

SUBJ: DACOWITS RFI #5 – March 2024 QBM

FROM: Family Advocacy Program (FAP), PSC

TO: DACOWITS Committee

THRU: Office of Diversity & Inclusion (DPR - 4)

INTIMATE PARTNER VIOLENCE AND DOMESTIC ABUSE

In accordance with DACOWITS’ Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will assess updates to the DoD Instruction 6400.06, “Domestic Abuse Involving DoD Military and Certain Affiliated Personnel,” dated May 16, 2023, and determine whether the DACOWITS’ 2019 recommendations related to domestic abuse were implemented. In addition, the WB&T Subcommittee will examine the status, increase, or decrease in domestic abuse incidents; the effectiveness of current DoD and Military Services’ policies; and evaluate whether there are additional policy inconsistencies that need to be remedied (e.g., definition of intimate partner).

The Committee requests a **written response** from the **Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, and National Guard** on the following:

DACOWITS: Intimate Partner Violence (IPV) and Domestic Abuse (DA) remain a public health issue of national concern. Data available from military reporting systems demonstrate that IPV/DA is an equally serious and significant military public health concern. The Committee recognizes DoD is actively working to improve its programs to support victims of IPV/DA, and has acted upon the Committee’s [2019 recommendations](#), but recent [Congressional Research Service](#), [GAO](#) and RAND Corporation reports identify additional areas of concern which need improvement in a number of areas, including data collection, prevention strategies, training, law enforcement response, victim services/coverage, community coordination, offender accountability, among others.

- c. Provide copies of the annual fatality reports required by DoDI 6400.06 from FY12-FY22. Provide information (from FY12-FY22) on what action was taken, and the result, against those abusers believed to be criminally responsible for a victim’s death? How many fatalities were of undetermined cause?
- d. Provide data regarding participation in the CATCH program outlined in DoDI 6400.06. How long has that program been in effect and how many alleged serial offenders involved in IPV/DA have been identified/entered into the system since inception of that program?
- e. Have you conducted any surveys addressing the topic/soliciting information about the incidence of IPA/DA? If so, provide dates and findings of those surveys.
- f. Provide the number of restricted reports received in the years FY12 through FY22, in the same format and with all the same categories reported for unrestricted reports in the

December 2023 QBM meeting. If you do not have all that data available, provide as complete a report as possible and identify where you lack specific data fields. At minimum, local installation FAPs should have these numbers even though DoD collects only unrestricted report data. If your Service does not have a complete data set of restricted reports, explain why that data is not collected and what efforts may be underway to collect and analyze it.

- g. Is information regarding restricted reports, types of allegations involved and assessed threat level reported to the installation IDT (or other group-define) and relevant command authorities (recognizing identifying information is confidential) to assure awareness and enhance outreach/training/other community prevention efforts?
- h. How many nonjudicial punishment or court-martial actions have been taken against military Service members for:
 - i. Violations of UCMJ Article 128B or its previously equivalent predecessor articles for domestic or IPV violence from FY12-FY22; and
 - ii. MPO or CPO violations from FY12-FY22?
- i. How many reported abuse/violence incidents have resulted in an imminent danger assessment from FY12-FY22? Identify by gender the abuser and victim, category of abuse/violence, and whether incident involves intimate partners or spouses.
- j. Although the metrics collected represent only unique victims and abusers, do you have data identifying how many abusers are repeat offenders (i.e., are identified as the abuser in more than one incident)? If so, please provide that data for FY12-FY22 or for as many of those years as possible.
- k. What is your Service's progress on implementing a coordinated community response process IAW DoDI 6400.06? Outline the process, agencies involved, and their respective responsibilities. How often does the group meet and do they undertake analysis of incidents to identify trends, repeat offenders, or other important indicators? Are commanders tasked, and how, to identify actions taken to hold abusers accountable via administrative or disciplinary action when circumstances warrant such actions?
- l. What are the challenges your Service faces in providing adequate victim services access and coverage, particularly at OCONUS and remote locations? For example, what is the personnel staffing situation regarding the number of DAVAs, clinical providers (to include mental health) and special victims counsel? Are you adequately staffed and funded to provide required victim services access and coverage at military installations? What is the situation at your OCONUS and remote installations?
- m. The most recent change to DoDI 6400.06, para 4.1, enables the Military Departments to implement mandatory training at a frequency determined by the Military Services instead of annually. Provide information on the number, types, and titles of training your Service conducts, the target audiences for each, the training's frequency, and copies of that training.

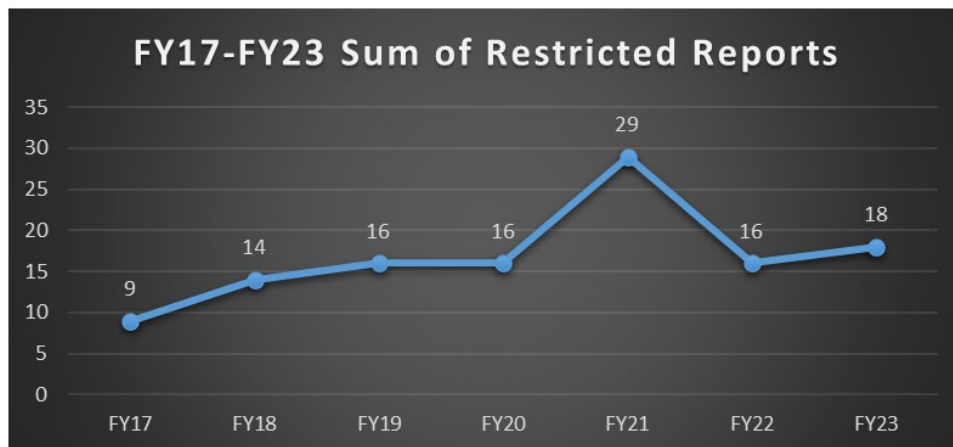
CG Response:

c. Coast Guard Family Advocacy Program (CG FAP) does not participate in the production of annual fatality reports required by DoDI 6400.06.

d. CG FAP does not participate in the CATCH program outlined in DoDI 6400.06.

e. No, CG FAP has not conducted any surveys regarding IPV/DV.

f. The metrics for Restricted Report (RR) data is from FY17-FY 22. CG FAP does not have all the requested data fields. The data set of restricted reports are not tracked by the specific type of allegation (physical, emotional, sexual, neglect), gender, or the relationship to the victim. The Family Advocacy Specialists (FAS) collect this information during the intake process; however, it is stored in the secured restricted report case file at the FAP Work-Life Office. Moving forward, FAP will request the FAS to include this data in their monthly report to the CG Health, Safety, and Work-Life Service Center.



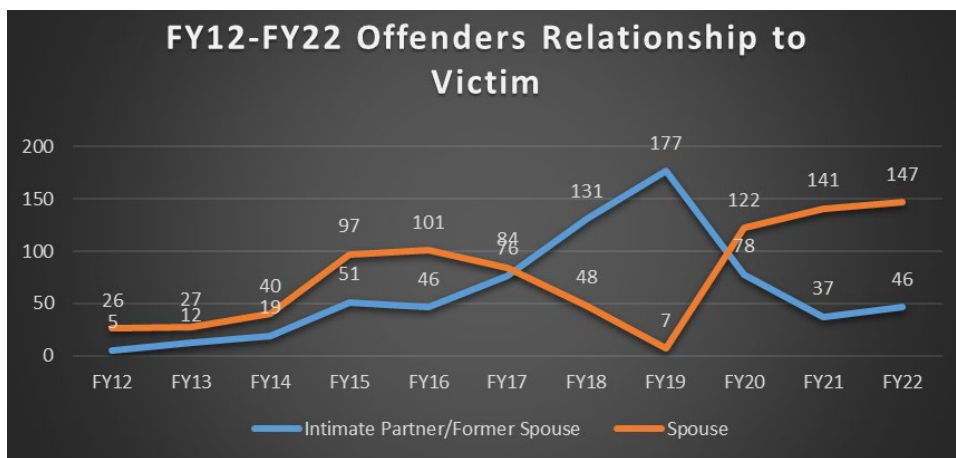
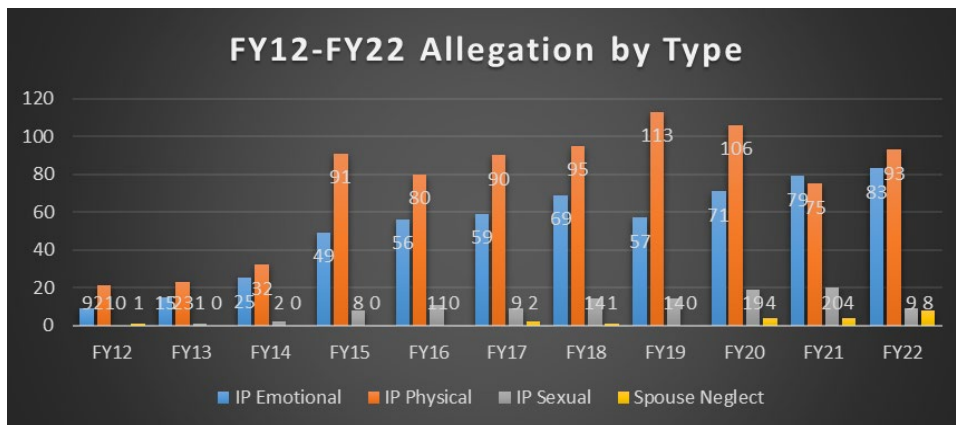
g. CG FAP maintains strict confidentiality with restricted reports. Allegation, risk, severity, and threat level is assessed at intake and is ongoing until the case is closed. Restricted report cases are staffed at the Clinical Case Staff Meeting. High risk cases are not eligible for a Restricted Report (RR). When a client has a RR and the threat level is heightening, the client is no longer eligible for a RR due to safety concerns.

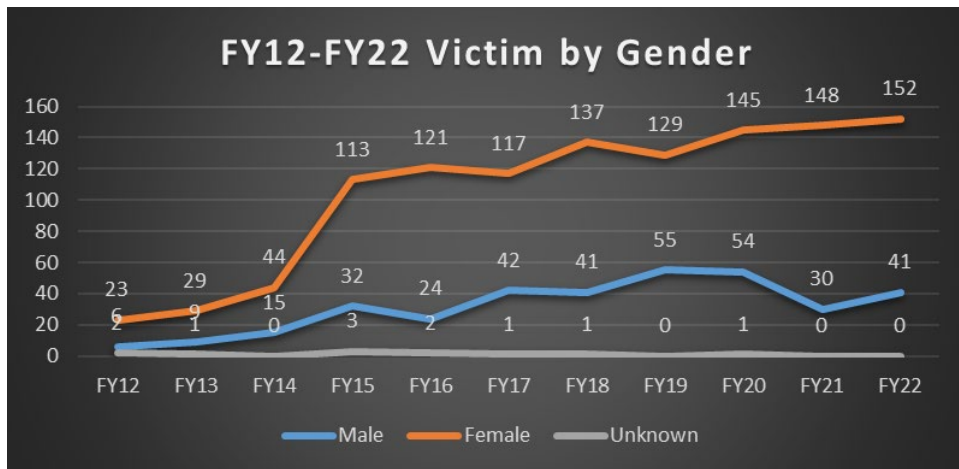
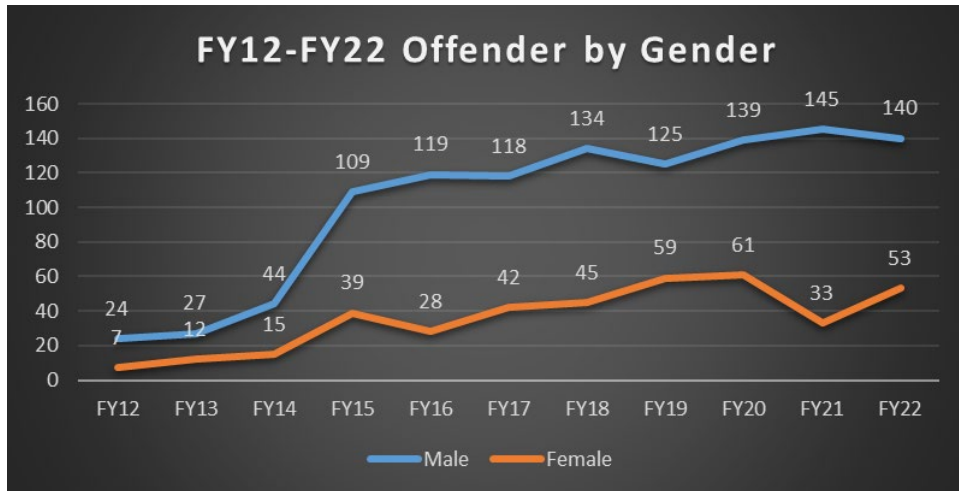
h. The number of nonjudicial punishment or court-martial actions that have been taken against military Service members for violations of UCMJ Article 128B or its previous equivalent predecessor articles for domestic or Intimate Partner violence is difficult to evaluate. CG records for these only go back to 2016. Records indicate there have been 132 total violations of Article 128B, and its predecessor articles within Article 128, that were found to have been committed using the appropriate burden of proof at either court martial or NJP. However, this data includes all entries of Article 128, including Simple Assault and Assault Consummated by a

Battery – and these items do not indicate whom the assaults occurred against. There were only four records of violations which indicated Domestic Violence or Assault on child/spouse/intimate partner/family member that were found to have been committed using the appropriate burden of proof at either at court martial or NJP. Additionally, some of the entries in the database included multiple violations against same offender. There is no further information regarding if these violations arose from the same event or separate events.

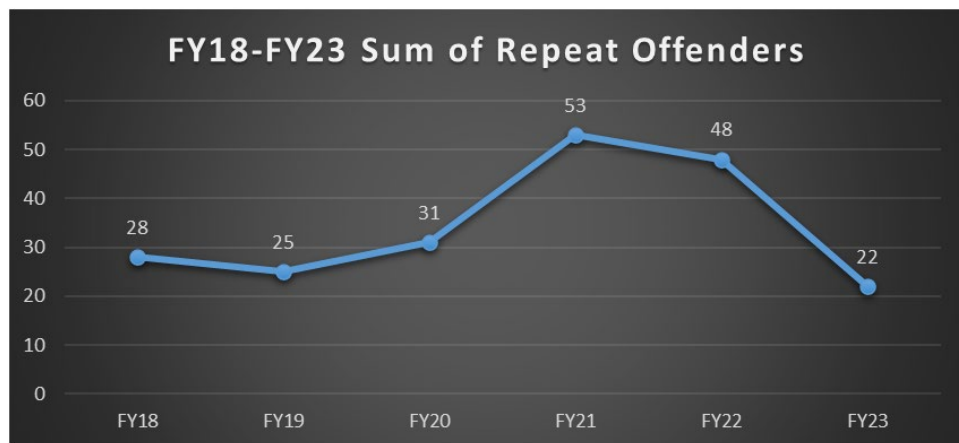
The data for the number MPO (military protective order) or CPO (civilian protective order) violations is even more difficult to capture. Violations of MPOs are coded as violations of lawful orders, in violation of Article 92, UCMJ. However, entries for these violations include various other violations of lawful orders, and it is not possible to differentiate which were MPOs specifically. Therefore, while this data could be collected, it is not worthwhile to present as there is no specificity.

i. All CG FAP incidents reported result in an imminent danger assessment during the client’s initial psychosocial assessment and at follow up session, as appropriate. The data requested can be found below on the slides.





j. Metrics for Repeat Offender data collection began in FY18. The data for the sum of repeat offenders from FY18-FY22 can be viewed on the following slide.



k. COMDTINST 1752.1 (series), Coast Guard Family Advocacy Program, implemented a coordinated community response (CCR) process in 2014. COMDTINST 1752.1 (series) mandates a CCR and a collaborative effort by CG FAP, law enforcement, health care providers, legal advisors, commands, chaplains, child development centers, housing, other military services, and community-based organizations, when responding to reports of maltreatment. This includes sharing information and records, as permitted by law and regulations, as well as conducting joint interviews whenever possible, and sharing resources. The CG CCR includes multidisciplinary teams and interagency collaboration.

The Incident Determination Committee (IDC) - A multidisciplinary team chaired by the Base CO and designed to determine which allegations meet criteria for domestic abuse and child abuse and neglect. The IDC meets monthly. Membership consists of the Base Commander, Legal Representative, CG investigative Service, two representatives of other commands within the HSWL Regional Practice area of responsibility (AOR) of the rank of E-7 or above, the FAS, Medical Officer, Behavioral Health Provider, a representative of victim's and/or offender's command, Child Protective Services, or other agencies involved in the case.

The Clinical Case Staff Meeting (CCSM) - Is a clinical multidisciplinary team designed for case staffing, treatment planning, case management, aftercare, and case closures. Providers consist of the FASs and other mental health and medical providers, and community-based providers, as appropriate. The CCSM meets monthly or more often as needed.

The CG High Risk for Violence Response Team - The CG HRVRT is a multidisciplinary team 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. 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. The CG HRVRT meets as needed and membership consists of the FAS, service member's command, CGIS, Legal, and Medical.

National Childrens Alliance (NSA) / Child Advocacy Centers (CAS) - is a grant-funded program for military families designed to provide free forensic evaluations, medical exams and other services to military children who have experienced abuse, as well as to their family members. We attend a multi military service monthly meetings with the NCA and CAS.

Military Community Advocacy Directorate, DoD Military Community and Family Policy

- Is a Multi military service Family Advocacy Program Managers quarterly mtg designed for Congressional and policy updates, program updates, and multiservice collaboration, and FAP multi-service prevention mtg.

I. CG FAP employs 20 FASs who are independent licensed mental health providers. They provide Domestic Abuse (DA) and Child Abuse and Neglect (CAN) prevention education, early identification, risk and safety planning, psychosocial assessment, clinical services, victim advocacy and case management services to CG victims and offenders who witnessed or experienced DA or CAN. The Coast Guard FASs are not base-centric. They are assigned an area of responsibility and provide services within their assigned District. Many of the CG stations are remote. CG FAP provides 24/7 coverage and utilizes SVC services for clients, as needed. CG FAP does not have DAVAs, however, the FASs provide victim advocacy or utilize community victim advocates, especially in remote areas. CG service members OCONUS can access CG FAP services via approved platforms or access FAP services via DoD FAP. Unlike DoD FAP, CG FAP does not receive the Congressional funding for FAP. As a result, our staffing and services are not as robust as the DoD FAP to include but not limited to DAVAs, New Parent Support Program (NPSP), and a FAP-specific electronic database.

m. CG FAP provides several types of training on various timing schedules. They include:

FAP Unit Leader Training (#1, 1.1, 1.2, 1.3, 1.4, 1.5). This training is targeted to Unit Leaders upon taking command. The training must occur within 90 days of assuming command and every three years thereafter. The various materials for the training are attached:

1. Unit Leader Presenter Guide
 - 1.1 Shared Concrete Experience
 - 1.2 Case Discussion
 - 1.3 Case Command Guide
 - 1.4 Case Analysis
 - 1.5 Unit Leader Presentation

FAP IDC Training (#2, 2.1, 2.2). This training is a required training for commanders and IDC voting members prior to participating in or attending the IDC. The training is conducted prior to a person's first participation in the ICD and while there is not a requirement for a recurring basis, refreshers can be given as needed. IDCs are held monthly or at the call of the chair. The various materials for the training are attached:

2. FAP IDC Presenter Guide
 - 2.1 IDC Case Studies Handout
 - 2.2 IDC Training Slides

FAP Child Development Center (CDC) Training (in revision)- This annual training is designed for CDC personnel. FASs provide annual training for CDC childcare providers and other staff working at the CDC. The purpose of the training is to educate the childcare providers and CDC personnel about the FAP process and procedures, types of abuse, developmental stages, appropriate and inappropriate behaviors, reporting abuse, problematic sexual behaviors in children and youth (PSB-CY) and the coordinated community response to child abuse and neglect.

Work-Life FAP Orientation Training (3) - This is training designed for newly hired FASs. The materials for the training are attached:

3. FAP FAS Orientation Training

CG Family Advocacy annual clinical training. This training is designed to enhance the FASs' clinical and case management skills and affords the FASs the required annual CEUs. This training occurs on an annual basis.