information provides a particularized and objective basis, support by specific and articulable facts, to cause an objective individual to believe that maltreatment may have occurred by acts of commission or omission.
69. Restricted Report (RR). A report of an incident of IPA 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 IDC, or the alleged abuser'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.

70. Safety Planning. A process by which a FAP clinical provider or DAVA, working with a DA victim, creates a plan, tailored to that victim's needs, concerns, and situation, to help increase the victim's safety and help the victim to prepare for, and potentially avoid, future abuse. Safety planning is strength-based and accepts that the victim, with support, has internal capabilities to overcome the situation and to develop great self-advocacy. Includes an assessment of risk to the alleged abuser (including potential self-harm) and intervention for keeping impacted children safe.
71. Sexual Assault Victim Advocate. A person who, as a sexual assault victim advocate, provides non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims that are eligible to receive services via the SAPRR program. Support will include providing information on available options and resources to victims. IP sexual assaults are referred to FAP for clinical and case management services.
72. Special Victims' Counsel (SVC) (CG-LMA). An SVC is a judge advocate who provides legal assistance to victims in a privileged attorney-client relationship through the investigation and any related proceedings. SVCs are available to adult and child victims, who make a restricted report or an unrestricted report of sexual assault. An SVC may be available to victims of serious IP physical or child physical abuse or neglect, through a request for an exception to policy granted by CG-LMA. The victim may request an SVC at any time during the legal, medical, or investigative process. Victims are offered the services of an SVC but are not required to accept or use the services.
73. Trauma-Informed Approach. A recognition of the widespread impact of trauma which: Understands potential paths for recovery. Recognizes the signs and symptoms of trauma in clients, families, and others involved with the system. Responds by fully combining knowledge about trauma into responses, procedures, and practices. Seeks to actively resist re-traumatization.
74. Unrestricted Report (URR). A process by which an adult victim reports an incident of DA for appropriate intervention. Under these circumstances, the incident is reported to command authorities and law enforcement to initiate the official investigative process and to the FAP for intervention.
75. Victim. A child who is the subject of an alleged incident of child abuse and neglect or neglect, or a person who is the subject of an alleged incident of DA by an alleged abuser who is the current or former spouse or with whom the alleged abuser shares a child in common, or is a current or former IP of a SM.
76. Victim Advocate (VA). 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.

Appendix B. Command Action Guide

1. Upon receipt of an alleged incident report, assess the situation for safety, signs of imminent danger, physical injury, and the need for medical care and alternative housing.
2. Address safety issues. Consider a military protection order or verbal no contact order to any SM involved in an incident until having a better grasp of the facts. Assist in locating alternative housing, and coordinate efforts with LE/CGIS. Report incident of DA and child abuse and neglect to the servicing FAS and CGIS within 24 hours. Consult with the FAS and CGIS regarding safety issues and next steps in the assessment and/or investigation process.
3. Contact Legal Counsel from the Servicing Legal Office. Obtain guidance regarding disciplinary and investigatory issues, as needed.
4. Meet with SM victim and provide overview of support available along with points of contact. Outside what is required to determine whether to issue an MPO, the command must not discuss the specifics of the case with the victim. Do not meet with alleged abuser and victim together.
5. Meet with or contact non-SM victim or non-offending caretaker (in a child case). Aid and support as needed. Do not meet with alleged abuser and victim together.
6. Engage in ongoing contact with the FAS for updates on risk level and safety planning. Adjust safety plan, as necessary.
7. Request FAS provide the date and time of the IDC meeting.
8. Identify who will represent the command at the IDC. Contact the FAS if training is needed for the command representative to be qualified to attend the IDC and to vote on the ISD. This training must take place prior to the IDC.
9. Participate in the IDC process or designee. Provide amplifying information about the alleged incident being reviewed.
10. If the incident does not meet the criteria, meet with the alleged SM to discuss the results of the ISD. If appropriate, discuss the option of on-going services/treatment through Family in Need of Services (FINS), or other counseling programs, if desired.
11. If the incident does meet the criteria, meet with the SM to discuss the results of the ISD. Assess alleged abuser's level of cooperation and strongly encourage the member to cooperate with FAP regarding assessment and treatment recommendations.
12. Consult with FAS regarding treatment plans recommended by the Clinical Case Staff Meeting. Inform the FAS if the command supports or does not support plans.
13. Meet with SM alleged abuser to discuss a treatment plan, as appropriate. Encourage participation, as appropriate.
14. Monitor SM alleged abuser's attendance and progress in treatment through at least monthly contacts with FAS. If a member is not keeping appointments, meet with him/her and encourage attendance. If necessary, contact your servicing legal office to discuss the advisability of issuing a direct order to attend treatment. Check-in with the member at least monthly regarding his/her progress.
15. When the FAS reports the case is closed due to successful completion of treatment, contact the SM.
16. When the FAS reports the case is closed due to treatment failure on the part of an SM, consider alternatives for holding member accountable. Consult with legal counsel as needed. Meet with member to discuss career implications.
17. When adverse action leads to a discharge, ensure that the action taken preserves benefits for abused dependents in accordance with Reference (o).

Appendix C. Select Acronyms

ADSM	Active-Duty Service Member
AA	Alleged Abuser
AV	Alleged Victim
CAC	Child Advocacy Center
CCR	Coordinated Community Response
CCSM	Clinical Case Staff Meeting
CDC	Child Development Center
CE	Child Emotional
CGIS	Coast Guard Investigative Services
CN	Child Neglect
CP	Child Physical
CPS	Child Protective Services
CR	Central Registry
CS	Child Sexual
CSMRT	Child Sexual Maltreatment Response Team
DA	Domestic Abuse
DAVA	Domestic Violence Victim Advocate
DNMC	Did Not Meet Criteria
DV	Domestic Violence
FAS	Family Advocacy Specialist
FC	Family Counseling
FINS	Family in Need of Services
FRC	Fatality Review Committee
HCP	Health Care Provider
IC	Individual Counseling
IDC	Incident Determination Committee
ISD	Incident Status Determination
IP	Intimate Partner
IPDA	Intimate Partner Domestic Abuse
IPE	Intimate Partner Emotional
IPN	Intimate Partner Neglect
IPPA	Intimate Partner Physical Abuse
IPS	Intimate Partner Sexual
MC	Met Criteria
MDVG	Men's Domestic Violence Group
NCO	No Contact Order
NOC	Non-Offending Caretaker
RR	Restricted Report
SM	Service Member
SMH	Service Member Husband
SMIP	Service Member Intimate Partner
SMS	Service Member Spouse
SMW	Service Member Wife
SVC	Special Victim Counsel
TC	Telephone Call
TMU	Threat Management Unit (CGIS)
URR	Unrestricted Report

Appendix D. List of Forms

Official Coast Guard Forms. Retrieve the latest version from the Directives System Library Internet/Pixel Dashboard: Directives, Pubs, and Forms – internally through the Pixel Dashboard “Links.” Navigate to Directives Library titled CG Pubs Search. Select the Forms dropdown and type the form number. If internet released: www.dcms.uscg.mil/forms/.

1. CG-1754A, Family Advocacy Victim Reporting Preference Statement
2. CG 1754C, Family Advocacy Program Authorization to Release Information
3. CG-1754D, Family Advocacy Informed Consent Families in Need of Service (FINS)
4. CG-1754F, Coast Guard Family Advocacy Program Information Limits of Confidentiality Form
5. CG-5260A, Coast Guard Privacy Incident Report
6. CG-5488, Coast Guard Family Advocacy Report

Appendix E. Detailed Roles and Responsibilities

1. Commandant (CG-1K). Commandant (CG-1K) must promulgate and provide oversight of policy and medical guidance regarding the Coast Guard FAP Program.
2. Commandant (CG-1K1). Commandant (CG-1K1) must:
 - a. Review and approve all FAP policies and related procedures;
 - b. Review and approve the response to the Incident Determination Committees (IDC) and Incident Status Determination (ISD) appeals; and,
 - c. Serve as the final action authority regarding FAP case decisions.
3. Family Advocacy Program Manager (FAP PM) within Commandant CG-1K1. The FAP PM must:
 - a. Administer the Coast Guard FAP;
 - b. Establish program goals and objectives;
 - c. Collaborate with Health, Safety, and Work-Life Service Center (HSWL SC), Commanding Officers (COs) where HSWL Regional Practices (RPs) are assigned, Regional Managers (RMs) and Work-Life Supervisors (WLS) to ensure compliance with this Instruction;
 - d. Establish a budget for primary, secondary, and tertiary prevention efforts to address maltreatment; and,
 - e. Act as the Coast Guard authority in all FAP related matters.
 - (1) Serve as a subject matter expert regarding matters pertaining to DA, child abuse and neglect, and PSB-CY.
 - (2) Act as the Coast Guard representative in all government and agency meetings regarding the FAP. Participate in internal and external work groups, as requested. Consult and maintain a collaborative working relationship with the Office of the Secretary of Defense (OSD), Department of Defense (DoD) FAP and participate in FAP PM quarterly meetings or other relevant meetings and committees.
 - (3) Establish a collaborative working relationship with the state and community organizations that affect or impact the Coast Guard FAP. This includes but is not limited to the National Children Alliance (NCA), Child Advocacy Center (CAC), Child Protective Services (CPS), and Domestic Abuse Victims Advocacy (DACA) programs.
 - (4) Provide Commandant, (CG-1K and CG-1K1) with current or emerging information which may impact the FAP.
 - (5) Prepare responses to programmatic inquiries as required by statute, U.S. Congress, or U.S. Department of Homeland Security (DHS).
 - f. Develop policy and provide guidance and program oversight for the FAP.
 - (1) Provide FAP policy consultation to HSWL SC, Commanders, RMs, (WLSs), and Family Advocacy Specialists (FASs) to ensure adequate and appropriate implementation of policy.
 - (2) Provide consultation to HSWL SC, RMs, W-LSs, and FASs regarding all related FAP matters.
 - (3) Respond to questions and queries regarding the policy within this Instruction.

- g. Meet and maintain all Commandant (CG-1K2) requirements for clinical credentialing as a mental health provider.
 - h. Consult on and provide subject-matter expertise to Commandant (CG-1K2) regarding clinical credentialing of the FASs as mental health providers.
 - i. Consult with the HSWL SC, RMs and WLSs when hiring FAS applicants to ensure personnel possess the appropriate FAP-related experience, licensure, and position descriptions, such as but not limited to:
 - (1) Review and approve FAP-related duties and position requirements.
 - (2) Participate in the interview and selection process for hiring FASs.
 - j. Provide annual professional training to FASs, subject to available funding.
 - k. Commandant (CG-1K11) in consultation with the HSWL SC:
 - (1) Develop FAP Standard Operating Procedures (SOPs)/HSWL SC Technical Directives (TD).
 - (2) Monitor the FAP Central Registry (FAP CR) to ensure the required programmatic and statistical data is being captured and entered.
 - (3) Develop, implement, and maintain a standardized FAP Quality Assurance Inspection (QAI) review process that includes evidence-based clinical practice and case management oversight.
 - (4) Identify data and metrics to assess achievement of program goals and objectives.
 - (5) In consultation with Force Readiness Command (FORCECOM) to develop and implement necessary and standardized FAP training curricula.
4. Commandant (CG-1K2). Commandant (CG-1K2) must:
- a. Implement a process for FASs to be credentialed as clinical mental health providers such that any communications will be considered privileged under Reference (m).
 - b. Ensure all Health Care Providers (HCP) are trained on the requirements of this Instruction when appointed or within sixty days of hire and annually thereafter.
 - c. Ensure medical officers participate in Family Advocacy Program (FAP) Multidisciplinary Teams (MDT) as per Chapter 6 of this Instruction.
 - d. Consult with the Family Advocacy Program Manager (FAP PM) to resolve issues related to HCPs medical involvement with victims and abusers of maltreatment within the Coast Guard.
5. Coast Guard Investigative Service (CGIS). CGIS is responsible for:
- a. Reporting all allegations of DA, DV, child abuse and neglect, and PSB-CY to appropriate command and FAP within 24 hours unless immediate notification is precluded by specific investigative or operational necessities in accordance with References (f) and (g).
 - b. Ensuring procedures are in place to take reasonable measures to ensure a Child Protective Order (CPO) is given full force and effect on Coast Guard installations in accordance with References (h) and (i).
 - c. Ensuring Military Protective Orders (MPO) are entered into National Crime Information Center (NCIC) and respond to reported violations in accordance with References (i) and (j).

- d. Establishing guidance and policy pertaining to the assessment of violence risk; ensuring special agents are specifically trained and available to provide consultation to FAP and unit commands.
 - e. Providing historical data and metrics to appropriate programs regarding DV, DA and child abuse and neglect.
 - f. Serving or designating a representative and an alternate to serve on FAP MDTs, as described in Chapter 6 of this Instruction.
 - g. Participating in HRVRT meetings involving DA and child abuse and neglect investigations.
 - h. Appointing a CGIS agent to serve as a CGIS IDC representative and ensure that the CGIS agent or alternate that serves as the CGIS IDC representative is not the agent investigating the case, when feasible.
 - i. Ensuring all CGIS agents are offered a FAP brief, to include training for the IDC and the other MDT processes within ninety days of hire and annually thereafter, and to comply with the requirements of this Instruction.
 - j. Ensuring all CGIS Special Agents (SA) who interview children have had child forensic interview training, when feasible, and/or coordinate with the local Child Advocacy Center (CAC) to conduct forensic interviews.
 - k. Designating a HQ representative to attend bi-annual meetings with the FAP PM to discuss programmatic issues, needs, and collaboration as it relates to DA, child abuse and neglect, and PSB-CY within the Coast Guard.
6. The Judge Advocate General (TGAG). The offices of the Judge Advocate General (TJAG) directorate or servicing legal offices should:
- a. The Office of Military Justice is the Coast Guard's central point of contact for responding to all civilian and military court-related record requests and subpoenas that concern current or past Coast Guard DV, DA, and child abuse and neglect cases in accordance with Reference (k).
 - b. TJAG will serve or designate an attorney to serve on the Family Advocacy Committee (FAC), High Risk for Violence Response Team (HRVRT) Fatality Review Committee (FRC), Incident Determination Committee (IDC) PSB-CY, and Child Sexual Maltreatment Response Team (CSMRT).
 - c. Consult with commands regarding transitional compensation for abused dependents in accordance with Reference (l).
 - d. Coordinate with Federal, state, local, or foreign authorities on the criminal prosecution of IPA, DA, and child abuse and neglect abusers not subject to Reference (m).
 - e. Assist with implementing memoranda of agreement (MOA) or inter-service support agreements with child protective services (CPS).
 - f. Commandant CG-LMJ and the Legal Service Command are responsible for advising FASs and HSWL RMs on legal issues relating to FAP record release of information and /or release of the FAP clinical case file.
7. Special Victims' Counsel (SVC) (LMA-A). An SVC is a judge advocate who may provide support to alleged victims in accordance with Reference (n). Communications with SVCs and a client are protected by the attorney-client privilege. SVCs are available to adult and child victims, who make either a restricted or a unrestricted report of sexual assault or of an eligible offense in accordance with References (n) and (o). If an SVC is requested for alleged victims of DA or child abuse and neglect, CG-LMA should be consulted to decide whether it is appropriate to grant an exception to policy and authorize representation by a SVC. The victim may request a SVC at any time during the legal, medical, or investigative process. Eligible victims must be offered the services of a SVC but are not required to accept or use the services. SVCs may:

- a. Educate and advise the victim on all the investigative and legal processes.
 - b. Accompany the victim to medical examinations, hearings and court-martial proceedings and advise during legal proceedings.
 - c. Represent the victim in a court-martial as permitted by law.
 - d. Advocate the victim's interest with government counsel on disposition options.
 - e. Assist the victim with post-trial submissions to include victim impact statements.
 - f. Advise the victim on collateral civil issues arising from the crime, consistent with the scope of the legal assistance.
 - g. Attend annual brief on the requirements of this Instruction, or changes within, which can be provided or by the FAS, HSWL SC, or the FAP PM.
 - h. Ensure the victim understands the privilege and limitations of confidential disclosures according to References (d) and (0).
8. Commander, Coast Guard Personnel Service Center (CG PSC-EPM, OPM, RPM). PSC must:
- a. Establish procedures for coordinating assignment decisions for personnel involved in an open FAP case with the assigned FAS.
 - b. Accommodate, according to the needs of the Coast Guard, the FAP-related needs of a service member and/or the service member's military dependents when determining the location and timing of permanent change of station orders. Consider expedited transfer for victims of sexual assault, stalking, or egregious DV, DA, or child abuse and neglect who file an unrestricted report, including a service member who's dependent is the victim, regardless of whether the investigation has been completed.
 - c. Ensure all detailers and assignment officers are aware of procedures established within this policy when appointed.
9. Chaplain of the Coast Guard (CG-00A). This Instruction does not alter Chaplain privilege under Military Rule of Evidence 503. Chaplain referral requirements and involvement with the FAP process listed below only apply in instances where the privilege was waived or does not apply. The Chaplain of the Coast Guard (CG-00A) must:
- a. Report suspected child abuse and neglect to the installation FAP and to the appropriate CPS authority, when a chaplain learns of facts that give rise to a suspicion of child abuse and neglect.
 - b. Facilitate a referral to appropriate services such as FAP, civilian victim advocacy, or medical upon learning of a potential or actual DA incident.
 - c. Ensure all chaplains, staff, and chaplain program volunteers are trained on the requirements of this Instruction within sixty days after hire and annually thereafter and comply with requirements of this Instruction.
 - d. Coordinate training curriculum with the FAP PM and the Navy Chief of Chaplains.
 - e. Ensure chaplains provide a referral to the FAP if the victim requests counseling, advocacy, medical care, or additional FAP services in addition to pastoral care.
 - f. Serve as a member of the FAC and FRC or other MDT, as needed.
 - g. Assist the FAP with crisis interventions, as requested.

- h. Assist with DA and child abuse and neglect primary prevention efforts.
 - i. Collaborate with the FAP regarding services for families and service members, as appropriate.
10. Health, Safety, and Work-Life Service Center (HSWL SC). The HSWL SC FAP staff must:
- a. Provide ongoing technical oversight to the FAP in accordance with policy and HSWL SC SOPs/TD.
 - b. Provide ongoing technical guidance to RP staff (FASs, RMs, WLSs, and HCPs) and operational commanders regarding FAP in collaboration with the FAP PM.
 - c. Collaborate with the FAP PM to:
 - (1) House, develop, maintain, and monitor the FAP CR to ensure the required programmatic statistic data is accurately documented and maintained.
 - (2) Produce timely statistical data in response to programmatic inquiries.
 - (3) Respond to FAP CR inquiries within three business days of receiving the request.
 - d. Ensure receipt of the Family Advocacy Report, CG-5488 form, from the FASs after the initial assessment and within five days of an ISD. Enter the data from the Family Advocacy Report, CG-5488 form, into the central registry within five days of receipt.
 - e. Collaborate with FAP PM to develop Quality Assurance (QA) monitoring items to assess compliance with policy and HSWL SC SOPs/TD.
 - f. Provide Commandant (CG-1K11) the Quality Assurance Inspection (QAI) FAP Case Record Review reports to ensure the FAP PM has visibility on QAI results and recommended corrective actions.
 - g. In collaboration with the RMs/WLSs and the FAP PM, advise, consult, and provide technical guidance and support to the FASs to ensure timely and adequate clinical supervision and training to perform all job-related requirements according to their position description and this Instruction.
 - h. Assist Commandant (CG-1K11) with identification of programmatic needs and implementation of funding for the FAP, FINS, and prevention activities for each HSWL RP.
 - i. Collaborate with the FORCECOM and FAP PM to develop and disseminate standardized FAP training products for Commands, Units, IDC members, HSWL RMs/WLSs, HCPs, LE, childcare providers (CCP), and YP personnel.
 - j. Establish and enforce a quarterly FAS peer review (PR) process that provides a review of the FAP clinical and case management records. Ensure the review is signed by the RM/WLS, and a copy maintained at the RP for QAI. A copy of the quarterly PR must be sent to the HSWL SC by the RM quarterly.
 - k. Ensure all closed FAP and FINS cases follow the Consolidated Health Record Schedule in accordance with Chapter 9 of this Instruction.
 - l. Ensure FAP CR background checks are completed at the HSWL SC within one week of receipt.
 - m. In collaboration with FAP PM, develop and implement SOPs/TDs for FAP. SOPs/TDs should minimally include guidance for
 - (1) Receipt of initial allegations and referrals.
 - (2) Evidence-based risk assessments and safety plans.
 - (3) Clinical evidenced-based clinical bio-psychosocial assessment, intervention and trauma informed,

evidence-based treatment, case management and record management.

- (4) Non-clinical- Prevention, training, information and referral, case management and records management.
- (5) IDC processes and definitions.
- (6) Training for personnel who are mandated reporters and commands.
- (7) Prevention and outreach.
- (8) Clinical services credentialing and use of external services.
- (9) Quality assurance (QA) reviews for clinical services, case-management and FAP case record documentation.
- (10) Record management for FAP and FINS cases.
- (11) Problematic Sexual Behavior in Children and Youth (PSB-CY).
- (12) Intimate Partner Sexual Assault (IPSA).

- n. Collect FAP data and metrics monthly using the designated metrics collection tool to assess achievement of program goals and objectives.
- o. Participate in all FAS hiring panels and selection process.

11. HSWL Regional Managers (RMs) and Work-Life Supervisors (WLSs). RMs and WLSs must:

- a. Comply with this Instruction and HSWL SC SOPs/TD.
- b. Implement FAP policy and the FAP SOPs/TD within the HSWL RP area of responsibility (AOR).
- c. Refer to the FAP PM for guidance regarding FAP Policy.
- d. Refer to HSWL SC for technical guidance regarding implementation of FAP.
- e. Supervise and provide administrative oversight, guidance, and support to the FASs to ensure compliance with their roles, responsibilities and duties as described within this Instruction.
- f. Ensure all persons selected for an FAS position meet all requirements for privileging as mental health provider and have at a minimum two years of experience in DA and child abuse and neglect.
- g. Ensure the FAP PM and HSWL SC participate on the FAS interview, selection, and hiring panel for any FAS vacancy in their AOR.
- h. Act as a reviewer in the process for privileging FASs as mental health counselors when requested by Commandant (CG-1K2).
- i. Ensure all personnel performing the duties of an FAS receive the required CG FAP orientation and training within thirty days of assuming their position.
 - (1) FAS administrative training may be conducted by the RM, WLS, HSWL SC FAP Lead/Coordinator, or FAP PM.
 - (2) FAS clinical training must be conducted by a licensed clinical HSWL Work -Life supervisor, licensed clinical HSWL SC FAP Lead/Coordinator, or FAP PM.

- j. Ensure the newly hired FAS is mentored by the HSWL SC FAP Lead/ Coordinator or a clinical FAS for several months after hire and thereafter, as needed.
- k. Ensure FASs:
 - (1) Undergo a background check upon hire and every five years thereafter.
 - (2) Have a secure office to conduct confidential business.
 - (3) Provide clients 24/7 access to the FAP services and resources.
 - (4) Proactively market program services and resources throughout the RP and in accordance with the RP marketing plan.
 - (5) Conduct quarterly FAP trainings within the RP AOR to ensure leadership, mandated reporters, SMS, and other personnel receive training as required or specified in Chapter 8 of this Instruction.
 - (6) Provide timely, thorough, and appropriate triage, notifications, assessment, and management of all maltreatment referrals in accordance with this Instruction.
 - (7) Comply with all responsibilities and requirements of this Instruction and HSWL SC SOPs/TDs.
 - (8) Properly secure FAP case records in a locked filing cabinet inside a locked office or file room. An additional key or master key must be available and kept in a secured location to ensure access to FAP case records 24/7, in the case of an emergency.
 - (9) Enforce the quarterly peer review (PR) process of the FAP clinical and case management records established by the HSWL SC. Ensure FAP case records comply with this Instruction and HSWL SOPs/TDs. Review, sign, and maintain a copy of the PR forms at the HSWL RP for QAI purposes. A copy of the PR forms must be sent to the HSWL SC quarterly.
 - (10) Conduct and sign a QA review of all open and closed unrestricted FAP and FINS cases. Ensure all closed hard copy cases files, to include Restricted Report cases, are sent certified mail with a tracking number to the HQ following the Consolidated Health record Schedule described in Chapter 9 of this Instruction. All electronic and hard copy closed cases files must have a QA review, remain in compliance with policy, and signed before being retired and following the appropriate records management process.
 - (11) Coordinate directly with the appropriate servicing legal office to facilitate creation of Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) with civilian medical facilities to support victim's reporting options or with other community-based agencies that can provide victim advocacy services or other needed services for FAP clients. Copies of the MOU/MOAs must be sent to the HSWL SC for review and approval.
 - (12) Provide quality customer service to all FAP clients. Clients must be afforded the opportunity to provide feedback on the services they received. Act on all negative responses as appropriate. Retain all responses, and actions taken, for QAI review purposes. Inform the HSWL SC FAP Lead/Coordinator and FAP PM of any gross negligence.

12. Family Advocacy Specialists (FAS). The FAS must:

- a. Obtain clinical credential through the Coast Guard DHS system. This reestablishes previous requirements that were suspended in 2016.
- b. Maintain a FAP information and referral log. Document all requests, referrals made, and any follow-up actions related to the referrals.

- c. Assess all cases involving a reasonable suspicion of child abuse and neglect that are reported to FAP.
- d. Manage all FAP and FINS case records in accordance with this Instruction and HSWL SC SOPs/TDs.
- e. Flag in the Direct Access system, Work-Life Information Management System (WIMS), All SMs involved in an active FAP case within two business days of receiving an allegation and remove the flag within two business days of case closure.
- f. Provide all adult FAP clients with the following forms during their first contact with FAP, as specified in Chapter 4 of this Instruction:
 - (1) Coast Guard Family Advocacy Information/Limits of Confidentiality Form, CG-1754F.
 - (2) Family Advocacy Victim Reporting Preference Statement, CG-1754A; and
 - (3) Family Advocacy Program Authorization to Release Information, CG-1754C.
- g. Provide timely, thorough, and appropriate triage, notifications, assessment, and management of all DA, child abuse and neglect, and PSB-CY referrals in accordance with Chapters 4, 5, and 7 of this Instruction.
- h. Report all unrestricted allegations of DA, IPA, and all suspected child abuse and neglect to the Command, CGIS, and CPS within 24 hours, in accordance with federal, state, and local laws and specified in Chapter 3 of this Instruction.
- i. Determine risk and severity level within 72 hours as specified in FAP Response to Domestic Abuse and Child Neglect, Chapter 4 of this Instruction, and document in the FAP case file.
- j. Convene MDTs described in Chapters 4 and 6 of this Instruction. Ensure core member's participation in the MDT meetings.
- k. Ensure joint child interviews are conducted with FAP, CPS, CAC, CGIS, and LE to reduce the number of additional interviews that need to be conducted, thus potentially, avoiding additional trauma to children.
- l. Take actions/make referrals to address immediate issues/needs identified in the assessment and manage risk as specified in Chapters 4 and 7 of this Instruction. Ensure victims of physical and sexual abuse or child neglect are referred to a medical provider and have a medical exam after an incident. The injury must be medically assessed, treated, and documented in the victim's medical record and FAP record.
- m. Initiate a safety plan with victims inclusive of the children in cases where children are in the home. Conduct a risk assessment for all individuals involved in the incident. Make recommendations to the Command regarding Military Protective Order (MPO) or Court Protective Order (CPO), as appropriate and as specified in Chapter 7 of this Instruction.
- n. Present all unrestricted allegations of DA and child abuse and neglect involving a SM, as the alleged abuser, victim, or non-offending caretaker (in a child case), to the IDC for an ISD, within sixty days of receiving the allegation, in accordance with this Instruction and guidance provided in the HSWL SC SOP/TD.
 - (1) In collaboration with other FASs assigned to the Regional Practice AOR, set agenda for IDC meetings.
 - (2) Notify Command in writing no later than five business days prior to the IDC.
 - (3) Identify incident details (acts), estimate of incident (impact), and any relevant exclusion that may apply and present this information to the IDC for an ISD.
 - (4) Assist the IDC Chair when conducting IDC meetings.

- (5) Ensure Command and members are notified verbally of the ISD, treatment recommendations for the SM, and options and requirements for the ISD Review (ISDR) within five business days after the IDC. Ensure the date and names of the parties that received the ISD notifications are documented in the FAP case record. Ensure command provides concurrence or rationale for non-concurrence within five business days of receiving the verbal or written notification. Document concurrence/non-concurrence in the case notes and file notifications in the FAP case record.
 - (6) Verbally notify civilian/dependent IP of the ISD, treatment recommendations and requirements for ISDR within five business days after the IDC. Document notifications and date of notification in the FAP case record.
 - (7) Ensure no written communication is sent to parties' subject of an IDC/ISD or reveal any findings or conclusions of the IDC. However, a Clinical Case Staff Meeting following an IDC may issue a letter containing information on treatment recommendations and services available to the parties.
 - (8) Maintain a record of the IDC determinations in administrative FAP files.
- o. Conduct Clinical Case Staff Meeting (CCSM):
- (1) Initial CCSM after conducting clinical assessments on all family members prior to the IDC, within two business days of an ISD that met criteria, to determine treatment/intervention plan.
 - (2) On-going CCSMs every thirty days until case is closed to monitor progress and adjust treatment plans and risk level.
 - (3) In high-risk cases, conduct additional CCSMs as needed to address safety issues. Coordinate plans with all providers involved, including the member's primary care provider, as needed.
 - (4) Conduct CCSMs every thirty days for open FINS cases until closed or transferred.
- p. Contact the command at least every thirty days to inform them of risk level, safety issues, and compliance with treatment for each active DA and child abuse and neglect case.
- q. Provide, if granted clinical credential as a mental health provider, or otherwise ensure arrangement for treatment services on behalf of FAP and Family in Need of Services cases (via purchased care).
- r. Contact clients and family members at least every thirty days, via face-to-face sessions, telephone, or via a Coast Guard and HIPAA authorized platform while the case remains open. Document all contacts in the FAP case record. In high-risk cases, conduct additional contacts as needed to address safety issues.
- s. Ensure all victims of eligible offenses are informed of their right to receive assistance from an SVC in accordance with References (k), (n), and (o), including rape, sexual assault stalking, and other sexual misconduct. SVC may be offered to victims of non-qualifying offenses, such as DV, DA, IPA, or child abuse and neglect, through a request to Commandant (CG-LMA) for an exception to policy. Offer a referral to a legal assistance office for all victims, alleged abusers if the FAS deems appropriate.
- t. Offer services to victim, alleged abuser, or family members after closing a FAP case or in the instance where the ISD vote "did not meet criteria," but the family is in need or is requesting services. Open a FINS case to document provision of ongoing voluntary FAP services. Ensure that the FINS case is not recorded in the IDC minutes.
- u. Provide information, guidance, and assistance to family members seeking transitional compensation in accordance with Reference (l).
- v. Provide FAP clinical and case management services to victims of IP sexual assault as defined by Appendix A and according to Chapters 4 and 6 of this Instruction.

- w. Refer sexual assault victims that are not defined as an IP to the Sexual Assault Prevention, Response and Recovery (SAPRR) Program for assessment, treatment, and advocacy as appropriate in accordance with Reference (p).
 - x. When a service member transfers to another duty station with an open FAP case, ensure that contact is made by the receiving FAP prior to the SM transfer. The FAS must complete a case transfer summary and file it in the FAP case record, make a copy of the case record, and forward the original case record to the receiving installations FAP. Once the receiving installation FAP confirms receipt of the FAP record the copy must be destroyed.
 - y. Maintain all Commandant (CG-1K2) requirements for privileging as a clinical mental health counselor and provider.
 - z. Develop an annual FAP budget in collaboration with the RM and other FASs in the AOR. Identify estimated costs for prevention activities, educational materials, activities/events designed to promote healthy relationships, FINS and FAP treatment services from outside providers, travel and per diem related to required training, and the associated costs for child abuse and neglect and DV awareness activities in April and October in accordance with HSWL SC SOP/TD.
 - (1) Produce and maintain a training schedule. Conduct FAP trainings within the RP AOR to ensure commands, leadership, mandated reporters, SMs, and other Coast Guard personnel receive the required training in accordance with Chapter 8 of this Instruction.
 - (2) Provide additional services and awareness training including participation on domestic violence, sexual assault, and stalking response teams, as requested.
 - (3) Conduct primary (e.g., activities to promote healthy relationships and to promote awareness of maltreatment), and secondary prevention activities in the AOR (e.g., outreach efforts for stressed populations, deployed parents, or FINS), as funding permits.
 - (4) Produce and maintain a log of all unit trainings and primary and secondary prevention activities conducted and submit to HSWL SC monthly.
 - (5) Maintain an updated list of qualified treatment providers and related services as needed to support FAP and FINS clients in the AOR. Include local and state intervention resources for military families, DA and child abuse and neglect, including, but not limited to, civilian victim advocacy agencies, safe shelters, child advocacy centers, clinical and medical providers, and community resources within the AOR.
 - (6) Establish and maintain an updated email address list of command cadre and command IDC representatives for the FAP. Send quarterly updates pertaining to changes to policy or procedures, as well as available resources and services provided by FAP.
 - (7) Participate in training, including teleconferences and webinars, sponsored and/or funded by Commandant (CG-1K11) or HSWL SC as required.
 - (8) Report WL program data to the HSWL SC monthly using the designated metrics collection tool.
 - (9) Assist the FAC and commands in the AOR to provide needs assessment and develop protocols for responding to maltreatment incidents.
13. Coast Guard Healthcare Providers (HCPs). HCPs must:
- a. Understand the elements of this Instruction and the role of an HCP in DA and child abuse and neglect cases and follow FAP processes and procedures as defined in this Instruction.
 - b. Inform the victim of the option of restricted or unrestricted reporting. If the FAS is not available for on-site contact with the victim, the HCP must review the Family Advocacy Victim Reporting Preference

Statement, CG-1754A form, with the victim and obtain his/her signature, as appropriate. Note: Restricted reporting is available to civilian military dependents, IPs, and SMs for allegations of DA, and IPA allegations, if the SM's command is not aware of the incident and CGIS/LE has not been notified.

- c. Ensure a medical evaluation and/or examination is performed on a victim as soon as an incident of IPA or child abuse and neglect is reported, as appropriate. HCP must screen medical records for indication of previous abuse. Medical documentation should note the injury, if the patient's report is consistent with the injury, the medical treatment received, and must document if a referral was made to FAP and/or CPS, as appropriate.
 - d. Report all incidents of suspected IPA to the appropriate FAS.
 - e. Report all suspicions of child abuse and neglect directly to the appropriate FAP and CPS agency according to Reference (g).
 - f. During the initial medical examination, determine whether an intoxicant was consumed at the time of the alleged maltreatment incident. If so, refer for a substance abuse evaluation in accordance with Reference (q).
 - g. Participate in MDTs as described in Chapter 6 of this Instruction.
14. Regional Behavioral Health Provider (RBHP). The RBHP is an independent licensed behavioral health provider who provides direct patient care (assessment, diagnosis, and treatment), high-risk care coordination/case management as well as consultation, training, and mentorship as a subject matter expert for behavioral health issues. RBHP must:
- a. Understand the elements of this Instruction and the role of a BHP in DA, child abuse and neglect, and PSB-CY cases and follow FAP processes and procedures as defined in this Instruction.
 - b. Report all incidents of suspected DA to the appropriate FAS.
 - c. Report all suspicions of child abuse and neglect directly to the appropriate FAP and CPS agency according to Reference (g).
 - d. Participate in MDTs as described in Chapter 6 of this Instruction.
 - e. Collaborate with FASs to ensure appropriate treatment options and referrals are provided to the victim(s) and the abuser(s).
15. Child Development Service (CDS) Personnel. CDS personnel must:
- a. Ensure all personnel working with children receive FAP training upon hire and annually thereafter.
 - b. Report immediately but no later than 24 hours all reasonable suspicions of child abuse and neglect to CPS, and all reasonable suspicion of child abuse and neglect or PSB-CY to FAP, in accordance Reference (g) and Chapter 3 and 5 of this Instruction.
 - c. Participate in MDTs as described in Chapter 6 of this Instruction.
16. Youth Services (YS)/YP Personnel. YP management must:
- a. Ensure all YP personnel receive FAP training upon hire and annually thereafter.
 - b. Report immediately, but no later than 24 hours all reasonable suspicions of child abuse and neglect to CPS, and all reasonable suspicion of child abuse and neglect and PSB-CY to FAP in accordance with Reference (g) and Chapters 3 and 5 of this Instruction.

- c. MWR Directors serve as a member of the FAC, PSB-CY, and other MDT, as appropriate.
17. Base Commanding Officers (COs) and Training Center COs with HSWL Regional Practices (RPs).
Base/TRACEN COs with RPs assigned must:
- a. Retain operational and administrative responsibility for FAP within the RP AOR.
 - b. Employ a CCR and an MDT approach to address DA and child abuse and neglect in accordance with Chapter 6 of this Instruction.
 - c. Chair the IDC or delegate a member of the command who has the rank of O-4 or higher as the Chair. Ensure that the IDC is run in accordance with guidance contained within the HSWL SC FAP IDC SOP and within this Instruction.
 - d. Establish or maintain a 24-hour emergency response plan for incidents of DA, child abuse and neglect, and PSB-CY. The plan must provide 24-hour access to domestic abuse advocacy services through face to face or telephonic contact for restricted and unrestricted reports of DA and all reports of child abuse and neglect. The plan may permit CGIS or LE to act as an intermediary to the reporting of suspected DA and child abuse and neglect to FAP in accordance with Chapter 3 of this Instruction.
 - e. Establish or maintain the Family Advocacy Committee (FAC) in accordance with Chapter 6 of this Instruction.
 - f. Support FAP prevention efforts within the HSWL RP AOR.
 - g. Ensure Command Cadre receive the FAP Leader training provided by the servicing FAS within ninety days of assuming command and annually thereafter and comply with the requirements of this Instruction.
18. Commanding Officers (COs), Executive Officers (XOs), Officers in Charge (OICs), Executive Petty Officers (XPOs). COs, XOs, OICs and XPOs must:
- a. Report all suspected DA and child abuse and neglect incidents to the FAP and CGIS within 24 hours of command notification in accordance with References (f) and (g).
 - b. Initiate an Incident Referral (Drug or Alcohol) in circumstances in which a drug or alcohol incident has been determined or is being contemplated in connection with a FAP maltreatment incident, in accordance with Reference (q).
 - c. Ensure all IP Sexual Assault as defined in Appendix (A) are referred to FAP for assessment, treatment, and advocacy. Sexual assaults that are not IP must be referred to the SAPRR Program in accordance with Reference (p).
 - d. Ensure SVC services are offered to eligible adult and child victims of sex-related offenses and seek Exception-to-Policy (ETP) Waivers for victims when appropriate through a request to Commandant (CG-LMA) in accordance with Reference (n) and (o).
 - e. Comply with the consideration of PCS transfer involving incidents of Sexual Assault policy outlined in Reference (r).
 - f. Participate or assign a designee to attend the IDC in incidents involving a SM of the command. The member designated must be of the same or higher rank of the SM involved in each case. The command rep should not have a personal relationship with either party, but if this is not possible, the command is recused from participating or can request support from a higher-level command.
 - g. Encourage the SM abuser to participate and cooperate with the FAP process from the initial allegation reported to case closure. This includes participation in individual and family interviews, assessments, and treatment with the FAS, CPS, HCP, and other providers. Support mandating counseling and educational programs recommended by the FAP for SM involved in “met criteria” incidents in which there is a

moderate to high-risk of subsequent incidents reoccurring and/or SM who are not motivated to attend voluntarily.

- h. Support FAP treatment recommendations to ensure the SM is receiving the appropriate clinical and supportive services to prevent subsequent incidents and to ensure safety. Provide concurrence or rationale for non-concurrence to the appropriate FAS within five business days of receiving the notification with the CCSM treatment recommendations. Note: FASs do not make recommendations regarding disciplinary actions.
- i. Attend the FAP Leader training provided by the servicing FAS within ninety days of assuming command and annually thereafter. Where applicable, ensure that the command senior enlisted leader also attends the FAP training.
- j. Promote prevention awareness within the command, especially during April (Child Abuse Prevention Awareness Month) and October (Domestic Violence Awareness Month).
- k. Establish a 24-hour command center response procedure to provide protection to victims of DA and child abuse and neglect. Take appropriate measures, to include military protection orders (MPO) and restricting a member's access to weapons, as needed, to protect military family members from DA and child abuse and neglect.
- l. Consult with the servicing legal office and personnel staff to verify that proposed actions by command comply with law and policy.
- m. Encourage the SM compliance with FAP treatment recommendations.
- n. Ensure SM abusers are held accountable for DV incidents and ensure victim(s) safety.
- o. Provide support as needed to SM and civilian victims to the extent possible.
- p. Ensure an immediate mental health evaluation is conducted on SMs presenting with suicidal ideation or homicidal ideation with intent and plan. The at-risk member should remain under constant supervision and transported by the command the closest MTF or emergency room for a mental health evaluation.
- q. In every case arising under this Instruction, consider whether a military protective order or no contact order should be issued consistent with Chapter 5 of, COMDTINST M1600.2 Discipline and Conduct, which is Reference (i). Consideration should be given to addressing securing firearms and limiting access to any victim until a thorough risk assessment is completed by CGIS and FAP and a safety plan is in place.
- r. Consider whether to issue an MPO and incorporating a civil protection order pursuant to Title 10 U.S.C. § 1561a, Civilian Orders of Protection: Force and Effect on Military Installations, which is Reference (h). Ensure any CPO has the same force and effect on a Coast Guard installation.
- s. Monitor member's attendance when treatment is command mandated. Consider disciplinary and/or adverse administration action in accordance with Reference (i), when member fails to comply or is a treatment failure.

19. Command CCR Response. This includes:

- a. Ordering the member to report directly to the CO, OIC, or designee in the member's chain of command (under escort, as appropriate).
- b. Restricting the member from having contact with the victim(s) by issuing a no contact order (NCO).
- c. Facilitate the issuance of a Military Protective Order (MPO), when appropriate. An MPO can be issued if the Commanding Officer determines it is necessary to ensure the safety and protection of person(s) for whom it is issued. MPOs are designed to safeguard or promote the morale, discipline, and usefulness of members of a command and are directly connected with the maintenance of good order in the service.

Commanding Officers considering issuing an MPO should follow Chapter 5 of this Instruction or Discipline and Conduct, COMDTINST M1600.2 (series) which is Reference (i).

- d. Obtain alternative housing for one of the parties. The preference is to remove the alleged abuser from the home when the parties must be separated to safeguard the victim(s) or direct the alleged abuser to find alternative housing.
- e. Referring a victim to a legal assistance attorney for assistance with obtaining a Civilian Protective Order (CPO) in a civilian court. When notified that a CPO has been issued against, or in protection of, a member of their command, the CO must secure a copy of the CPO and review it with the servicing legal office. Further explain to the alleged victim (and/or alleged perpetrator if within the command) why a CPO provides additional protection and notify the victim of the right to request an PCS/expedited transfer, as appropriate. Ensure procedures are in place to register and monitor a CPO and ensure the CPO is given full force and effect on military installations in accordance with Reference (h).
- f. Ensuring if the SM is charged with a DV misdemeanor, confiscating any government-issued weapons and advising the member in writing of the prohibition on the possession of personal firearms in accordance with Coast Guard Policy on the Possession of Firearms and/or Ammunition by Coast Guard Military Personnel, and in accordance with Appendix (2), the Lautenberg Amendment to the Gun Control act 18 U.S.C. § 992 (g) (9).
- g. Ensuring an immediate mental health evaluation is conducted on the SM presenting with suicidal ideations or homicidal ideations with intent and plan.
- h. Ensuring SM(s) at-risk are supervised and have a command or CGIS escort to the MTF or to the ER. Dependents of a SM at-risk must not be left unattended until 911 response personnel or an assigned escort takes them to an MTF or ER.
- i. Ensuring a command directed substance abuse evaluation for all SM involved in a substance related FAP child abuse and neglect or DA incident.
- j. Mandate counseling, treatment and psychoeducational programs as recommended per FAP or a Behavioral Health or HCP.
- k. Requesting assistance from CGIS and/or local police, as needed.
- l. Consulting with Staff Judge Advocate (SJA), as needed.

20. Select Personnel Requirements.

- a. FAP Program Manager, must have at minimum:
 - (1) A Master of Social Work, Master of Science, Master of Arts, or doctoral-level degree in human service or mental health from an accredited university or college,
 - (2) The highest licensure in a State or clinical licensure in good standing in a State that authorizes independent clinical practice,
 - (3) Five years of experience working in the field of child abuse and neglect and DA,
 - (4) Three years of experience supervising Licensed Clinicians in a clinical program, and
 - (5) Clinical privileges or credentialing in accordance with FAP policy and Reference (b).
- b. Lead FAP Coordinator, must have at minimum:
 - (1) A Master of Social Work, Master of Science, Master of Arts, or doctoral-level degree in human service

- or mental health from an accredited university or college,
- (2) The highest licensure in a State or clinical licensure in good standing in a State that authorizes independent clinical practice,
 - (3) Five years of experience working in the field of child abuse and neglect and DA,
 - (4) Three years of experience supervising Licensed Clinicians in a clinical program, and
 - (5) Clinical privileges or credentialing must be documented in accordance with FAP policy and Reference (b).
- c. Family Advocacy Specialist (Clinical). Must have at a minimum:
- (1) A Master of Social Work, Master of Science, Master of Arts, or doctoral-level degree in human service or mental health from an accredited university or college,
 - (2) The highest licensure in a State or clinical licensure in good standing in a State that authorizes independent clinical practice,
 - (3) Two years of experience working in the field of child abuse and neglect and DA, and
 - (4) Clinical privileges or credentialing must be documented in accordance with FAP policy and Reference (b).
- d. Additional Qualifications for PSB-CY. All FAP personnel who provide direct services to children, youth, and families impacted by PSB-CY must meet the qualifications listed below and have or obtain, within one year of the commencement of employment, training in all the following:
- (1) Child and adolescent development.
 - (2) PSB-CY.
 - (3) Trauma-informed care

Appendix F. Multidisciplinary Teams (MDT)

1. Family Advocacy Committee Membership. FAC MDT members are appointed by the Chair and have policy making, supervisory, and advisory responsibility for prevention, identification, reporting, investigation, diagnosis, and treatment of spouse, intimate partner, and child abuse and neglect. A quorum is 2/3 membership plus one. Membership includes:

- Base CO or Designee- Chair
- Legal Representative from the Servicing Legal Office
- Medical Officer
- Regional Behavioral Health Provider
- CGIS
- Base Chaplain
- Command Master Chief (CMC)
- Child Development Center Director
- LOGCOM
- Regional Manager
- FAP PM
- HSWL SC FAP Lead
- Child Development PM or designee
- other subject matter experts, as needed

Base tenants must collaborate with community agencies and military installations within the RP AOR to ensure coordination in providing child maltreatment and DA services to military members and their families. Collaboration includes developing MOUs, as appropriate to ensure a CCR.

2. Fatality Review Committee (FRC) Membership. FRC MDT core membership includes:

- FAP Program Manager.
- EAP Program Manager.
- CGIS TMU.
- Medical Officer.
- Legal Representative (CG-LMJ)
- Deputy Chaplain of the Coast Guard.
- Other subject matter experts as needed (internal or external to the Coast Guard), such as representatives from: Coast Guard Insider Threat Program; Regional Behavioral Health Provider; Substance Abuse PM; Casualties and Decedent Affairs; other Law Enforcement.

3. High-Risk for Violence Response Team (HRVRT). HRVRT MDT membership. The FAP provides training to members prior to serving on the HRVRT. Membership includes:

- The responding FAS.
- Senior representative from victim's command.
- Senior representative from abuser's command.
- Legal representative from the Servicing Legal Office.
- CGIS –TMU.
- Medical Provider.
- Behavioral Health Provider.
- SVC assigned to victim, as appropriate.
- HSWL RM or WL supervisor.
- HSWL SC Lead FAP Coordinator and/or FAP PM.
- Due to the urgent nature of the HRVRT, the meeting will not be delayed due to the absence of a specific member.
- HRVRT activation must be included in the presentation to the IDC and documented in the CCSM minutes and FAP case file for unrestricted reports.

4. Child Sexual Maltreatment Response Team (CSMRT). Membership. The FAS must train members prior to serving on the CSMRT. Membership includes:
 - RM, WL supervisor, or HSWL SC Lead FAP Coordinator and/or FAP PM.
 - Family Advocacy Specialist.
 - CGIS SA.
 - Legal representative from the Servicing Legal Office.
 - Medical Provider (preferably a pediatrician).
 - Behavioral Health Provider (child specialist).
 - CDC PM and Director, as appropriate.
 - Subject matter experts from inside and outside the installation are invited, as needed.

5. Incident Determination Committee (IDC). Procedures of the IDC are provided below. Membership is also listed.
 - a. Relationship between IDC and Disciplinary Action by Command. An IDC meeting is not a disciplinary proceeding, and the requirements for due process for disciplinary proceedings are not applicable to IDC meetings and actions. A CO or OIC may not take disciplinary action against a member based solely upon an ISD for an act of DA and/or child abuse and neglect committed by that SM. However, COs and OICs may take disciplinary action based on legal or other appropriate advice independent of the IDC.

 - b. Chair of Incident Determination Committee. The CO of the Coast Guard Base, or another command to whom the HSWL Regional Manager (RM) reports, is responsible for chairing the IDC. The CO can delegate this responsibility to a member of the command who has the rank of O-4 or higher. The IDC core members and their alternates must be appointed in writing by the IDC Chair. All core members and alternates must complete the IDC training prior to participating on the IDC.
 - Core IDC members must be limited to:
 - IDC Chair or alternate.
 - Legal Representative from the Servicing Legal Office or alternate.
 - CGIS Special Agent (not involved in the CGIS investigation, if feasible) or alternate.
 - Two representatives of other commands within the HSWL RP area of responsibility (AOR) of the rank of E-7 or above.
 - FAS. Note: more than one FAS may participate in IDC meetings but only one FAS will be considered a core member with a vote in each case.
 - Medical Officer or alternate.
 - Behavioral Health Provider or alternate.
 - Minimum of five core members are needed to conduct a meeting.

 - c. Case-Specific Command Representative(s). The CO or OIC, or alternate designated representative from within the chain of command of a SM involved in a FAP case, may attend the portion of the meeting involving the command's SM. Each CO, OIC, or designated representative of the victim or alleged abuser is afforded an opportunity to provide input regarding the alleged incident and will be permitted to vote on each criterion, if they have received IDC training, along with the core members of the IDC. The command representative must be of at least the same rank or a higher rank than the SM involved in the case.

 - d. Additional Non-Voting Attendees. If additional information is required to determine whether an incident meets the appropriate criteria, the IDC Chair may invite a non-voting guest, such as a CPS caseworker, a CGIS Special Agent or other LE officer, an outside BHP, Coast Guard Chaplain, or HCP 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 IDC meetings. Alleged abusers, victims, and their representative (legal or otherwise) are not authorized to attend any IDC proceedings. This provision does not prohibit CO/OIC from attending the proceedings in accordance with paragraph F.6 above.

- e. Voting Member Training. All voting members including alternates of the IDC must receive training prior to participation in an IDC and ISD voting process. IDC training must be conducted by the FAS using the standard training materials developed by HSWL SC and Commandant (CG-1K11). As needed for IDC appeals to Commandant (CG-1K11), the HSWL SC Lead FAP Coordinator or FAP PM may conduct the IDC training. IDC training should be instructor based whenever possible and may be in person or remote (i.e., teleconference, webinar, Microsoft teams, or other authorized Coast Guard platforms). Some licenses may have specific training requirements (consult as needed).
 - f. FAS must maintain a roster of trained IDC voting members with name, rank, unit, and training completion date for each member, and file the roster with the IDC meeting minutes in the FAP IDC administrative records.
 - g. Exceptions to IDC Review. Every reported FAP incident in which a SM is involved as the abuser, victim, or non-offending parent or guardian (in a child case), must be presented to the IDC for an ISD. Every reported child abuse and neglect incident in which a childcare provider or caregiver is involved as the alleged abuser, within a military childcare setting, regardless of military affiliation, must be presented to the IDC for an ISD. Exceptions to this requirement include incidents:
 - (1) In which the victim has been granted the RR option.
 - (2) An incident that occurred over 180 days from the date of the reported incident unless the incident is suspected to:
 - (3) Be part of an on-going pattern of neglect and/or emotional abuse.
 - (4) Involve significant injuries or the serious threat of injuries, sexual abuse,
 - (5) 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.
 - h. Involving circumstances in which an IDC is not appropriate. The following types of incidents can be reason for opening a FINS case, but are not taken to the IDC as no ISD is to be made in these incidents:
 - (1) Child abuse and neglect in which the abusing adult, regardless of military affiliation, is not the parent, guardian, stepparent, or on-going caretaker of the child, and is not the IP of the child's parent or guardian.
 - (2) Child abuse and neglect committed by a person, other than a parent or stepparent, who is under the age of 18. This includes incidents of sibling abuse and PSB-CY.
 - (3) Elder abuse.
 - (4) Parental abuse.
6. Requests for Reconsideration of an ISD. The alleged abuser, victim, a parent or non-offending caretaker on behalf of a child, CO on behalf of the SM, or an IDC member can request a reconsideration of the ISD, by submitting a request to the IDC Chair or to the Chair via the SMs command on an official Coast Guard memo, within thirty days of receiving the ISD notification.
- a. The basis for the request must be that either:
 - (1) New incident-specific information, not previously known to the IDC is now available or,
 - (2) The processes and/or procedures as described in this Instruction were not followed in making the ISD, or that.

- (3) Factual error by the IDC. An obvious error in the facts provided to or used by the IDC in making the ISD. (An example is a police report which indicates evidence of physical abuse, and the IDC ignores this fact, or this fact was not presented when voting on the ISD).
- b. The written request for reconsideration must clearly state on which grounds the request is based in accordance with paragraph E.9.a. of this chapter and in accord with Reference (w). The IDC Chair will review the request for reconsideration within five working days of receipt to confirm that either new information is available, or that program processes and procedures were not followed by FAP or the IDC. If the IDC reconsiders its decision, it will follow the procedures described above as if it were an initial review of the case. An IDC decision becomes final (a) after thirty days have passed since the ISD was issued without a request for reconsideration; (b) upon issuance of a new decision upon reconsideration; or (c) upon the date the IDC chair issues declination to reconsider. Only one review will be considered for each ISD. Treatment will not be suspended, interrupted, or postponed pending outcome of the review.
7. Appeal of ISD. If the person requesting the ISD reconsideration is not satisfied with the IDC's final decision, and meets the requirements for a ISD review, they may appeal to Commandant (CG-1K1) by submitting their request on an official Coast Guard memo within thirty days of the IDC final decision. The appellant must clearly state the grounds for their request for an ISD, as noted in 9 (a), Upon receipt, Commandant (CG-1K1) will review the request and determine if it is eligible for a Headquarters IDC Review (HQIDCR). If CG-1K1 determines the case is not eligible for review, the individual will be notified in writing in accordance with E.9.b of this chapter. Cases determined to be eligible for review will be referred to the HQIDC. CG-1K1 will inform the member that their case has been referred to the HQIDC.
8. Procedure. The HQIDC review team must follow the same procedures and criteria used for the evaluation, presentation, and determination during the initial incident assessment by the IDC. The chairperson will facilitate the HQIDC process with all members presenting relevant information for their discipline. The FAP PM will present the alleged incident (s), relevant case information, the ISD decision and the grounds for the review. Each member will review and discuss the alleged incident(s) and relevant case information. The HQIDC review team must only consider pertinent information provided in the appellants request that met the requirements for a HQIDC review. An appellant may not present evidence to the HQIDC review team that was not previously considered by the IDC, except for new information described in 9. (a) or (b) or forensic or medical evidence where the FAP PM determines that the inclusion of the evidence is necessary for the resolution of the case and as discussed below in paragraph 13. The meeting attendees will consist only of representatives from the HQIDC review team or their designated alternates. Input will be received by representatives of the HQIDC and no others. After the HQIDC members have reviewed and discussed the incidents and facts, they will make an ISD. CG-1K1 or their designee must issue a decision on the review within sixty days of the HQIDC review unless delay is necessary for good cause. CG-1K1's decision is final and cannot be further appealed.
9. HQIDC Review Team Membership. The HQIDC review team membership differs from the Coast Guard Districts IDC to allow for a higher-level review. All core members and alternates must complete the IDC training prior to participating on the IDC. The HQIDCR team consists of:
- IDC Chair, Commandant (CG-1K1) or alternate.
 - FAP PM, Commandant (CG-1K11) or alternate.
 - Medical Officer, Commandant (CG-1K2) specializing in spouse and child abuse.
 - The Judge Advocate General, (CG-LMJ) or alternate.
 - Coast Guard Investigative Service Commandant, (Coast Guard-CGIS DDOPS).
 - Behavioral Health Provider.
 - Senior Enlisted. One representative within the (CG-1K1) of the rank of E-7 or above.
10. Standard of Review. Commandant (CG-1K1) may not reverse the decision of the IDC unless he or she believes it is highly probable or reasonably certain that an error has been committed or new forensic, medical, or legal information is available as discussed in paragraph 11 and 13.

11. ISD use in Court. The IDC is not a legal proceeding. It is an administrative process used by the military services to determine the need for intervention or services and to provide the commands with the information regarding potential at-risk families. It is not an adjudication of guilt or innocence. Therefore, this ISD is not intended for use in a civilian court, as a basis for legal proceedings, and is not intended to have any probative value in criminal proceeding. The ISD should not be construed as the Coast Guard's official position with respect to a member's fitness as a parent in a custody dispute, nor as a finding of fault in a divorce proceeding.
12. ISD Letters. There is no policy requirement to provide any formal documentation or written communication to the parties' subject of an IDC. However, a CCSM following the IDC may issue a letter to parties involved in a CCSM containing information on treatment and services available to the parties. The letter should not contain the ISD or reveal any findings or conclusions of the IDC.
13. Clinical Case Staff Meeting (CCSM). Membership attendance is limited to those with expertise in child abuse and neglect and DA. Within this limitation, the assigned FAS may invite other military or civilian medical, behavioral health, substance abuse, or clinical social services providers/ CPS to participate and who can add value to the clinical case discussions. CCSM membership includes:
 - Clinical Work-Life Supervisor
 - FAS (assigned)
 - No less than two other clinical providers, (medical officer, clinical FAS, behavioral health provider, clinical WL Supervisor)