



DEPARTMENT OF THE AIR FORCE
WASHINGTON, DC

OFFICE OF THE SECRETARY

5 September 2024

MEMORANDUM FOR DACOWITS

FROM: HQ USAF
1670 Air Force Pentagon
Washington DC 20330-1670
SUBJECT: DAF DACOWITS RFI Response #4

QUESTION #4

The Services' fatality reports from FYs 2012-2022, as reported to the Committee in June 2024 via RFI 6, reflect that there were 516 Intimate Partner Violence (IPV) related suicides and homicides, and that the vast majority (50 to 89 percent) of those involved weapons (most often guns) and typically these weapons were readily available in the home. The Committee is interested in learning more about whether these offenders and victims had been known to installation Family Advocacy Program (FAP) personnel prior to the fatality incidents and how gun possession is addressed by command and/or other installation officials when known/suspected offenders possess firearms.

The Committee requests a **written response** from **Office of Military Community and Family Policy (MC&FP) via the Military Community Advocacy (MCA) Directorate and the Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space), Coast Guard, and National Guard)** on the following:

- a. In FY21-22, how many of the offenders who committed domestic-violence associated suicides/homicides and how many of the IPV homicide victims were known to FAP prior to the fatal incidents? Provide the numbers by FY and by offender/victim/Service status.
 - i. See attachment 1 (Fatality Data)
 - ii. **FY 2021** - 5 Suicides 1 Homicide
 - 3 civilian suicides (coded in system as offenders)
 - 1 homicide/Suicide; civilian homicide victim by ADAF offender (suicide)
 - 1 IPV related civilian suicide
 - iii. **FY2022** - 4 Suicides 1 Homicide
 - 3 suicides; 1 Civilian, 2 ADAF (coded in system as offenders)
 - 1 homicide/Suicide; unknown homicide victim by ADAF offender (suicide)
- b. How many of IPV offenders or victims were known to possess firearms before the fatality incident?

- i. Unknown. The DAF does not collect this information.
- c. If known, in how many instances of IPV fatality incidents had firearms been removed from an offender's home, had the offender voluntarily turned them in for storage outside the home, or had removal attempts been made prior to the fatality incident?
- i. The DAF cannot provide this data, as it not captured in a manner that can be pulled from the database.
- d. What are the strategies/procedures used to determine whether an alleged offender owns or possesses a firearm (personally owned or military-issued)?
- i. Most DAF installations require registration of personal firearms stored in base housing. Firearms are prohibited to be stored or possessed in dorms/barracks/on-base lodging. When notified of a prohibiting offence (this includes convictions of misdemeanor domestic violence or under indictment for a crime punishable by over 1 year in prison), the party responsible for notification (offenses and responsible parties detailed in AFMAN 71-102, *Air Force Criminal Indexing*, Table 4.1) will contact a DAF Law Enforcement (LE) organization (Security Forces or AFOSI) and ensure the offender/accused is entered into a criminal indexing system to prevent them from obtaining a firearm.
 - ii. Individuals with a felony conviction, a conviction by a general court-martial of any crime punishable by imprisonment for a term exceeding one year, or a conviction for a misdemeanor crime of domestic violence, are prohibited from possessing firearms and ammunition. If a service member receives such a conviction within the military justice system, the relevant Staff Judge Advocate is required to ensure that service member is notified of the prohibition related to firearms using Air Force Form 177, Notification of Qualification for Prohibition of Firearms, Ammunition, and Explosives. The service member is directed to legally dispose of any privately owned firearms or ammunition they possess and to certify that they have done so. Individuals under indictment for a crime punishable by imprisonment for a term exceeding one year (including charges referred to a General Court-Martial) are prohibited from acquiring new firearms; this prohibition does not extend to firearms already possessed by the individual. Such servicemembers are also notified of this restriction via Air Force Form 177. Upon notice of a qualifying prohibition, commanders will immediately retrieve and deny further access to any government-issued firearms.
 - iii. Additionally, for personal weapons, on-base, the office of special investigations (OSI) conducts checks with the armory. However, individuals turning personally owned weapons into the armory is on the honor system, as there is no federal or state firearms registration there is no way to gather this data. OSI agents are trained to ask questions regarding weapons ownership during interviews of victims, witnesses, supervisors, co-workers, etc. to attempt to ascertain this information. For duty/government weapons, this is information gathered from supervisors or already known due to the nature of the individual's duties/position.

- iv. Lastly, in compliance with DoDI 6400.06, 3.3.b.(19) and DoDM 6400.01, Vol 4 – Enclosure 3, 3.d, DAF FAP staff inquire of victims and offenders regarding firearms/weapons in the home as part of FAP risk assessments and inform Command, Installation Staff Judge Advocate, and Law Enforcement/Investigations in advisement for removal.

- e. Are known offenders required or encouraged to store firearms outside the home? Provide information about the policies/procedures/protocols relevant to removing firearms from residences of those known to the installation FAP.
 - i. From a military law enforcement standpoint, individuals can have their access to issued firearms and ammunition revoked, and any of these items issued to/stored by the individual (not a common occurrence) are required to be returned. For privately owned firearms, if stored on-base, installation commanders can revoke the registration/ability for an individual to have a privately owned firearm stored on-base. This only applies to on-base residences.
 - ii. In accordance with Department of the Air Force Instruction 51-201, *Administration of Military Justice*, paragraph 29.31.2, if a service member receives a qualifying conviction or sentence within the military justice system as defined in 18 USC § 922 (including domestic violence convictions), the relevant Staff Judge Advocate is required to notify that service member of the applicable prohibitions related to firearms using Air Force Form 177, Notification of Qualification for Prohibition of Firearms, Ammunition, and Explosives. Following notification to the service member, the SJA is required to provide the completed AF Form 177 to the applicable law enforcement agency to ensure proper indexing is completed.

- f. How often is an offender removed from his/her home environment in IPV/DA situations? In addition, what are the criteria, circumstances, and relevant regulatory/policy provisions which are used to make such a decision? Identify the procedural differences for on- and off-base housing.
 - i. Unknown, as FAP does not collect this data. DAF FAP staff conduct an initial risk assessment and identify risk factors that will inform the immediate safety of the incident and advise Command, legal and law enforcement authorities, accordingly, including local authorities and Child Protective Services. Reference the attached Domestic Abuse Risk Assessment (DARA) (Attachment 2) and Child Abuse Risk Assessment (CARA) (Attachment 3) tools that contain the numerous risk factors assessed to advise authorities in these situations. FAP does not have authority to remove individuals or children from a home/family. FAP conducts ongoing risk assessments and safety planning throughout their engagement with the family/individuals. FAP provides risk and safety recommendations for both on and off base housing when available but there are no specific procedural differences outside of accounting for individual's' safety and convenience if both options are available.

g. **Military Services:** What are your Services' strategies to identify suicidal ideation, monitor those at risk, and prevent domestic abuse related suicides?

i. In accordance with DoD policy and DAFI 40-301, *Family Advocacy Program*, FAP providers conduct ongoing mental status examinations and suicide risk assessments using validated screening tools (i.e., C-SSRS) and refer/warm handoff individuals to the installation Mental Health Clinic accordingly. Leadership and support agencies are trained annually regarding increased risk factors associated with individuals involved in Domestic, Intimate Partner, and Child Abuse incidents.

AO FY	Type of Death	Manner of Death	Sponsor Pay Plan/Grade	Service Branch	Victim Status	Offender Status
2021	Suicide	Gunshot	E-5	USAF		Civilian
2021	Suicide	Gunshot	E-3	ARMY		Civilian
2021	Suicide	Gunshot	E-5	ARMY		Civilian
2021	Homicide/Suicide	Gunshot	E-7	USAF	Civilian	Active
2021	Suicide (IPV)	Gunshot				Civilian
2022	Homicide/Suicide	Gunshot	E-4/SrA	USAF	Civilian	Active
2022	Suicide		E-6/SSgt	USMC		Civilian
2022	Suicide		E-7/MSgt	USAF		Active
2022	Suicide		E-3	USAF		Active

FY2021 - 4 Suicides 1 Homicide
3 civilian suicides (coded in system as offenders)
1 homicide/Suicide; civilian homicide victim by ADAF offender (suicide)
1 IPV related civilian suicide

FY2022 - 4 Suicides 1 Homicide
3 suicides; 1 Civilian, 2 ADAF (all coded in system as offenders)
1 homicide/Suicide; unknown homicide victim by ADAF offender (suicide)

Domestic Abuse Risk Assessment (DARA)

<input type="checkbox"/> Dual Military <input type="checkbox"/> Bi-directional		Sponsor Name: (Last, First, MI) Partner Name: (Last, First, MI)		Date Completed:						
Clinician: Location:		Provider Level:								
Sources: <input type="checkbox"/> Sponsor Interview <input type="checkbox"/> Child(ren) Interview <input type="checkbox"/> Review of Law enforcement Documents <input type="checkbox"/> Other:		Risk Factor Matrix <table border="1"> <tr> <td>Acute</td> <td>Requires immediate action to mitigate risk</td> </tr> <tr> <td>Chronic</td> <td>Requires ongoing intervention to lower risk</td> </tr> <tr> <td>Global</td> <td>Requires CM/Support to increase functioning and Self-efficacy</td> </tr> </table>		Acute	Requires immediate action to mitigate risk	Chronic	Requires ongoing intervention to lower risk	Global	Requires CM/Support to increase functioning and Self-efficacy	CLINICAL ASSESSMENT OF RISK Acute: Chronic: Global:
Acute	Requires immediate action to mitigate risk									
Chronic	Requires ongoing intervention to lower risk									
Global	Requires CM/Support to increase functioning and Self-efficacy									
Incident Numbers:		Total Adjusted Risk ^(a):								

Acute ^(b) Risk Factors	Risk Mitigation
Physical <input type="checkbox"/> Victim was seriously injured ^(c) <input type="checkbox"/> More than inconsequential injury to the face and/or head <input type="checkbox"/> Victim reports attempted or completed sexual assault <input type="checkbox"/> Victim reports strangulation ^(d)	<input type="checkbox"/> Military Protective Order (MPO) <input type="checkbox"/> Civilian Protective Order (CPO) <input type="checkbox"/> Restricted to installation <input type="checkbox"/> Victim admitted medical protection (MTF Staff) <input type="checkbox"/> Bar to installation <input type="checkbox"/> Offender incarcerated/confined <input type="checkbox"/> Conducted high risk HRVRT <input type="checkbox"/> Other:
Risk without mitigation: ADJUSTED Risk with mitigation:	

Threats, Ideation, or Intent Factors <input type="checkbox"/> Offender threatened or injury or death ^(e) <input type="checkbox"/> Offender is stalking the victim ^(f) <input type="checkbox"/> Suicidal ideation/intent ^(g) <input type="checkbox"/> Offender threatened children, family, loved ones, pets <input type="checkbox"/> Offender has access to gun(s) ^(h)	<input type="checkbox"/> Expedited transfer <input type="checkbox"/> Victim moved to undisclosed location <input type="checkbox"/> Referral to victim services <input type="checkbox"/> Mental Health Evaluation <input type="checkbox"/> Escorted MH/ED for suicidal ideation (MTF Staff) <input type="checkbox"/> Guns secured <input type="checkbox"/> MH weapons profile <input type="checkbox"/> Conducted High Risk HRVRT <input type="checkbox"/> Other:
Risk without mitigation: ADJUSTED Risk with mitigation:	

U.S. ARMY MEDCOM FORM DOMESTIC ABUSE RISK ASSESSMENT JAN 2024

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Domestic Abuse Risk Assessment (DARA)

Escalation of Violence Factors

- DV ⁽ⁱ⁾ threats, ideation or intent increased in frequency or severity
 - Recent separation or victim has notified intent to separate
 - Victim is pregnant
 - Offender is currently or has previously violated RO/PO
- Civilian Protective Order (CPO)
 Regular 15G check ins
 Safety contract issued as a lawful order
 CMD restriction to barracks
 Seen by FAP for daily check in
 Verified MPO/CPO in place
 Expedited transfer
 Other:

Risk without mitigation: **ADJUSTED Risk with mitigation:**

Chronic ⁽ⁱ⁾ Risk Factors

Criminogenic Factors

- History of past domestic violence
 - Other criminal behavior NOT related to domestic violence ^(k)
 - Property, substance offenses, or other serious legal offenses
 - Violations of UCMJ, prior article 15 convictions
 - Reports of animal abuse
- CMD Directed Mental Health Evaluation
 MH Intensive Outpatient program
 Offender-based treatment group
 Individual therapy
 Actions to protect animals from harm
 Animals re-homed for safety
 Other:

Risk without mitigation: **ADJUSTED Risk with mitigation:**

Relationship Factors

- Ongoing significant conflict in the relationship ^(l)
 - Offender isolates victim from resources/friends/family
 - Offender controls access to military ID card, CMD access, etc.
 - Endorses/indicates strong beliefs in gender roles
 - Offender has desire for power in the relationship
 - Expresses attitudes that condone or justify violence
 - Unplanned pregnancy
 - Offender demonstrates controlling behaviors
- Individual therapy
 FAP check in every ___ days
 CMD verifies victim access to all resources
 Victim's group
 Community services referral
 Domestic Violence education
 Referred individual/family counseling
 Other:

Risk without mitigation: **ADJUSTED Risk with mitigation:**

Substance Abuse Factors

- Offender current substance ^(m) issues impairing social functioning ⁽ⁿ⁾
 - Offender past substance issues impairing social functioning
 - Victim current substance issues impairing social functioning
 - Victim past substance issues impairing social functioning
- CMD conducted probable cause U/A
 Substance abuse evaluation
 NA/AA or other recovery support
 Notified CPS of safety concerns
 Other:

Risk without mitigation: **ADJUSTED Risk with mitigation:**

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Domestic Abuse Risk Assessment (DARA)

Behavioral & Emotional Factors	
<input type="checkbox"/> Irrational ^(a) beliefs or perceptions	<input type="checkbox"/> Command Directed Mental Health Evaluation
<input type="checkbox"/> Serious disturbance of mood ^(a)	<input type="checkbox"/> MH Intensive Outpatient program
<input type="checkbox"/> Long-standing problems with anger, impulsivity, or instability	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Excessive behavior, jealousy, extreme dominance and/or rage	<input type="checkbox"/> Offender-based treatment group
<input type="checkbox"/> Anti-social, borderline personality trait and/or conduct issues	<input type="checkbox"/> Completed ACE survey
<input type="checkbox"/> External locus of control ^(a)	<input type="checkbox"/> Compliant with treatment plan
	<input type="checkbox"/> Evidencing incorporation of learning
	<input type="checkbox"/> Evidencing behavioral change over time
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Victim Specific Factors	
<input type="checkbox"/> Victim low self-esteem, is emotionally dependent/insecure	<input type="checkbox"/> Individual counseling
<input type="checkbox"/> Low occupational achievement not due to age	<input type="checkbox"/> Job skills or educational assistance
<input type="checkbox"/> Lack of non-violent, social problem-solving skills	<input type="checkbox"/> Domestic violence support group
<input type="checkbox"/> Less than a high school education	<input type="checkbox"/> Completed ACE survey
<input type="checkbox"/> Victim has children from a previous relationship	<input type="checkbox"/> Victim moved to undisclosed location
<input type="checkbox"/> Victim currently resides with offender	<input type="checkbox"/> Completed referral to victim services
<input type="checkbox"/> Victim lives separately but offender knows the location ^(r)	<input type="checkbox"/> Visitation exchanges at LE/PMO
	<input type="checkbox"/> CPS FAP safety plan for children
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Global ^(s) Risk Factors	
Employment and/or Financial Factors	
<input type="checkbox"/> Chronic unemployment, or serious financial problems	<input type="checkbox"/> Budget counseling
<input type="checkbox"/> Problems within unit/command	<input type="checkbox"/> Anger/stress management counseling
<input type="checkbox"/> Problems with finances ^(t)	<input type="checkbox"/> Job Skills or Educational Assistance
<input type="checkbox"/> Gambling, shopping, or other addiction impacting family	<input type="checkbox"/> Addiction specialist referral
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Resource Factors	
<input type="checkbox"/> Lack of access to childcare or respite care	<input type="checkbox"/> Access Respite care
<input type="checkbox"/> Problems with housing	<input type="checkbox"/> Access to childcare
<input type="checkbox"/> Problems with transportation ^(u)	<input type="checkbox"/> Transportation assistance
<input type="checkbox"/> Problems with access to care ^(v)	<input type="checkbox"/> Community/federal assistance
<input type="checkbox"/> Problems with life skills ^(w)	<input type="checkbox"/> Life skills group/assistance programs
<input type="checkbox"/> Problems with basic needs ^(x)	<input type="checkbox"/> FAN (FAP Nurse) for healthcare issues
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

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Domestic Abuse Risk Assessment (DARA)

Other Factors of Concern Not Addressed Above

Risk Mitigation

Notes:

Electronic Signature includes date, if signing by hand, please date beside your signature.

If applicable for those under review.

Completing Clinician:

Supervisor:

Legend

- a) Total Adjusted Risk is identified as: Risk assessed across all domains with mitigation steps in place.
- b) Acute Risk Factors are highly correlated with serious, subsequent violence and requires immediate risk mitigation**
- c) Needed acute medical attention, required sutures, cast, or similar type of medical intervention.
- d) Strangulation to include non-fatal strangulation.
- e) Stated or behaviorally demonstrated threat(s) to injure or kill the victim.
- f) Stalking to include tracking the victim.
- g) Suicidal ideation/intent is evidenced by positive CSSR-S in the past 30 days.
- h) Access to guns is endorsed for all personally owned firearms EXCEPT those secured in unit weapon's room.
- i) DV is defined as physical, sexual or emotional abuse; refer to Decision Tree Algorithm (DTA).
- j) Chronic Risk Factors requires supportive, educational, clinical interventions for long term resolution.**
- k) Criminal behavior not related to DV, examples include assault on others, theft, stranger sexual assault, etc.
- l) Ongoing significant conflict is identified as more than normal disagreements.
- m) Substances are identified as illegal drugs, prescription drugs and/or alcohol.
- n) Social functioning refers to maintenance of health, interpersonal relationship problems, and/or legal problems.
- o) Irrational is identified as strange or bizarre beliefs or perceptions.
- p) Serious disturbance of mood is identified as bipolar disorder, major depressive disorder, anxiety or other mood related disorders.
- q) External locus of control is identified as blaming, denying, and minimizing responsibility.
- r) Offender knows the location or victim's movements, i.e. victim shares custody and/or interacts in routine predictable ways.
- s) Global Factors are addressed throughout case management sessions.**
- t) Financial problems are identified as bills exceeding income, cannot pay rent/mortgage, cannot pay car payment, etc.
- u) Problems with transportation is identified as having no vehicle, license, etc.
- v) Problems with access to care is identified as scheduling medical appointments, etc.
- w) Problems with life skills and/or activities of daily living, i.e., household management, multitasking, etc.
- x) Basic needs include housing, utilities, furniture, gas, etc.

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Child Abuse Risk Assessment (CARA)

Sponsor Name: (Last, First, MI) Caregiver Name:		Child's Name: (Last, First, MI)							
Clinician: Location:	Provider Level:		Date Completed:						
Sources: <input type="checkbox"/> Sponsor Interview <input type="checkbox"/> Child(ren) Interview <input type="checkbox"/> Review of Law enforcement Documents <input type="checkbox"/> Other:		Risk Factor Matrix <table border="1"> <tr> <td>Acute</td> <td>Requires immediate action to mitigate risk</td> </tr> <tr> <td>Chronic</td> <td>Requires ongoing intervention to lower risk</td> </tr> <tr> <td>Global</td> <td>Requires CM/Support to increase functioning and Self-efficacy</td> </tr> </table>		Acute	Requires immediate action to mitigate risk	Chronic	Requires ongoing intervention to lower risk	Global	Requires CM/Support to increase functioning and Self-efficacy
Acute	Requires immediate action to mitigate risk								
Chronic	Requires ongoing intervention to lower risk								
Global	Requires CM/Support to increase functioning and Self-efficacy								
Incident Numbers:		Total Adjusted Risk ^(a) :							

Acute ^(b) Risk Factors		Risk Mitigation
Physical		
<input type="checkbox"/> Child was seriously injured ^(c)	<input type="checkbox"/>	Military Protective Order (MPO)
<input type="checkbox"/> Any injury to a child under the age of 1	<input type="checkbox"/>	Restricted to Installation
<input type="checkbox"/> Under age 2 years old with injury to face, neck, or head	<input type="checkbox"/>	Admitted medical protection (MTF Staff)
<input type="checkbox"/> Reported mechanism of injury is not consistent with injury	<input type="checkbox"/>	Bar to installation
<input type="checkbox"/> Delay in seeking medical care	<input type="checkbox"/>	Offender incarcerated or confined
	<input type="checkbox"/>	Staffed with CPS
	<input type="checkbox"/>	Conducted high risk HRVRT
	<input type="checkbox"/>	Referred to NPSP or other in-home service
	<input type="checkbox"/>	Other:
Risk without mitigation:		ADJUSTED Risk with mitigation:

Threats, Ideation, or Intent Factors	
<input type="checkbox"/> Caregiver has made threats of injury or death to child	<input type="checkbox"/> Expedited Transfer
<input type="checkbox"/> Caregiver has suicidal ideation/intent	<input type="checkbox"/> Placed in safe home/location
<input type="checkbox"/> Child self-harms or is suicidal and caregiver does not respond	<input type="checkbox"/> Mental Health evaluation
<input type="checkbox"/> Child reports fear of parent/caregiver	<input type="checkbox"/> Escort MH/ED for SI/HI (MTF Staff)
<input type="checkbox"/> Guns in the home ^(d)	<input type="checkbox"/> Guns secured
	<input type="checkbox"/> MH weapons profile
	<input type="checkbox"/> Conducted high risk HRVRT
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

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Child Abuse Risk Assessment (CARA)

Escalation of Violence Factors	
<input type="checkbox"/> Child reports violence has increased in frequency/severity over time	<input type="checkbox"/> Regular 1SG check-ins
<input type="checkbox"/> Child reports HX of abuse by caregiver	<input type="checkbox"/> Nurturing Parenting Program or similar
<input type="checkbox"/> Reports of chronic abuse/neglect ^(e)	<input type="checkbox"/> Safety contract issued as a lawful order
	<input type="checkbox"/> Routine home visits
	<input type="checkbox"/> Scheduled PCM/Well-Child checks
	<input type="checkbox"/> Childcare plan addresses supervision in place
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Sexual Abuse Factors	
<input type="checkbox"/> Child reports caregiver engaged in sexually abusive acts	<input type="checkbox"/> Restriction to installation
<input type="checkbox"/> Child reports watching pornography/adult content with caregiver	<input type="checkbox"/> Offender seen by FAP for daily check in
<input type="checkbox"/> Child reports exposure to age-inappropriate sexual behaviors	<input type="checkbox"/> Verified MPO/CPO placed into NCIC
<input type="checkbox"/> Child reports grooming type behaviors	<input type="checkbox"/> Offender placed in confinement
<input type="checkbox"/> Child reports being watched, recorded, or photographed sexually	<input type="checkbox"/> MPO/CPO
	<input type="checkbox"/> Recommend CPS file for protective custody
	<input type="checkbox"/> Early return of duty (EROD) to U.S.
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Non-Protective Caregiver Factors	
<input type="checkbox"/> Non-offending caregiver will not commit to safety plan	<input type="checkbox"/> Child placed in safe home/location
<input type="checkbox"/> Non-offending caregiver blames child for abuse/neglect	<input type="checkbox"/> Caregiver(s) engaged in parenting program
<input type="checkbox"/> Non-offending caregiver had prior knowledge of abuse/neglect	<input type="checkbox"/> Caregiver(s) participating in in-home services
	<input type="checkbox"/> CPS and FAP safety plan for child(ren) in place
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Chronic ^(f) Risk Factors	
Criminogenic Factors	
<input type="checkbox"/> History of past domestic violence	<input type="checkbox"/> Command Directed MHE
<input type="checkbox"/> Other criminal behavior NOT related to domestic violence ^(g)	<input type="checkbox"/> Mental Health Intensive Outpatient
<input type="checkbox"/> Property and/or substance offenses, or other serious legal offenses	<input type="checkbox"/> CBT offender-based treatment group
<input type="checkbox"/> Violations of UCMJ, prior article 15 convictions	<input type="checkbox"/> Individual therapy
<input type="checkbox"/> Reports of animal abuse	<input type="checkbox"/> Actions to protect animals
	<input type="checkbox"/> Animals are re-homed for safety
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

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Child Abuse Risk Assessment (CARA)

Relationship Factors	
<input type="checkbox"/> Child reported to have witnessed parent/caregiver DV <input type="checkbox"/> Ongoing family relationship problems/conflict or custody issues <input type="checkbox"/> Child reports being the identified problem in the family <input type="checkbox"/> Parent/caregiver blames child for family issues <input type="checkbox"/> Child's bx, emotional/developmental issues viewed as the problem ^(h)	<input type="checkbox"/> Parenting Offender's intervention group <input type="checkbox"/> Individual therapy <input type="checkbox"/> Seen by FAP for check-in <input type="checkbox"/> Referred to victim's group <input type="checkbox"/> Victim referred to community services <input type="checkbox"/> Provided victim DV education <input type="checkbox"/> Referred to individual/family counseling <input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Substance abuse Factors	
<input type="checkbox"/> Caregiver current substance issues ⁽ⁱ⁾ impairing social functioning <input type="checkbox"/> Caregiver past substance issues impairing social functioning <input type="checkbox"/> Child current substance issues impairing social functioning <input type="checkbox"/> Child past substance issues impairing social functioning	<input type="checkbox"/> CMD conducted probable cause U/A <input type="checkbox"/> Substance abuse evaluation <input type="checkbox"/> Referred NA/AA or other recovery support <input type="checkbox"/> Notified CPS of safety concerns <input type="checkbox"/> Child referred for substance abuse evaluation <input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Behavioral & Emotional Factors (Caregiver)	
<input type="checkbox"/> Irrational ^(k) beliefs or perceptions <input type="checkbox"/> Serious disturbance of mood ^(l) <input type="checkbox"/> Long-standing problems with anger, impulsivity, or instability <input type="checkbox"/> Suffers from issues with depression, anxiety, etc. <input type="checkbox"/> Anti-social, borderline personality trait and/or conduct issues <input type="checkbox"/> External locus of control ^(m) <input type="checkbox"/> Unrealistic expectations of child <input type="checkbox"/> Suffers from PTSD	<input type="checkbox"/> Recommend CDMHE via BH/Community <input type="checkbox"/> Referred for MH IOP <input type="checkbox"/> Individual counseling <input type="checkbox"/> Referred to DBT via MH/Community <input type="checkbox"/> Evidencing incorporation of learning <input type="checkbox"/> Evidencing behavioral change over time <input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Behavioral & Emotional Factors (Child)	
<input type="checkbox"/> Child has low self-esteem, emotionally dependent/insecure <input type="checkbox"/> Lack of non-violent, healthy, pro-social problem-solving skills <input type="checkbox"/> Child suffers from depression, anxiety, or other MH issue <input type="checkbox"/> Child has ADHD <input type="checkbox"/> Child has developmental delays ⁽ⁿ⁾ <input type="checkbox"/> Child has emotional/affectional issues ^(o) <input type="checkbox"/> Child suffers from PTSD	<input type="checkbox"/> Individual counseling <input type="checkbox"/> Referred to EFMP <input type="checkbox"/> Child and Family MH Services <input type="checkbox"/> Mental Health referral <input type="checkbox"/> Referred to PCM <input type="checkbox"/> Developmental evaluation (Head Start) <input type="checkbox"/> Trauma Focused Individual Therapy <input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

U.S. ARMY MEDCOM FORM DOMESTIC ABUSE RISK ASSESSMENT JAN 2024

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Child Abuse Risk Assessment (CARA)

Child Specific Factors	
<input type="checkbox"/> Child exhibits reluctance to return home	<input type="checkbox"/> Referred to family therapy (as appropriate)
<input type="checkbox"/> Child has a current or history of running away	<input type="checkbox"/> Childcare plan addresses school attendance
<input type="checkbox"/> Child has made prior outcries for help/assistance	<input type="checkbox"/> Childcare plan addresses supervision
<input type="checkbox"/> Child recants allegations after initial outcry	<input type="checkbox"/> Other:
<input type="checkbox"/> Child has record of excessive tardiness, school absenteeism	
<input type="checkbox"/> Child appears parentified (p)	
<input type="checkbox"/> Child reports hopelessness	
Risk without mitigation:	ADJUSTED Risk with mitigation:

Global (d) Risk Factors	
Employment and/or Financial Factors	
<input type="checkbox"/> Caregiver experiences chronic unemployment, unstable work	<input type="checkbox"/> Budget counseling
<input type="checkbox"/> Caregiver has work hours which affect their ability to parent (t)	<input type="checkbox"/> Anger/stress management counseling
<input type="checkbox"/> Caregiver problems with unit and/or command	<input type="checkbox"/> Job Skills or Educational Assistance
<input type="checkbox"/> Caregiver problems with finances (s)	<input type="checkbox"/> Respite care referral
<input type="checkbox"/> Caregiver had addictions (t) which impact finances	<input type="checkbox"/> Addiction specialist counseling
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Resource Factors	
<input type="checkbox"/> Caregiver has transportation barriers	<input type="checkbox"/> Respite care referral
<input type="checkbox"/> Caregiver has childcare barriers	<input type="checkbox"/> Childcare/afterschool care referral
<input type="checkbox"/> Caregiver has problems with housing	<input type="checkbox"/> Transportation assistance
<input type="checkbox"/> Caregiver has problems with medical care/access to care	<input type="checkbox"/> Community resources for federal assistance
<input type="checkbox"/> Caregiver has problems meeting basic needs (u)	<input type="checkbox"/> Life skills group or assistance programs
<input type="checkbox"/> Caregiver has problems with life skills (v)	<input type="checkbox"/> Referred to FAN (FAP Nurse)
	<input type="checkbox"/> Other:
Risk without mitigation:	ADJUSTED Risk with mitigation:

Other Factors of Concern Not Address Above	Risk Mitigation
Other Factors Continued	Risk Mitigation

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Child Abuse Risk Assessment (CARA)

Notes:	
<i>Electronic Signature includes date, if signing by hand, please date beside your signature.</i>	<i>If applicable for those under review</i>
Completing Clinician:	Supervisor:

Legend

- a) Total Adjusted Risk is identified as: Risk assessed across all domains with mitigation steps in place.
- b) Acute Risk Factors are highly correlated with serious, subsequent violence and requires immediate risk mitigation.**
- c) Serious injury is identified as: child needed acute medical attention, required a cast or similar medical intervention.
- d) Excludes guns which are secured; locked weapons to which the child has no access.
- e) Chronic abuse/neglect includes medical and educational neglect, deprivation of necessities, and/or exposure to physical hazards, not related to DV.
- f) Chronic Risk Factors requires supportive, educational, clinical interventions for long term resolution.**
- g) Criminal behavior not related to DV, examples include assault on others, theft, stranger sexual assault, etc.
- h) I.e., the child is seen as being the problem versus the child has a problem.
- i) Substances are identified as illegal drugs, prescription drugs and/or alcohol.
- j) Social functioning refers to maintenance of health, interpersonal relationship problems, and/or legal problems.
- k) Irrational is identified as strange or bizarre beliefs or perceptions.
- l) Serious disturbance of mood is identified as bipolar disorder, major depressive disorder, anxiety or other mood related disorders.
- m) External locus of control is identified as blaming, denying, and minimizing responsibility.
- n) Developmental delays include language delays, autism, etc.
- o) Emotional/affective issues include oppositional defiant disorder, RAD, angry outbursts, etc.
- p) Parentified is identified as a role reversal between the child and the caregiver, e.g., child is taking care of siblings, etc.
- q) Global Factors are addressed throughout case management sessions.**
- r) Effecting ability to parent includes leaving children unsupervised due to work schedules, on call, etc.
- s) Problems with finances include when income is not adequate to cover bills, food, rent, etc.
- t) Addiction is identified as any behavior that is uncontrollable to the caregiver, gambling, shopping, purchasing pornography, etc.
- u) Basic needs is identified as food, water, shelter, electricity, gas, etc.
- v) Life skills is identified as cleaning, cooking, scheduling, or other activities of daily living.

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COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u>.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> <i>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past three months?</u>		

- Low Risk
- Moderate Risk
- High Risk