



**CC I 672.03**  
**EFFECTIVE DATE: 10 August 2017**

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**By Order of the Acting Assistant Secretary for Health:**

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SUBJECT: Domestic/Family and Workplace Violence

1. PURPOSE: This Instruction sets forth the policy and procedures of the Commissioned Corps of the U.S. Public Health Service (Corps) for addressing domestic/family violence incidents involving active duty Corps officers who have been identified as either the offender or victim. The Corps seeks to reduce and prevent the incidence of domestic/family and workplace violence by intervention response with local community resources, Military Treatment Facilities (MTF), Family Advocacy Program and/or the Employee Assistance Program (EAP).
2. APPLICABILITY: This Instruction applies to all Corps officers.
3. AUTHORITY:
  - 3-1. Presidential Memorandum, "Establishing Policies for Addressing Domestic Violence in the Federal Workplace," dated April 18, 2012.
  - 3-2. 42 U.S.C. §202, "Administration and Supervision of Service"
  - 3-3. 42 U.S.C. §213a, "Rights, Benefits, Privileges, and Immunities for Commissioned Officers or Beneficiaries; Exercise of Authority by Secretary or Designee"
  - 3-4. 42 U.S.C. §216. "Regulations"
  - 3-5. 10 U.S.C. §1059, "Dependents of Members Separated for Dependent Abuse: Transitional Compensation; Commissary and Exchange Benefits"
  - 3-6. 68 Federal Register 70507, dated 18 December 2003.
  - 3-7. CCD123.01, "Involuntary Separation"
  - 3-8. CCD111.02, "Disciplinary Action"
  - 3-9. CCD128.01, "Medical Review Boards"
  - 3-10. CCD129.01, "Board for Correction of Records"

- 3-11. 42 CFR § 21.23, "False Statements as Disqualification"
- 3-12. PL 104-191, "Health Insurance Portability and Accountability Act (HIPAA)"
4. **PROPONENT:** The proponent of this Instruction is the Assistant Secretary for Health (ASH). The responsibility for assuring the day-to-day management of the Corps is the Surgeon General (SG).
5. **SUMMARY OF REVISIONS AND UPDATES:** This is the second issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Personnel Manual (CCPM) CC29.3.3, dated 24 July 2001. The major updates include: the reformatting of the currently approved policy, technical name updates, introducing domestic/family and workplace violence awareness training at COTA, informing officers of their responsibilities to legal family members, providing guidance to supervisors and officers who are victims, and updated Medical Affairs responsibilities.

6. POLICY: Corps Officers are an asset and the Corps values the service and commitment of officers and their family members. The Corps recognizes stressors such as call to active duty, deployments, permanent change of stations, and work-life balance present challenges to the officer and their families. Through education, prevention, and referral to intervention services when necessary, the Corps seeks to promote healthy family relationships and retention of officers for productive and successful accomplishment of the Corps mission. The Corps is committed to preventing, identifying, investigating, reporting, reducing the incidence and severity of domestic/family and workplace violence providing treatment/referral (as necessary) for officers engaged in or who are victims of domestic/family and workplace violence. The Corps will integrate domestic/family and workplace violence awareness training at multiples levels of education beginning with classes taught at the Officer Basic Course.
  - 6-1. Domestic/family violence and workplace violence is neither acceptable nor compatible with the Commissioned Corps Standards of Conduct found at Commissioned Corps Instruction (CCI) CCI211.01. Service members must promote safe environments in their homes and places of work.
  - 6-2. Officers detailed for duty with other Uniformed Services may be subject to the laws and regulations of the Service to which detailed, including the Uniform Code of Military Justice (UCMJ).
  - 6-3. Pursuant to CCI211.01., "Standards of Conduct," officers must demonstrate conduct and performance expected of Corps officers.
  - 6-4. Medical Affairs (MA) ensures the following services are available within DCCPR:
    - a. Provide resources regarding safe living facilities and treatment.
    - b. Provide authorization for treatment if necessary.
    - c. Assist in reassignment need, if applicable.
    - d. Provide supportive follow-up, if requested.
  - 6-5. Training and education constitutes critical components of any prevention strategy. Domestic/family and workplace violence training for Corps officers and supervisors can be obtained through Operating Division (OPDIV), Staff Division (STAFFDIV), and non-Department of Health and Human Services (HHS) administrative channels and EAP.
  - 6-6. The Corps is committed to preventing and reducing the incidence and severity of domestic/family and workplace violence. The Corps prevention efforts focus primarily on education through domestic/family and workplace violence awareness training available to all new call to duty officers at the Commissioned Officers Training Academy (COTA).
  - 6-7. Officers should attempt to resolve conflicts through nonviolent means. Officers are encouraged to obtain treatment for any underlying problems, such as alcohol/substance abuse, emotional, and psychological disorders, when necessary. Officers can self-refer for treatment, or it can be the recommendation of the Director of the DCCPR in consultation with MA.
  - 6-8. The Corps will not act as a haven for officers who disregard or evade obligations to their legal family members. All officers shall provide adequate and continuous support for their lawful family members and comply fully with the provisions of separation agreements and valid court orders. Any failure to do so brings discredit upon the organization to which Corps officers are assigned and may be cause for administrative

or disciplinary action, which may include a Board of Inquiry or separation from the Corps.

7. RESPONSIBILITIES:

7-1. Officers

- a. The Corps seeks to support and advocate for officers with regard to domestic/family violence and workplace violence. Prevention is one of the major components of a domestic/family violence and workplace violence strategic plan. Training and education are critical elements of a prevention strategy. Officers are encouraged to seek counseling prior to the onset of any domestic/family violence and workplace violence incidents.
- b. Officers shall comply with all legal determinations or court orders.
- c. Officers are encouraged to continue to provide support to his/her family members, in the absence of a separation agreement with or without a court order.
- d. If officers are reassigned as a means of separating an officer from his/her family during treatment for domestic/family or workplace violence, the officer is not entitled to Family Separation Allowance.
- e. Officers shall comply with all requests for all medical records or legal proceedings to include police reports, court decisions/judgments or other documents, as requested by Division of Commissioned Corps Personnel and Readiness (DCCPR).
- f. Officer who is the offender
  - (1) Officers are encouraged to voluntarily seek treatment when conflicts in domestic/family relationships lead to or result in domestic/family violence. Officers should:
    - (a) Seek guidance from MA (see section 6-4).
    - (b) Contact Family Advocacy Program (FAP) as a possible resource where officers may obtain assistance. FAP is available at or through MTFs for officers detailed to other Uniform Services, and/or residing on or near MTF. If officers are not near an MTF, they should utilize information on employee assistance programs or the agency equivalent.
    - (c) Contact the National Domestic Violence Hotline at 1-800-799-SAFE (7233).
    - (d) If substance use is a contributing factor, officers should request treatment voluntarily by self-referral or via supervisory referral.
    - (e) Notify supervisors and community domestic/family violence resources in your area to self-report occurrences and seek counseling assistance.
    - (f) If possible, locate alternative housing if escalation of domestic violence occurs or to prevent escalation of domestic violence.

- (2) If the officer's work/duty assignment is a contributing factor to family stress, the officer should discuss the issue(s) and potential interventions with his/her supervisor and/or liaison if necessary. Interventions may include restructuring the officer's assignment, changing his or her schedule, and/or possible reassignment.

g. Officer is the Victim

The Corps seeks to advocate on behalf of officers, family members, and partners in relation to domestic violence by providing support and the following guidance. Victims can choose either restricted or unrestricted reporting options. Seek guidance from MA.

- (a) Victims detailed to other Uniformed Services or who reside on or near military installations may seek medical attention, legal assistance and information about the Family Advocacy Program. If residing on a military installation:
  - (i) Contact law enforcement;
  - (ii) Seek military protection order;
  - (iii) If residing on a military installation and the alleged abuser is a civilian, consider having the alleged abuser removed from the home and request that the installation commander bar the individual from the installation.
  - (iv) If residing on a military installation and the alleged abuser is another officer, have the alleged abuser locate alternative housing.

Note abusers (active duty or civilian) are subject to the rules and regulations of the installation and/or the installation commander.

- (b) Victims who do not reside on or near military installations should seek assistance by:
  - (i) Contacting local law enforcement to report domestic violence.
    - (aa) Seek a civilian protection order;
    - (bb) Maintain a copy of the protection order and review it with the legal; and/or
    - (cc) Cooperate if possible with investigation.
  - (ii) Notify supervisor for possible alternative work schedule or reassignment;
  - (iii) Secure safe housing;
  - (iv) Contact counseling resources.
    - (aa) National Domestic Abuse Hotline 1-800-799-

SAFE (7233). The hotline is available 24 hours a day, 7 days a week;

(bb) Inquire about your agency's EAP or equivalent; and/or

(cc) If in need of additional resources, notify MA.

h. Compliance. If an officer is experiencing performance, behavior, or conduct deficiencies related to actual or potential domestic/family violence, the officer may be directed as follows:

(1) If the officer is the offender and facing potential legal issues, the officer must contact the DCCPR Adverse Actions Officer;

(2) If the officer is the victim, the officer must contact MA and/or agency/OPDIV/Program officials.

Note. Failure to seek assistance when directed by appropriate officials constitutes misconduct. (See Subsection 8-1.) Officers directed for care will be monitored and reports will be provided to MA.

7-2. Family members. Domestic/Family Violence affects every member of the household. Violence, neglect, and abuse can involve children, siblings, parents and the elderly. Victims of domestic/family violence who are eligible to receive military medical treatment should access immediate and ongoing advocacy services if residing on a military installation or near an MTF. Victims who do not reside near an MTF or who are not eligible to receive military medical treatment should access local community resources and law enforcement, if applicable, for support services (EAP if available).

7-3. Supervisors/Fellow Officers

a. Supervisors and fellow officers are in a key position to recognize affected officers. Performance, behavior, and/or conduct and attendance deficiencies, regardless of their cause, require prompt documentation and intervention. Deficiencies tolerated because of domestic/family discord is potentially detrimental to the officer and the work environment. Untreated domestic/family violence is chronic, usually progressive, and potentially fatal to the victim.

b. Supervisors must respond to all reports of domestic/family abuse and workplace violence as they would to credible reports of any crime. When a supervisor suspects an officer is engaged in domestic/family violence and/or workplace violence, he/she should contact MA (see section 6-4).

Evidence of domestic/family violence may include, but not limited to:

(1) A decline in an officer's performance and conduct;

(2) A report by the officer's spouse or others;

(3) Receipt of police reports; and/or

(4) Newspaper or media accounts of domestic/family violence.

(5) Self-report by the officer

Note. Copies of police reports, newspaper or media accounts must be faxed/emailed to MA and the Adverse Actions Officer.

- c. The supervisor must contact local and/or Federal law enforcement authorities when he/she reasonably suspects there is an imminent threat of danger or harm to an officer or employee.
  - d. The supervisor must take appropriate action to maintain a violence free workplace. Accordingly, the supervisor may be required to reassign and/or place the officer in a Non-duty with Pay (NDWP) status, pending the outcome of an investigation. The supervisor should contact the Adverse Actions Officer for guidance when considering placing an officer in NDWP status.
  - e. As part of the coordinated community response to domestic abuse, supervisors shall inform the Adverse Actions Officer of any investigations concerning abuse.
  - f.. Officers may be denied a release from their current duty station if they are the subject of a pending investigation or adverse action. Further, they may be denied a release if they are in the process of a completing command directed intervention. Therefore supervisors should consult with MA and the Adverse Actions Officer before negotiating an officer's release for Temporary Duty or Permanent Change of Station. (CCI322.05)
  - g. Supervisors are responsible for ensuring officers comply with all command directed interventions, court orders to include restraining orders, spousal/child support, etc. and shall report to the Adverse Actions Officer evidence of non-compliance.
- 7-4. Medical Affairs and Division of Commissioned Corp Personnel and Readiness (DCCPR).
- a. DCCPR in consultation with the Medical Affairs Director serves as the point of contact for all domestic violence cases.
    - (1) When an officer or Agency/OPDIV/Program requests treatment related to domestic/family violence, MA will provide authorization for treatment, if needed (See section 6-4).
      - (a) Information pertaining to requests for assistance and treatment will be handled confidentially, in accordance with applicable statutes and regulations. Corps officers are subject to mandatory reporting to State vulnerable individual abuse agencies per State laws or regulations.
      - (b) The supervisor will only be advised of the treatment on a need-to-know basis, after the matter is discussed with the officer.
    - (2) When the officer's or family member's matter comes to the attention of the MTF, MA will serve as the point of contact.
    - (3) When the officer or family member comes to the attention of law enforcement, the Director, DCCPR, after consultation with MA and the Adverse Actions Officer, determines if the officer will be directed for a fitness-for-duty evaluation and/or subject to adverse action. If a review of the documentation shows evidence of any of the above, the officer may be required to have a medical examination and/or psychological evaluation as directed by the Director, DCCPR.

- b. When needed, MA is responsible for:
  - (1) Obtaining discharge summaries,
  - (2) Obtaining after-care plans,
  - (3) Monitoring the officer's progress, and
  - (4) Referring cases for adverse actions when:
    - (a) An officer demonstrates unacceptable performance, conduct, and/or behavior,
    - (b) An officer refused treatment, and/or
    - (c) Voluntary treatment failed to produce satisfactory results.

7-5. The Office of the Surgeon General (OSG):

- a. Serves as the Commanding Officer for purposes of FAP,
- b. Renders determinations, upon receipt of MA's recommendation and reviewing documentation, whether an officer should be directed for a fitness-for-duty evaluation; medical examination and/or psychological evaluation, and
- c. Prescribes disciplinary action as appropriate. Officers must cooperate with MA and facilitate the release of documents from the provider to MA. Failure on the part of the officer to cooperate and facilitate the release of documents constitutes misconduct.

8. PROCEDURES:

8-1. Disciplinary Action. Every effort will be made to rehabilitate an officer and his/her family. The Director of DCCPR, may take disciplinary action as indicated by the circumstances. Disciplinary action may be suspended when the officer cooperates fully with the investigation and/or treatment.

- a. Officers with domestic/family violence problems may be separated from the Service if they:
  - (1) Refuse adequate and appropriate treatment,
  - (2) Fail to comply with treatment as stated above, or
  - (3) Engage in behavior/conduct that justifies separation.
- b. A Medical Review Board (MRB) may find an officer unsuitable-for-duty if:
  - (1) The officer commits domestic/family or workplace violence,
  - (2) Refuses adequate and appropriate treatment, and/or fails to comply with treatment;
  - (3) There is a failure of treatment.

Note. An officer found unsuitable-for-duty or unsuitable to complete treatment or after-care will be administratively separated or retired from the Corps and will be excluded from receiving disability benefits pursuant to CC386.01, "Disability Retirement."

- 8-2. Misconduct. Domestic/family violence committed by an active-duty officer. Disciplinary actions range from a letter of reproof to termination of commission under less than honorable conditions. Determinations will be made on a case-by-case basis. Consideration will be given to mitigating and aggravating circumstances (e.g., self-referral for treatment, officer is a repeat offender, etc.) when determining appropriate administrative action. Officers will be granted sick leave to comply with the voluntarily directed treatment plan.
9. Continuous Monitoring. Clinical treatment of a person who committed domestic/family abuse and/or workplace violence cannot by itself ensure that the domestic/family violence and/or workplace violence will cease. A coordinated community approach to continuous monitoring is the collective responsibility of supervisors, commanders, FAP clinicians, military/civilian law enforcement personnel (when applicable), victim advocates, health care professionals and numerous civilian community agencies, including criminal and family court judges, court probation officials, domestic abuse treatment providers, child and adult protective services agencies, and domestic violence shelters.
10. HISTORICAL NOTES: This is the second issuance of this Instruction within the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Personnel Manual (CCPM) CC29.3.3., dated 24 July 2001.

## Appendix A

## Definitions

1. **Advocacy Services.** Services that are offered to victims of domestic abuse with the goal of increasing victim safety and autonomy. Services shall include, but not necessarily limited to, responding to victims emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children in both the civilian and uniformed services communities, and providing victims with ongoing support and referral.
2. **Allegation.** Statements, absent of proof, which describe physical, emotional, psychological, and/or sexual behavior, actions, or inactions causing harm.
3. **At risk.** Potential to be involved in domestic/family violence as either a perpetrator or victim.
4. **Domestic Violence.** Acts of physical and psychological violence, including harassment or intimidation, that occurs as part of personal relationships, such as marriages or other intimate relationships. The acts may occur in the home and/or in the workplace or other environments.
5. **Employee Assistance Program (EAP).** An Agency/Operating Division (OPDIV)/Program counseling referral service.
6. **Family Advocacy Program (FAP).** A Department of Defense program designed to address prevention, identification, evaluation, education, counseling, rehabilitation, follow-up, and reporting of family violence.
7. **Family Violence.** Acts of physical and psychological violence, including harassing or intimidating behavior, that occurs as part of personal non-intimate relationships with family members and others residing in a household or any other common environment. This includes sexual, physical, and psychological abuse or severe neglect of children, siblings, parents, and/or the elderly or the infirm, which may occur in the home and/or in the workplace or other environments.
8. **Offender.** A person who is suspected of domestic/family violence or proven responsible for causing the abuse of a spouse/partner, child, sibling, parent, or elders, or whose act, or failure to act, substantially impaired the health or well-being of the abuse victim.
9. **Unfit-for-duty.** An individual who is unable to perform the duties of his/her office, rank, and/or category due to medical or psychological impairment.
10. **Unsuitable.** An officer demonstrates general character traits that make him/her unacceptable for continued service in a Uniformed Service.
11. **Victim.** An individual whose physical or psychological welfare is threatened or harmed by acts of domestic violence by another individual or individuals in the household.
12. **Workplace Violence.** Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.
13. **Restricted reporting.** Contacting MA, EAP, FAP and National Domestic Abuse Hotline (1800 799-SAFE).
14. **Unrestricted reporting.** Notifying the officer supervisor chain of command and appropriate law enforcement .