

RFI Category and Number: **INTIMATE PARTNER VIOLENCE AND DOMESTIC ABUSE – 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:

RFI Question:

- 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.
- b. How many of IPV offenders or victims were known to possess firearms before the fatality incident?

RFI Response:

Please refer to Table 1. and Table 2. below.

Table 1.							
NAVY HOMICIDE		FY 21			FY 22		
Military Status		Total	Known to FAP	Possess Firearms	Total	Known to FAP	Possess Firearms
VICTIM	Active Duty	2	0	0	3	0	0
	Dependent	1	0	0	1	1	0
	Civilian	0	0	0	0	0	0
	Total	3	0	0	4	1	0
OFFENDER	Active Duty	2*	1	0	1	0	0
	Dependent	0	0	0	2	0	0
	Civilian	0	0	0	1**	0	0
	Total	2	1	0	4	0	0
FY21 Homicides: 2 by Gunshot, 1 by Stabbing. FY22 Homicides: 4 by Gunshot							
<i>*Cell count includes 1 Active Duty offender in a double homicide + suicide incident, not known to FAP or to possess firearm.</i>							
<i>**Cell count includes 1 Civilian Offender in single homicide + suicide incident; not known to FAP or known to possess firearm</i>							

Table 2.							
NAVY SUICIDE		FY 21			FY 22		
Military Status		Total	Known to FAP	Possess Firearms	Total	Known to FAP	Possess Firearms
VICTIM (DECEDENT)	Active Duty	3	3	0	3	1	1
	Dependent	1	0	0	2	1	0
	Civilian	0	0	0	0	0	0
	Total	4	3	0	5	2	1

FY21 Suicides: 3 by Gunshot, 1 by Hanging. **FY22** Suicides: 2 by Hanging, 1 Undetermined, 1 by Gunshot
NOTE: Table 2 excludes the 2 suicide decedents who were offenders in homicide/suicide incidents already accounted for in Table 1.

Disclaimer: "Possesses Firearms" - Data on firearm possession of decedent and offenders is incomplete due to limitations in multiple agency information sharing or lack of documentation.

RFI Question:

- 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?**

RFI Response:

Following a FAP case review, only 1 case had documentation of known firearm possession. There was no documentation of attempts for intervention specific to a firearm.

RFI Question:

- d. What are the strategies/procedures used to determine whether an alleged offender owns or possesses a firearm (personally owned or military-issued)?**

RFI Response:

NAVADMIN 263/14 states that commanders and health professionals may inquire about, collect and record information about a service member’s privately-owned firearms, ammunition or other weapons. If there is reasonable belief the service member is at risk for suicide or causing harm to others, this policy governs voluntary storage of privately-owned firearms for safekeeping by the command. It also establishes procedures to protect the rights of Sailors who consent to storage. The guidance applies to all Sailors (both active and reserve) and is in accordance with Section 1057 of the National Defense Authorization Act of Fiscal Year 2013.

OPNAVINST 1752.2C 20MAY2020 CHAPTER 3 The issuing activity must require that the individual execute a DD Form 2760 Qualification to Possess Firearms or Ammunition prior to issuing any firearm or ammunition to any individual. Where appropriate, this form will be executed as part of a command check-in or as part of a watch or assignment qualification with a subsequent obligation on the part of the individual concerned to inform the issuing activity if he or she incurs a qualifying conviction. This

requirement applies equally to morale, welfare, and recreation (MWR) and non-appropriated fund instrumentalities. Refusal to execute the DD Form 2760 will result in a denial of access to Navy firearms and ammunition.

RFI Question:

- 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.**

RFI Response:

IAW with OPNAVINST 1752.2C 20MAY2020 CHAPTER 14-7 Intervention Services for Abusers includes an agreement that serves as a treatment contract. The contract will be in writing and the clinician will provide a copy to the abuser and retain a copy in the treatment record. Among the conditional treatment rules includes that an abuser must abstain from purchasing or possessing personal firearms or ammunition. If the abuser violates any of the terms of the contract, the clinician or facilitator may terminate the abuser from the treatment program; notify the command, civilian criminal justice agency, and civilian court as appropriate; and notify the victim if contact will not endanger the victim. The command should take appropriate action when notified that the abuser's treatment has been terminated due to a contract violation.

OPNAVINST 1720.4B states that commanders and health professionals may ask Sailors who are reasonably believed to be at risk for suicide or causing harm to others to voluntarily allow their privately-owned firearms be stored for temporary safekeeping by the command. The policy also establishes procedures to protect the rights of Sailors who consent to storage. The guidance applies to all Sailors (active and reserve).

OPNAV 1752.2C is being revised to include language from DoD 6400.06 that states, "Commanders will 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".

RFI Question:

- 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.**

RFI Response:

Neither NCIS or FAP capture data on the frequency of offenders who are removed from his/her home. IAW OPNAV 1752.2C Immediate Victim Safety includes securing safe housing, when necessary, with consideration for both the physical and emotional well-being of victims. Removal of the alleged abuser is preferred when the parties must be separated to safeguard the victim. If necessary and within the commander's authority, the alleged abuser will be directed to find alternative housing.

Commanders have the authority to issue two types of protective orders: “No Contact Orders” and Military Protective Orders (MPOs).

- No Contact Orders temporarily halt communications between disputing parties.
- MPOs are typically issued to safeguard individuals during criminal investigations, quell disturbances, and maintain good order and discipline, which may also provide victims time to pursue a protection order through a civilian court (should they choose to do so) or support an existing civilian protection order (CPO).

Commanders should consult with a staff judge advocate prior to issuance of a MPO. Commanders must also take into consideration the requirements of the Lautenberg Amendment. Commanders may enforce a MPO whether the Service member is on or off the installation; off base violations should be reported to the issuing commander, DoD law enforcement, and NCIS.

RFI Question:

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

RFI Response:

Navy has a multi-tiered strategy to prevent, identify and respond to suicidal ideation and suicide related behaviors. Commands are required to monitor the well-being of their Service members particularly for any indications of suicidal behaviors, and ensure appropriate intervention occurs, if indicated.

Command Resilience Team Human Factors Council (CRTHFC)

Primary mission is to create effective, holistic risk management plans for Sailors to mitigate adverse outcomes and improve individual force readiness. Sailors who are identified “at risk” may be referred to the CRTHFC to review the human factors within the command that impact individuals’ wellness and identify primary prevention efforts to reduce relevant risks.

NAVADMIN 059/23 The Navy’s Mental Health Playbook

Intended to support Sailors and Navy Leaders in preventing mental health issues from occurring and, when they do, to connect Sailors with the proper mental health care, at the right level, at the right times. The Playbook highlights the Navy’s mental health capabilities and resources, how to conduct mental health preventive maintenance, as well as assist Navy leaders in mitigating, or addressing mental health issues within their commands.

Navy’s Suicide Related Behavior Response and Postvention Guide

Each Navy unit is also required to have a crisis response plan for Sailors in distress. The Guide consolidates information from the Defense Suicide Prevention Office (DSPO) Postvention Toolkit for a Military Suicide Loss, the DSPO Leaders Suicide Prevention Safe Messaging Guide and OPNAVINST 1720.4B, Suicide Prevention Program. It is designed to provide a streamlined reference to suicide crisis response, suicide related behavior response, reintegration, and suicide postvention.

MILPERSMAN 1320-307 Permanent Change of Station/Temporary Additional Duty Warm Hand-off Procedures

To ensure support service members during transitions, commanders must ensure warm hand-offs occur between losing and gaining command triads prior to transfer, regardless of order type. The warm hand-off will communicate any know challenges or issues that warrant continuity of care; information-sharing will be executed in a way that protects a Service member's privacy, limiting information to those leaders with a need to know and is intended to be in the best interest of the Sailor and in support of mission readiness.

Project 1 Small ACT (Ask, Care, Treat)

The Navy's Suicide Prevention Program – 1 Small ACT offers a robust suicide prevention campaign providing resources and outreach products. All Sailors receive Suicide Prevention training to include Ask, Care, Treat (ACT) steps to facilitate safe effective conversations and promoting early intervention. Additionally, 1 Small ACT provides Lethal Means Safety guidance and messaging to address firearm safety and secure storage within routine conversations and safety briefings. Additionally, service members and families may inquire availability of gun lock distributed by the Department of Veterans Affairs at conus Fleet and Family Support Centers.

The Brandon Act

Pursuant of Department of Defense Directive-type Memorandum 23-005, "Self-Initiated Referral Process for Mental Health Evaluations of Service Members," and ALNAV 054/23 a service members may directly seek help, requesting a referral for mental health evaluation, confidentially for any reason, at any time, and in any environment. To ensure access to the full continuum of behavioral health resources, direct connection to a service provider, and follow-through support, commanding Officers and supervisors must:

- a. Ensure Service Members understand the procedures to request a referral for a mental health evaluation (MHE).
- b. Ensure Service Members who request a MHE are referred to a provider as soon as practicable.
- c. Treat referrals for MHEs in a manner similar to referrals for other medical services, to the maximum extent practicable.
- d. Maintain privacy protections and reduce stigma by NOT requesting information from mental health providers regarding the results of the MHE except for information that may be disclosed to command in accordance with DTM 23-005.
- e. Be trained to recognize personnel who may require MHEs based on the individual being an imminent danger to self.

Fleet and Family Support Center (FFSC) Resources

- **Sailor Assistance and Intercept for Life (SAIL) Program** provides evidence-based intervention that rapid assistance, on-going risk assessments, reintegration assistance, and coordinate holistic clinical case management for Sailors who experience suicidal ideation or suicide-related behavior. Risk is assessed at key intervals using the Columbia Suicide Severity Rating Scale and managed using the Veterans Affairs Safety Plan through a series of contacts over 90 days following suicide related behavior. IAW OPNAV 1720.4B commands are required to refer all Sailors who experience suicide related behaviors to the SAIL Program to take a proactive approach to strengthen the support for Sailors.

- **Virtual Clinical Counseling** offering appointments to Sailors and their families mental health services remotely.
- **FFSC Clinical Providers** engage in ongoing assessment of client status, including risk for suicide related to domestic abuse and intimate partner violence. These assessments evaluate biopsychosocial risk factors including past/current mental health, occurrence of abuse, past or present suicidal ideation. Safety concerns are addressed immediately with coordinated community response.

High Risk for Violence-Coordinated Community Response

The high risk for violence-coordinated community response team provides a formalized and comprehensive coordinated community approach to monitoring and intervening in high-risk situations, to include but not limited to, a perceived threat or imminent harm to self, others, or both. The team provides rapid assistance, case coordination including ongoing safety planning, risk assessments, and case management. Membership includes a representative from the command(s) of the alleged victim and offender, FFSC, SJA or regional legal service office, MTF, chaplain, NCIS, base security, and military and civilian service organizations. All commanders must ensure command participation in the high risk for violence-coordinated community response team.

Military Crisis Line

Offers confidential, toll-free hotline support 24 hours a day, 7 days a week via telephone, mobile text or online. Connects active-duty service members and veterans in crisis with qualified and caring Department of Veterans Affairs responders.

Hours Expended Answering this RFI: 31 Hours

POC or office responsible: OPNAV N17