



U.S. Coast Guard Briefing to DACOWITS RFI 6 June 2024

Presented by:

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Coast Guard Investigative Service



The effectiveness of current DoD and Family Service policies in identifying and reducing the incidence of DA/IPV is measured by:

- Family Advocacy Prevention programs.
- Outreach programs.
- Education and early identification.
- Family Advocacy Specialists (FAS) monthly metrics.
- Clinical Case Staff Meeting treatment outcomes.
- Decrease rate of subsequent incidents .
- CG Central Registry.
- Client satisfaction.



The following metrics are used to evaluate programs /policies' effectiveness:

- CG Quality Assurance Inspections (QAI).
- CG Incident Determination Committee, Incident Status Determination stats.
- CG Incident Determination Committee Technical Directive.
- CG Central Registry.(first time victim and offender vs repeat victim and offender),
- FAP monthly metrics, and
- Prevention Program enrollment.

Historically, CG FAP has not had the technology to conduct in-depth analysis of data or metrics.



Areas/Programs that have been identified as needing improvement:



Quality Assurance Inspection (QAI) FAP areas of concern:

- Obtain Incident Status Determination (ISD) within 30 days of the incident being reported.
- Provide CG-5488 to the Family Advocacy Program Manager (FAPM) and HSWL SC within 5 business days of the ISD.
- Complete initial risk assessment and assign risk level within 24 hours of receiving the allegation or as soon as reasonably possible.
- Determine abuse severity level.
- Initiate safety planning with victim, non-offending caretaker and alleged offender.
- Based on the two QAIs that were conducted this year thus far, it is anticipated the numbers of discrepancies will continue to decrease which is attributed to the implementation of DoD CMS and more comprehensive FAS onboarding FAP orientation.



Monitoring, oversight, quality control and trainings that are undertaken:



- FAP trainings to Commanding Officers, Executive Officers, Officers In Charge, Executive Petty Officers, and Command Master Chiefs every 3 years.
- FAP annual training for mandated reporter and covered professionals.
- Newly hired FAS training and annual FAS Training.
- FAP conducts program Quality Assurance Inspections every 3 years.
- IDC reviews annually and established an Incident Determination Committee (IDC) Technical Directive for the IDC process.
- Provide Informed Consent to all adult clients.
- Implementation of DoD Case Management System enabled better oversight of case management.



Monitoring, oversight, quality control and trainings, continued.



- Notify CG Investigative Service of all alleged incidents of unrestricted reports of maltreatment.
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Areas of concern/deficiencies that have been identified in the “met criteria” evaluation processes.

- Obtain Incident Status Determination (ISD) within 30 days of the incident being reported.
- Some FAS assessments may vary, not all family members are being assessed if involved or if witnessed an incident, despite screening tools and guidance from policy and IDC TD.
- Inconsistency of act/impact facts being briefed at the IDC.
- Inconsistency with the number of IDC Core members at the IDC.
- CGIS taking a long time to complete their Investigation.

CG FAP does utilize the IDC Decision tree to ensure accuracy.

The CG implemented DoD CMS, which ensures better oversight of cases, improves compliance, consistency and accuracy.



Key reasons that domestic and intimate partner “reports” fail to qualify as “met criteria” incidents of domestic abuse/violence

- During the FAP assessment, all types of domestic and intimate partner abuse and neglect must be assessed per CG guidance/policy and the unrestricted reported incidents must be taken to the IDC.
- Often there is more than one type of abuse the victim may experience, however may not offer the information unless asked or may not be aware of the types of abuse, so they do not report them.
- Many victims often are fearful of reporting abuse for variety of reasons to include the cycle of violence.



Key reasons continued...

- When a victim makes an unrestricted IP/domestic DA report that meets reasonable suspicion, the allegations will be reviewed by the IDC regardless of the victim recanting. FAP ensures that safety and protective factors are put in place to support and protect the victim.
- In the past there have been some Inconsistency of act/impact facts being briefed at the IDC as well as inconsistency with the number of IDC Core members at the IDC.
- Since implementing DoD CMS, there is better oversight of cases now which improves compliance, consistency and accuracy.
- Based on the annual reviews, the IDC appears to be consistent across the CG. They are utilizing the IDC decision tree and presenting on the MS Teams platform. The IDC SOP/TD provides specific instruction on the IDC process.



2019 DACOWITS report recommending implementing a means for Service members suffering from domestic abuse to access immediate and convenient access to assistance follow-up

The CG has ensured immediate and convenient access to resources and assistance to Service Members suffering from domestic abuse to include:

The CG Command Center 24/7, FAP 24/7, DV hotline, CAN hotline, Suicide 988, Sexual Assault, and CG Support.



Domestic abuse hotlines used by DoD and the Services and their utilization rates for the last five years.

- i. Both military specific and non-DoD or CG (CG SUPRT)
- ii. Translation services are available upon request.
- iii. Yes, they are staffed 24/7
- iv CG SUPRT CONUS and OCONUS





Coast Guard Definition of Intimate Partner

Intimate Partner: A person with whom the victim shares a child in common (e.g., a spouse) or a person with whom the victim shares or has shared a common domicile, or a domestic partner of a military member.

[COMDTINST 1752.1](#) (scroll down to second page to find Enclosure #1)



Memorandum of Understanding (MOUs) for victim services

- A sample MOU can be provided by the Health Safety Work-Life Service Center (HSWL SC) Work-Life Division upon request
- The reviewing offices are the HSWL SC, Work-Life Division and the CG Legal Service Command.
- Currently CG FAP is in the process of collaborating with the National Child Alliance (NCA) to develop a service wide MOU with the Child Advocacy Centers, as NCA has done for DoD FAP services.



Actions taken to improve law enforcement response to domestic violence reports and the quality and sufficiency of investigations



- Policy Updates
 - Requires agents to notify victims of their rights in accordance with Victims' Rights and Restitution Act, 42 U.S.C, when CGIS is the lead investigative agency
 - Requires agents to brief victims at least monthly on the status of their investigations, as well as a final victim brief prior to the closure of an investigation
 - Issued policy discontinuing the use of Non-Disclosure Agreement (NDA) forms for victims, and replaced with a scripted/standard verbal statement attesting to the confidentiality and sensitive nature of the investigation
- New Internal Control Process to formalize the criminal case review process.



Monitoring undertaken to assess whether law enforcement responses to domestic violence and related investigations are sufficient and proper investigative techniques and processes employed.

A new Internal Control Process (ICP) has been established to formalize the criminal case review process. The ICP established a set schedule for case reviews of all cases from First Level Supervisor up to the Assistant Special Agent in Charge level. The new case review process enhances quality control over all investigations, ensuring each case goes through a multi-layered review, to ensure compliance with agency policy and standards, and to verify best-practice techniques are employed. This new process was also enabled to reduce stagnancy of cases, requiring explanations for significant time gaps between steps, and increase transparency in situations where investigations undergo lead agent changes.



Number of domestic violence fatalities from FY12-FY23

There were nine (9) total fatalities (subjects and victims) involving domestic violence from 2012-2023 in the Coast Guard.



Number of fatalities from FY12 – FY23

Fiscal Year (FY)	Homicide, Suicide, accident, or Undetermined	Gender of Offender and Victim	Service/Civilian Status of Deceased and offender	DA or IPV Incident
2012	Homicide/Suicide	(S) Male (V) Female	Both Deceased	IPV
2015	Homicide	(S) Male (V) Female	Victim Deceased (S) Service Member (V) Civilian Girlfriend	IPV
2018	Homicide/Suicide	(S) Male (V) Female (V) Female (V) Male	All Deceased (S) Service Member (V) Civilian Spouse (V) Dependent Child (V) Dependent Child	IPV
2020	Homicide	(S) Male (V) Female	Victim Deceased (S) Service Member (V) Dependent Child	DA
2023	Homicide	(S) Male (V) Female	Victim Deceased (S) Service Member (V) Civilian	IPV



Number and percentage of fatalities resulted from the use of a gun

8 of 9 (or 89%)

5 total investigations regarding incidents of Domestic Violence resulting in 9 total deaths.

4 of the 5 (80%) investigations involved a weapon / / 8 of the 9 (89%) deaths involved a weapon.

SAMPLE MEMORANDUM OF UNDERSTANDING
BETWEEN
(Base MTF/Clinic)
AND
CIVILIAN SEXUAL ASSAULT MEDICAL FORENSIC EXAMINER PROGRAM

1. General

- a. Type of Action. This is a new agreement.
- b. Participants and Types of Agreements. This memorandum of understanding (MOU) is entered into by and between (BASE Clinic, City, and State), and (Civilian Sexual Assault Medical Forensic Examiner Program, City, State). This MOU will address the basic relationship between the parties to this agreement.
- c. Purpose. The purpose of this agreement is to establish guidelines for the medical forensic examination of adult victims of sexual assault who are eligible to receive treatment in Military Treatment Facility (MTFs)/Clinics. The facilities will coordinate the required procedures needed for the collection of evidence using the Sexual Assault Forensic Examination kit, reporting procedures for restricted reports and the handling, storage, and transportation of the kit using established chain of custody procedures from Civilian Sexual Assault Medical Forensic Examiner to the MTF/Clinic and the Coast Guard Investigative Service). As used herein, the term “Service member” refers to an active duty Service member, Military Service Academy cadet, or Midshipman or National Guard or Reserve Service member when performing active service and inactive duty training or a member of the Coast Guard or Coast Guard Reserve.
- d. Background. Sexual assault has been underreported due to many victims’ reluctance to inform their chain of command or activate law enforcement actions. Therefore, the option of restricted reporting has been instituted. The Coast Guard policy states that all active duty Service members and Military dependents 18 years of age or older, who were victims of sexual assault involved by someone other than spouse or intimate partner, have the option to choose between unrestricted and restricted reporting.

(1) An unrestricted report affords the active duty victim of sexual assault an official investigation of their allegation in addition to medical care and follow-up counseling.

(2) Individuals who choose not to involve law enforcement or their command may opt for a restricted report. Restricted reports may be made to health care medical provider, a sexual assault response coordinator (SARC), and or a victim advocate (VA). Restricted reporting allows the victim to receive medical care and follow-up counseling but will not trigger the investigative process or notify their command.

(3) Local facilities should be aware of state laws and local policies regarding payment and should consider the appropriateness of billing the costs for the examination to TRICARE. Section 1079(a) of Title 10 U.S. Code mandates coverage of examinations following a sexual assault to include the Sexual Assault Forensic Examination kit, which is a covered benefit for all TRICARE beneficiaries.

e. Authority. This agreement is supported by CG Manuel 1754.10series.

2. Responsibilities

a. The MTF/Clinic agrees to:

(1) Triage and provide any emergency treatment deemed necessary prior to releasing the patient to Civilian Sexual Assault Medical Forensic Examiner for a medical forensic examination and additional medical treatment.

(2) Inform and offer sexual assault victims who report the assault, restricted or unrestricted reports, the medical and forensic services offered by the Civilian Sexual Assault Medical Forensic Examination Program.

(3) Utilize the Civilian Sexual Assault Medical Forensic Examination Program and Facility.

(4) Ensure that the victim has an appropriate method of transportation to and from Civilian Sexual Assault Medical Forensic Examination.

(5) Provide the Civilian Sexual Assault Medical Forensic Examiner with the following:

(a) The current version of CG Form 6095.

(b) The current SARC contact.

(c) The contact information for the Coast Guard Investigative Service (CGIS) and any special procedures for kits collected under the military restricted reporting option.

(6) Utilize the Sexual Assault Program Manager to coordinate payment from TRICARE as necessary, as well as liaise with the Sexual Assault Prevention, Response and Recovery Program.

(7) Utilize the SAPRR Critical Incident Team to receive documentation from Civilian Sexual Assault Forensic Examination, if applicable, and coordinate and facilitate follow-up care.

b. The Civilian Sexual Assault Medical Forensic Examiner agrees to:

(1) Triage the patient and provide emergency treatment, as necessary, if the patient presents directly for care. Although sexual assault victims are not clinically categorized as emergent, victims of sexual assault shall be prioritized as emergent per U.S.

Department of Justice (DoJ) National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

(2) Contact the SARC and/or duty VA (if not already notified) upon the arrival of the Service member. Upon arrival of the SARC or VA, the victim will be informed of his or her rights and be given the option of restricted or unrestricted reporting. The victim will choose, in writing, whether he or she wants a restricted or unrestricted report.

(3) Provide appropriate trained personnel to conduct the medical forensic examinations for sexual assault victims.

(a) Persons rendering services pursuant to this MOU shall be at a minimum:

1. Physicians - Be licensed and maintain licensure as a physician of their respective state and possess training specific to the sexual assault medical forensic exam.

2. Registered Nurses - Be licensed and maintain licensure as a Registered Nurse by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination.

(b) Persons rendering these services must also provide care that meets the most current version of The National Protocol for Sexual Assault Medical Forensic Examinations from the DoJ.

(3) Provide the Service member a Sexual Assault Medical Forensic Examination and treatment for the prevention of sexually transmitted infections (including Human Immunodeficiency Virus) and pregnancy. The SARC or VA will remain with the victim if he or she chooses.

(4) Provide crisis intervention and emotional support as necessary, and information about victim preferences with respect to the exam, to include the right to refuse any or all medical and forensic services.

(5) If the victim chooses an unrestricted report, the Civilian Sexual Assault Medical Forensic Examiner will proceed with their standard protocol for sexual assault care. The SARC or VA will remain with the victim if he or she desires.

(6) If the victim's decision is a restricted report, the following actions will be taken:

(a) The SARC or VA will provide the Civilian Sexual Assault Medical Forensic Examiner with an alphanumeric restricted reporting case number (RRCN).

(b) The Civilian Sexual Assault Medical Forensic Examiner will conduct a medical forensic examination after informed consent is obtained. The examiner will place the wet prep report and any small items of clothing (i.e., underwear) into the Sexual Assault Forensic Examination kit. The remaining clothing will be placed into separate paper bags. All associated bags will finally be placed into one large bag that is properly sealed with evidence tape. The Sexual Assault Medical Forensic Examiner will then sign across the seal of the evidence tape and bag.

(c) The examiner must maintain the kit in his/her presence until all evidence is collected and the kit sealed.

(d) The medical forensic examiner shall place his or her initials, date the examination was completed, and time the box was sealed on the labels. The examiner will affix the "restricted evidence" seal (included in the kit) and write the RRCN number provided by the SARC on the kit along with the name of the facility where the medical forensic examination was conducted.

(e) The examiner will affix a biohazard label to the front of the kit in the designated area per Sexual Assault Forensic Examination kit instructions. The examiner will not write any identifying information on the Sexual Assault Forensic Examination kit.

(f) The examiner will identify multiple Sexual Assault Forensic Examination kits as noted above and in a manner to ensure proper accountability (e.g., "1 of 2", "2 of 2")

(g) The sealed Sexual Assault Forensic Examination kit and any collected and packaged clothing marked with the RRCN will be documented and placed inside a larger box.

(h) After the evidence and written documentation has been placed in the box, place the red evidence label tape on the two designated sides of the box for secure closure of the

kit. Using a black felt-tip pen, the medical forensic examiner will write the RRCN on the line that reads "Victim/Suspect Name" in lieu of the victim's name, along with the name of the facility where the medical forensic examination was conducted.

(i) Within 48 hours of the examination, the Civilian Sexual Assault Medical Forensic Examiner will coordinate with SARC to contact CGIS for collection. At no time is the SARC or the VA to take possession of the Sexual Assault Forensic Examination kit.

(7) The medical forensic examiner will provide a copy of the discharge and follow-up instructions to the patient. Following completion of services, the medical forensic examiner will notify the designated SARC or VA to ensure MTF/Clinic awareness and facilitate any needed follow-up appointments. Each case will also be reviewed by the SAPRR CIT as warranted.

(8) Billing for the visit will be processed through TRICARE without contacting the victim or victim's family for processing. If any problems arise with respect to payment, the MTF/Clinic will coordinate resolution via the TRICARE representative. Section 1079(a) of Title 10 U.S. Code mandates coverage of examinations following a sexual assault to include the Sexual Assault Forensic Examination kit, a covered benefit for all TRICARE beneficiaries. TRICARE is the primary payer to all state Victims of Crime Compensation Programs, regardless of any language to the contrary in state laws or regulations. Medical forensic examinations performed under a civilian MOU agreement are to bill TRICARE directly.

3. Meetings. The parties agree to meet on an annual basis to discuss issues of mutual concern and to discuss provisions for mutual support of sexual assault care.

4. Effective Period. This MOU is effective upon date of signatures for a period of 5 years. It may be continued without change during that period, but must be reviewed annually by all parties. This review will be documented.

5. Modification, Change, or Amendment. Any modifications, changes, or amendments to this MOU must be in writing, and are contingent upon MTF/Clinic approval. Subsequent approval, the modification, change, or amendment must be signed by all parties.

6. Notice. All correspondence related to this MOU will be forwarded to the MTF/Clinic for consolidation or corrective action.

7. Termination. The MOU may be cancelled at any time by mutual consent of the parties concerned. The MOU may also be terminated by either party upon giving 45 days written notice to the other party. In the case of mobilization or other emergency, the agreement may be terminated immediately upon written notice by the MTF/Clinic activity, and it will remain in force during mobilization or other emergency only within the MTF/Clinic activity's capabilities.

8. Concurrence. It is agreed that all parties to this MOU concur with the level of support and resource commitments that are documented herein.

The primary POC for this agreement is (INSTALLATION POC NAME; OFFICE OR
ACTIVITY NAME, STREET ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER,
ORGANIZATIONAL EMAIL

Commanding Officer Comptroller Civilian Hospital
Military Treatment Facility Military Treatment Facility Medical Center Drive
City, State, Zip Code City, State, Zip Code City, State, Zip Code

Date: _____ Date: _____ Date: _____

Annual Review:

CY ____ : _____

MTF/Clinic Representative SAFE Program Representative

CY ____ : _____

MTF/Clinic Representative SAFE Program Representative

CY ____ : _____

MTF/Clinic Representative SAFE Program Representative

CY ____ : _____

MTF/Clinic Representative SAFE Program Representative