

DACOWITS RFI #4 (SEPTEMBER 2024)

Subj: DACOWITS RFI #4 – Intimate Partner Violence and Domestic Abuse

RFI #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:

- 4.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.
- 4.b. How many of IPV offenders or victims were known to possess firearms before the fatality incident?
- 4.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?
- 4.d. What are the strategies/procedures used to determine whether an alleged offender owns or possesses a firearm (personally owned or military-issued)?
- 4.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.
- 4.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.
- 4.g. **Military Services:** What are your Services' strategies to identify suicidal ideation, monitor those at risk, and prevent domestic abuse related suicides?

Response:

4.a. USMC had no DV related homicides in FY21 and two in FY22; no offenders or victims were known to FAP. FY21 had 6 DV related suicides and 5 incidents were known to FAP. In FY22, there were 2 DV related suicides with no FAP engagement. Tables 1 and 2 capture this information.

Table 1.

USMC HOMICIDE		FY 21			FY 22		
	Military Status	Total	Known to FAP	Possess Firearms	Total	Known to FAP	Possess Firearms
VICTIM	Active Duty	0	0	0	2	0	0
	Dependent	0	0	0	0	0	0
	Civilian	0	0	0	0	0	0
	Total	0	0	0	2	0	0
OFFENDER	Active Duty	0	0	0	1	0	0
	Dependent	0	0	0	1	0	0
	Civilian	0	0	0	0	0	0
	Total	0	0	0	2	0	0

FY21 Homicides: none. FY22 Homicides: 1 by Stabbing, 1 by Strangulation

Table 2.

USMC SUICIDE		FY 21			FY 22		
	Military Status	Total	Known to FAP	Possess Firearms	Total	Known to FAP	Possess Firearms
VICTIM (DECEDENT)	Active Duty	5	5	1	0	0	0
	Dependent	1	1	0	2	2	0
	Civilian	0	0	0	0	0	0
	Total	6	6	1	2	2	0

FY21 Suicides: 5 by Hanging, 1 by Gunshot. FY22 Suicides: 1 by Hanging, 1 by Toxicity/Overdose

4.b. One of the five active-duty suicides in FY21 was a death by gunshot. The SM was known to FAP and had disclosed ownership of and access to firearms during the initial FAP Assessment.

IAW DoDI 6400.06 Initial Response and assessments

Each alleged domestic abuse incident is evaluated for risk using DoD-sanctioned and service-approved assessment tools for designated staff.

IAW DoDM 6400.01-V4 April 4, 2017

Clinical Assessment: FAP Clinicians must assess the risk for lethality in every assessment for domestic abuse, whether or not violence was used in the present incident. The lethality assessment assesses for the presence of increased frequency and severity of violence in the relationship, ease of access to weapons, and previous use of weapons or threats to use weapons.

4. c. Currently the data related to the number of firearms removed from a home in instances of IPV are not tracked. There are also limitations in obtaining such information because of multiple agencies involved and lack of documentation.

IAW DoDI 6400.06, December 15, 2021 (Change 3, July 11, 2024)

FAP Clinicians assess for the possession of, or access to, firearms, weapons, or other lethal means by the alleged abuser or the victim. For all reports, they include safety planning measures with the victim. If the report is unrestricted, Command is immediately notified. The Service Member’s commander has responsibility for victim safety and for appropriate abuser accountability if the Service Member is the alleged abuser. FAP notifies the Command of indicated risks and can make recommendations. However, during the initial response and assessment phase, Commanders ultimately decide whether or not to request or order the service member, as appropriate, after consultation with the servicing legal office, to secure personal weapons until the commander, in consultation with FAP determines the risk of future incidents is reduced.

4.d. IAW DoDI 6400.06 7/11/24 Initial response and assessment

FAP uses the DoD Intimate Partner Physical Injury Risk Assessment Tool to evaluate the risk of physical injury to all victims who have been referred to the FAP for any domestic abuse incident, even if physical abuse is not being reported. FAP utilize evidence-informed screening tools to identify the presence of depression, substance misuse, lethality risk factors, relationship problems, legal problems, and suicidal ideation.

FAP further assess for the possession of, or access to, firearms, weapons, or other lethal means by the alleged abuser or the victim. For all reports, they include in safety planning measures with the victim and if the report is unrestricted, immediately notify command.

4.e. During initial assessment and response to reports of domestic violence, FAP assesses both the alleged victim and alleged offender for the possession of, or access to, firearms, weapons, or other lethal means by the alleged abuser or the victim. When and if the screening tools indicate elevated risk factors, Command is notified. Command can at that time and after consultation with the servicing legal office, request or order the Service Member to secure personal weapons until the commander, in consultation with FAP determines the risk of future incidents is reduced.

4.f. How often an offender is removed his/her home is not currently being tracked by FAP. When elevated safety concerns and risks are indicated through ongoing assessment tools, those concerns are communicated to command, law enforcement, or civilian officials for the purposes of updating safety plans and notifying individual targets of threats. Clinical Case Staff Meetings are conducted as a protective measure to make recommendations to the commander regarding an alleged abuser for a victim. Such measures may include recommendations for a Military Protective Order (MPO), weapons removal, relocation, escort assignment, mental health assessment, restrictions, bar from the installation, removal of child(ren).

Procedures are the same for on and off base housing.

4.g. The primary goals of FAP in child abuse and domestic abuse are to ensure the safety of the victim and community, promote the cessation of abusive behaviors, and restore the health of the victim, abuser, and family unit. Individual assessments are conducted with the alleged victims and alleged offenders to determine risk. Assessments are completed using DoD sanctioned evidence-informed screening tools. If suicidal risk is presented FAP personnel initiate safety planning and complete referral to the appropriate level of mental health care i.e. Behavioral Health to access therapeutic services or in crisis situations immediate evaluation at a Military Treatment Facility.

Per MCO 1754.11A, for every new unrestricted report of domestic abuse, FAP documentation at a minimum contains an accurate accounting of all risk levels, actions taken, assessments conducted, severity levels, and clinical services provided from the initial report of an incident to case closure. Risk assessments are conducted quarterly on all open FAP cases and within 30 days if any significant changes occur since the last risk assessment that presents increased risk to the victim or warrants additional safety planning.