UNCLASSIFIED

Department of the Air Force

INTIMATE PARTNER VIOLENCE AND DOMESTIC ABUSE



AF/SG

June 2024

UNCLASSIFIED



DACOWITS RFI #6b

- Measures of effectiveness of policies/programs in identifying and reducing DA/IPV incidence:
 - Installation FAPs train leadership and key agencies annually to include medical, childcare, and law enforcement
 - DAF FAP assesses program metrics and monitors variations (i.e. case determinations, referrals, DAVA requests, recidivism)
 - DAF FAP conducts research and modifies programs accordingly; i.e. research found no difference in virtual vs inperson services, group treatment was more effective than individual treatment for abuser, and abusers who strangled their victim require more intensive intervention
 - A summary of the research analyses and the 2012-2023 specific metrics are included (RFI 6 Attachments 1 & 2)

Areas/programs that need improvement and actions taken:

- Utilizing evidence based clinical models and processes to better support military members and families
 - Incident Determination Committee (IDC) process does not appropriately support DV/IPV families
 - DAF FAP will begin utilizing Innovative Skills Techniques Options and Plans (STOP) for Better Relationships program that is already used by Navy and Army FAP
- Improved IT platforms for data tracking and program assessment
 - DAF FAP developed and implemented a new digital DAVA database that improves service and metric tracking
 - DAF FAPs "FAPNet" record system, training and metric platform needs to be rebuilt pending funding



DACOWITS RFI #6c

- Describe how "met/not met" determinations are standardized, and monitored including methods and frequency:
 - New Family Advocacy Officers attend "IDC Boot Camp", all IDC members receive initial and annual training
 - Unit Commanders/First Sergeants receive training on FAP referrals and screening requirements within 90 days
 of arriving on station and annually thereafter
 - DAF FAP HQ's monitors CRB outcomes, installation quarterly/annual inspections and conducts Site Assessment Visits upon request
 - All referrals are staffed at a Clinical Case Staffing and clinical FAP records are peer reviewed
 - DAF FAP working with sister services/OSD to validate and standardize DV Risk Assessment tools
- Specify concerns/deficiencies in the "met criteria" processes:
 - Clients delay/avoid seeking FAP services because the IDC is misperceived as investigative or legal process
 - Clients weaponize IDC outcomes representing "DAF support" in civil cases
 - IDC boards are inherently subjective, often differing from CPS or legal case determinations
 - Victims often feel FAP doesn't believe their story or concerns if the case doesn't meet criteria
 - The IDC serves no clinical purpose and in fact often delays or nullifies intervention pending the IDC determination



DACOWITS RFI # 6d, 6f & 6g

- Reasons that DV/IPV reports fail to "meet criteria"
 - DAF FAP reviews all DV/IPV referrals IAW DoD policy which for adults only includes those in marital or intimate partner relationships
 - FAP DV/IPV referrals may include multiple factors including child abuse/neglect
 - If a FAP victim recants their statement the original case is still presented at the IDC
 - DAF FAP averages 55% of IDC cases meet criteria for adult maltreatment
 - All DAF FAPs use the Decision Tree Algorithm though significant variance in voting outcome has been shown in test case training scenarios often influenced by individual perceptions/biases

DAF implementation of DV/IPV hotline support

- DAVAs provide 24/7 'hotlines' specific to their installation utilizing MTF or MilOne Source interpreters when needed; installations without a DAVA are covered by FAP/MH staff or virtually
- DAVA "hotline" calls are any call received afterhours and quantified in minutes (RFI 6 Attachment 3)
- DAF DAVAs provided over 650 hours of afterhours services to clients and support agencies this last quarter
- DV/IPV 'hotline' services are available though limited in OCONUS/deployed locations through similar FAP/MH coverage



DACOWITS RFI #6i

MOUs for victim services:

- DAF FAP encourages MOU's with local services/resources and brief installation FAPs on these annually
- Installations FAPs evaluate MOUs upon renewal and during annual installation inspections
- Three sample MOU's are included with the FAP DAFI (ref pages 87-99 of RFI 6 Attachment 4)
- MOU's are briefed and routed through the installation Family Advocacy Committee stakeholders including medical, legal, special investigations and security forces



DACOWITS RFI #6j

Actions to improve response and investigations:

- (Security Forces) Added targeted training on domestic/partner violence at initial law enforcement skills training (Veteran Affairs Law Enforcement Training Center), military law enforcement investigator course (US Army Military Investigator Course), and continual home station training (domestic disturbance/violence is included as part of the required 40 hours of annual refresher training)
- (Security Forces) Recently completed an update to ALL Law Enforcement policy documents and have coordinated with the Office of Special Trial Counsel to reinforce the importance of domestic violence response, documentation and coordination with Family Advocacy Programs and Air Force Office of Special Investigations (AFOSI).
- (Security Forces) Partnering with AFOSI and the Office of Special Trial Counsel to produce a Domestic Violence Processing Form Checklist for patrolmen or responding investigators.
- (AFOSI) Created two courses to specifically target domestic violence for adults and child, adolescent, and juvenile crimes.
- (AFOSI) DAF-Violent Crime Investigations Training Program, Level I: Designed to educate violent crime investigators on current tactics, techniques, and procedures to investigate adult sexual assault, domestic violence, targeted violence, death investigations, etc.
- (AFOSI) DAF-Violent Crime Investigations Training Program, Level II: Provides continuing education for violent crime investigators on current tactics, techniques, and procedures to investigate child, adolescent, and juvenile crimes.
- Monitoring and quality review to determine if responses and investigations follow correct processes/techniques:
 - (Security Forces) Squadron-level Indexing Compliance Managers have been targeted for a training focus over the last three years on correctly uploading domestic violence cases to national criminal history reporting systems.
 - (Security Forces) Security Forces at the Headquarters Air Force-level, the Air Force Security Forces Center, and the Criminal Justice Information Center review case data to ensure timely case upload and accuracy of data.



DACOWITS RFI #6k

Domestic Violence fatalities:

- DAF FAP related fatalities from FY12-FY22 are included (RFI 6 Attachment 5) though FY23 fatalities are still being received and codified in preparation for our next Fatality Review Board and not included in this data
- There were 39 homicides, 36 suicides, and 5 unknown/accidental incidents totaling 80 incidents; 13 incidents were homicide/suicide totaling 93 fatalities
- 70% of victims were female, 30% of victims were male
- Deceased was the offender in 46% of the incidents
- Service members were the offender in 51% of the incidents
- 51% of incidents were Domestic Abuse and 49% were Intimate Partner relationships
- 58% of fatalities resulted from the use of a gun
- DAF FAP fatality data codification and review processes have changed over the years and is currently being reassessed and modified to correct inconsistencies and better align it with DoD policy

Leadership Training FAP Awareness

	% of Commander	% of 1st Sergeant	% of Commander Trained	% of 1st Sergeants		
Fiscal Year of Training	Trained Annual	Trained Annual	w/in 90 days	Trained w/in 90 days		
2018	88.3	85 84.25	88.3	84.2		
2019	86	.3 86.47	86.3	86.5		
2020	7	79 79.91	. 79	79.91		
2021	Q	90 88	79	81		
2022	8	81 85	82	75		
2023	7	78 78	77	76		
Cummulative Avg (2018-2023)	83.7	78 83.61	81.93	80.44		

DAF FAP Research on program effectiveness

VISTA/Change Step Projects

The DAF FAP is partnered with domestic abuse researchers at Kansas State University and Cherokee Insights, LLC, to conduct research on the efficacy of the domestic abuse manualized group treatment programs, VISTA and Change Step. VISTA is a program designed for women who use force in intimate relationships, as well as those who physically or emotionally abuse their children. Change Step is a batterer intervention program for men currently serving in the military who have used abusive behaviors within their intimate relationships. The goal of this research project is to continue to reduce Intimate Partner Violence (IPV) recidivism rates among total Air Force airmen and guardians on active orders as well as enhance outcome measures specific to the provision of care offered through VISTA and Change Step. Moreover, the objective is to ensure FAP clinicians' adherence to VISTA and Change Step protocol, provide quality care and services to clients, encourage consistent utilization of VISTA and Change Step as treatment modalities, and strengthen completion rates. Data showed that individuals who participated in VISTA were 66% less likely to have a repeat offense compared to those who did not participate in VISTA. Data revealed that 9.3% of individuals who did not complete Change Step had documented repeat offenses. Those who completed Change Step revealed a lower percent of 5.3% for repeat offenses. Individuals who participated in Change Step had a 46% decrease in the likelihood of a documented case of maltreatment after treatment completion compared to individuals who did not participate.

KSU Treatment Modality Study

A study was conducted to examine various aspects of the Change Step and VISTA Program to determine if treatment modality or contextual factors associated with the first instance of maltreatment impacts future reports of maltreatment for offenders. This research focused on the following questions: 1) Is there a significant difference in the likelihood of future domestic violence recidivism for individuals who completed VISTA or Change Step virtually as compared to in-person? 2) Is there a significant difference in the likelihood of future domestic violence who completed VISTA or Change in a group setting compared to individually? 3) Does completing VISTA or Change Step reduce the likelihood of domestic violence recidivism compared to those who did not complete VISTA or Change Step among strangulation cases?

The study used retrospective records checks for both female IPV and child maltreatment offenders as well as male IPV offenders that "met criteria" in USAF FAP. However, male child maltreatment offenders were excluded from the study since they do not participate in the Change Step program. In total, 10,791 cases were examined for met inclusion criteria. This review resulted in 7,575 cases being excluded due to not meeting criteria. 1,849 were closed unresolved, and 334 were cases where the offender was a male and the victim was a child. After the application of exclusion criteria, there were a remaining 1,033 cases that were of the "met criteria" requirement.

Results of the study found that there was no significant difference in recidivism rates in relation to whether the programs were delivered virtually or in-person, or in a group or individual setting. However, the study found that offenders who participated in VISTA Program or Change Step Program individually were 147% more likely to have a repeat case of maltreatment compared to those who participated in a group format. Lastly, the study found that offenders who strangled the victim and participated in Change Step or VISTA had no significant difference in recidivism compared to those who did not participate in the programs. The findings from this study suggests that Change Step and VISTA may not be effective in reducing recidivism rates among individuals who have strangled the victim. Moreover, it could very well suggest a need for more intensive intervention.

KSU Exploration of the Impact of the Vista Curriculum Project

DAF FAP reviewed the number of referrals of people who had harmed their partners and met the DAF FAP criteria for domestic violence offenders across 73 DAF sites and DAF-led joint bases during the period of 2000 and 2016. It was discovered that 36% of 38,251 referrals were women. Additionally, 44% of 26,876 referrals that met the criteria for child maltreatment across the same dynamics were also women. These referrals consisted of both active-duty service members and those married to or cohabitating with an active-duty service member. After these findings, DAF FAP administrators and practitioners concluded that there was a definite need for an intervention program designed for women who had caused harm with the understanding that traditional Batterer Intervention Programs were not suitable for women. The DAF FAP consulted with Kansas State University research team to conduct a full literature review for a manualized evidenced-based program that addressed women's use of force. Seven potential programs were identified; however, the community-based VISTA program was determined to be the most appropriate.

A mixed-methods study was conducted to explore the impact of the 20-session VISTA Curriculum, the trauma-informed antiviolence intervention program for women who have used force in their intimate relationships conducted by the Department of the Air Force FAP clinicians. The focus of the research centered around the understanding of any changes in personal growth, self-awareness, beliefs, and relationship interaction skills for 62 cisgender women. Pre-and post-program participation surveys were created to be implemented by DAF FAP therapists across all DAF locations that housed VISTA programming with the purpose of capturing of how group members were affected by program contact. The survey questions were designed to capture demographics, relationship status, experiences of surviving and causing harm, self-awareness, reasons for their use of force, and embeddedness in social support networks. The qualitative surveys included questions asked only at program entry, questions asked both at program entry and exit, and questions asked only at program exit.

Between 2018 and 2022, FAP clinicians administered the surveys to FAP VISTA group members, reviewed the de-identified written responses and then sent the surveys to FAP Program Assistant for data compilation. The data was uploaded into the FAPNET system for secure storage. There were 62 matching pre- and post-surveys between 2018 and 2022.

<u>Results showed that respondents experienced a non-trivial personal growth after FAP VISTA</u> <u>completion with scores changed for 17.3 to 19.3. Researchers reported strong statistical evidence</u> <u>that this change was associated with FAP VISTA Program. Quantitative findings revealed that FAP</u> <u>VISTA has wielded an impact on the women's understandings of DV and that the program has</u> supported personal growth and de-escalation strategies in their relationships. From a qualitative standpoint, the data supported an eagerness for personal growth similarly to quantitative findings.

Kansas State University placed major focus into a new tool, Intimate Partner Physical Injury – Risk Assessment Tool for Monitoring (IPPI-RAT-M). It is an adapted version of the IPPI-RAT. Five static items were removed and replaced with dynamic items. The purpose of the removing and replacing of items were to monitor the risk of repeat instances of IPV with physical injury over time. Scores will also be utilized to measure effectiveness of VISTA and Change Step. Currently, there is continued testing with the original version of the IPPI-RAT with Air Force Domestic Abuse Victim Advocates.

Date Range Telephonic Response (in hours) 6/2020 - 12/2020 1714.05 1/2021/12/2021 2869.83	
1/2021/12/2021 2869.83	
1/2022-12/2022 3130.42	
1/2023-12/2023 1746.7	
1/2024-4/2024 688.5	
	_

Fatality Reports FY12-23

																		Total
																		Fatalities
				Undetermi	<u>n</u>						Service/Civilian	_	Service/Civi	lia				(including
Fiscal Year			Homicide/Suicide	ed/	Male	Female	Victim -	Offender	- Service -	Civilian -	Offender	Civilian	- <u>n Victim</u>	DA	IPV	Use of	Fatality	homocide
of Fatality	Homicide	Suicid	<u>Incident</u>	accidental	Victim	Victim	Decease	d Deceased	Offende	Offender	<u>Unknown</u>	Victim	Unknown	Incident	Inciden	t <u>Gun</u>	Incidents	suicide)
2012	3	3	2	1	1	1	2	3	2	1 4	1	1	3	1	2	1	3	ĵ 7
2013	7	7	3	1	0	1	6	7	3	7 3	3	0	8	0	5	2	6 10	0 11
2014	5	5	2	1	0	1	4	5	2	5 2	2	0	4	0	1	4	4	7 8
2015	5	5	2	0	0	0	4	5	2	5 2	2	0	5	0	3	2	4	7 7
2016	2	2	5	0	1	1	2	2	5	5 3	3	0	3	0	2	1	4 8	8 8
2017	2	2	1	1	0	0	2	2	1	2 1	L	0	3	0	0	2	3 3	3 4
2018	5	5	6	3	0	2	3	5	6	7 4	1	0	4	0	1	3	8 1	1 14
2019	4	1	5	1	0	3	1	4	5	5 4	1	0	2	0	3	1	3 9	9 10
2020	4	1	4	3	0	0	4	4	4	1 7	7	0	1	0	1	3	4 8	8 11
2021	1	1	3	1	0	0	1	1	3	0 3	3	1	3	1	1	0	4 4	4 5
2022	1	1	3	1	3	0	1	1	3	3 1	L	3	1	3	1	0	3	7 8
Total	39	э з	6 1	13	5	9 3	30 B	9 3	6 4	1 34	1	5 3	7	5 2	0 1	.9 4	6 8	0 93

- 80 fatality incidents; 13 incidents were homicide/suicide equaling 93 total fatalities.

- SM's were offender in 41 of 80 incidents = 51%

- Deceased was the offender in 36 of 80 incidents = 45%

- Deceased was AD in 51 of 80 fatalities = 55%

- 39 of 80 fatalities were 'victim' (plus 5 unknown, all suicides are codified as offender)

Of victims, 30% were male, 70% were female (Gender victim is only codified from the 39 homicides)
 20/39 (51%) were Domestic Abuse and 19/39 (49%) were IPV (Marital vs Intimate Partner was only codified on the 39 homicide incidents).

- We are working to improve data collection/codification. Currently all suicides are codified as offender. If a victim of DV/IPV committed suicide it would inaccurately be reflected as a homicide. Subsequently, all victim cases/info is codified as 'homicide' cases, thus total 'male' and 'female' victim columns equals the total 'homicide' column.

- Additionally, on all homicide/suicide incidents, data was only collected on the homicide as the victim; data was not collected on the suicide in these incidents.