



DEPARTMENT OF THE AIR FORCE
AIR FORCE MEDICAL AGENCY
FALLS CHURCH, VA

15 February 2024

MEMORANDUM FOR Chairman, Defense Advisory Committee on Women in the Service (DACOWITS), ATTN: DACOWITS Members, Washington, DC 20310-0111

SUBJECT: Defense Department Advisory Committee on Women in the Services (DACOWITS) March 2024- Requests for Information (RFI) Response

1. References:

- a. DoDI 6400.01, Family Advocacy Program, May 2019
- b. DoDI 6400.03, Family Advocacy Command Assistance Team, 25 April 2014, Incorporating Change 1, Effective 3 April 2017
- c. DoDI 6400.06, DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, 15 December 2021, Incorporating Change 2, Effective 16 May 2023
- d. DAFI 40-301, The Air Force Family Advocacy Program, 13 November 2020

2. Purpose. To provide a written response to DACOWITS March RFI #5 (Intimate Partner Violence (IPV) and Domestic Abuse).

3. Air Force Family Advocacy Program (FAP) Responses

5a. MCA: What is the implementation status of Congressionally mandated central database and identify what data will be collected, to include the proposed data fields? Identify whether there will be any data identifying how many of the “unique” abusers are repeat offenders and number of different incidents? What accountability measures have been imposed (e.g., NJP, court-martial, MPO, other), and what risk factors have been identified? Will restricted report numbers and other non-confidential data be reported/collected? OSD is the authority for reporting this data.

- a. Response provided by Military Community Advocacy (MCA)

5b. MCA: The 2023 RAND Corporation report on Domestic Abuse in the Armed Forces Improving Prevention and Outreach presents a series of prevention and other strategies to address IPV/DA. What actions is DOD considering for implementation or for enhancing existing problems? Describe intended actions. OSD is the authority for reporting this data.

- a. Response provided by MCA

5c. MCA and Military Services: Provide copies of the annual fatality reports required by DoDI 6400.06 from FY12-FY22. Provide information (from FY12-FY22) on what action was taken, and the result, against those abusers believed to be criminally responsible for a victim’s death? How many fatalities were of undetermined cause?

a. The Air Force assesses every fatality and conducts a multidisciplinary review of each fatality known to have resulted from an act of domestic violence (DV) or child abuse and neglect (CAN), or suicides related to an act of DV or CAN according to U.S. Code, Title 10, Sections 928b and 1044 and DoDI 6400.06. The DAF currently receives fatality notifications vetted at the installation level to be associated with domestic, intimate partner or child abuse. None of the referred fatalities were of an undetermined cause. DAF Fatality Reviews Boards are typically conducted one to two years after the fatality occurred once all criminal proceedings are completed. The Fatality Review Board (FRB) identifies trends, lessons learned, and provide recommendations to assist the Department of the Air Force (DAF) and the Department of Defense (DoD) develop programs and policies for the prevention and effective intervention in cases of DV or CAN. The next Annual Air Force Fatality Review Board will convene in May 2024.

b. The attached ‘RFI 5 Attachment 2 FRB’ contains the FRB annual reports. Of note, while the information in the FRB reports is sanitized of personally identifying information, it could still be easily utilized to connect to the deceased individual’s identity and portions of the information could be very upsetting to the families or those involved. DAF FAP recommends extreme caution in releasing any of this information or data to the public.

5d. MCA and Military Services: Provide data regarding participation in the CATCH program outlined in DoDI 6400.06. How long has that program been in effect and how many alleged serial offenders involved in IPV/DA have been identified/entered into the system since inception of that program?

a. Participation in the CATCH Program is voluntary and the victim may decline to participate in the CATCH Program at any stage, even after being informed that there was a potential “match” to another entry in the CATCH system or to a law enforcement case. The Air Force began training CATCH Report Managers in early 2023 with data entries beginning in March 2023. The data shows a total of 13 victims requested CATCH accounts but only 6 actually entered data and none of the 6 have been matched to serial offenders.

Service	Organization	Total Requests for a CATCH Password	Number of Records With No Entry	Number of CATCH Entries Submitted
AIR FORCE	FAP	13	7	6

5e. MCA and Military Services: Have you conducted any surveys addressing the topic/soliciting information about the incidence of IPA/DA? If so, provide dates and findings of those surveys.

a. The Air Force Family Advocacy Program has not conducted any prevalence/population surveys regarding the incidence of Intimate Partner or Domestic Abuse.

5f. MCA and Military Services: Provide the number of restricted reports received in the years FY12 through FY22, in the same format and with all the same categories reported for unrestricted reports in the December 2023 QBM meeting. If you do not have all that data available, provide as complete a report as possible and identify where you lack specific data fields. At minimum, local installation FAPs should have these numbers even though DoD collects only unrestricted report data. If your Service does not have a complete data set of restricted reports, explain why that data is not collected and what efforts may be underway to collect and analyze it.

a. DAF FAPs restricted report data is collected at the installation and DAF level. The attached spreadsheet 'RFI 5 Attachment 3 RR Data' breaks out the number of incidents per year by type, relationship, and gender.

b. The number of restricted report incidents has more than doubled from FY12 to FY22. In FY12 restricted reports were 5% of FAP referrals and in FY22 they were 14% of FAP referrals. Across this time frame, nearly 90% of restricted referrals were from spouse relationships versus intimate partners with 83% of the victims reporting as female. Additionally, of the types of abuse reported for restricted referrals about 40% were emotional, 37% physical, and 22% sexual.

5g. Military Services: Is information regarding restricted reports, types of allegations involved, and the assessed threat level reported to the installation Incident Determination Committee (IDC) (or other group-define) and relevant command authorities (recognizing identifying information is confidential) to assure awareness and enhance outreach/training/other community prevention efforts?

a. The Incident Determination Committee (IDC) is conducted in accordance with established policies and guidelines assessing and determining the outcome using the required decision tree. Restricted reports are not staffed at the IDC. They are staffed at the Clinical Case Staffing Meetings within the FAP and sanitized data is included in reports at the installation quarterly Family Advocacy Committee (FAC) meeting to monitor and assess for trends.

5h. Military Services: How many nonjudicial punishment or court-martial actions have been taken against military Service members for: Violations of UCMJ Article 128B or its previously equivalent predecessor articles for domestic or IPV violence from FY12-FY22; and MPO or CPO violations from FY12-FY22?

a. DAF FAP is not involved in the administrative or punitive processes. FAP services are directed towards ensuring safety and treatment for those involved in abuse or neglect incidents.

5i. MCA and Military Services: How many reported abuse/violence incidents have resulted in an imminent danger assessment from FY12-FY22 (as defined in DoDI 6400.06)? Identify by gender the abuser and victim, category of abuse/violence, and whether incident involves intimate partners or spouses.

a. When a FAP referral poses a threat for imminent danger the installation FAP will convene a High Risk For Violence Response Team (HRVRT) or Child Sexual Maltreatment Response Team (CSMRT) accordingly.

b. The number and demographic breakout of HRVRT/CSMRTs from FY12 to FY22 is included as ‘RFI 5 Attachment 4’. Overall, the number has increased from 6% to 12% of all DAF FAP referrals. However, improved processes, trainings and the expanded definition including intimate partners likely contributed to this increase.

5j. MCA and Military Services: Although the metrics collected represent only unique victims and abusers, do you have data identifying how many abusers are repeat offenders (i.e., are identified as the abuser in more than one incident)? If so, please provide that data for FY12-FY22 or for as many of those years as possible.

a. From FY 2012-FY 2022, there were a total of 14,263 unique abusers involved in met criteria incidents of domestic abuse. Among those 14,263 unique abusers, 1,805 were involved in a subsequent met criteria incident of domestic abuse during that same time period. Note that for data provided by fiscal year, counts of unique abusers appear in the *first year* in which re-abuse occurred regardless of the number of subsequent met criteria incidents of domestic abuse in which an abuser was involved. This method ensures that re-abusers are counted only once.

Service	Domestic Abuse Abusers	
	Number of Unique Abusers	Number of Unique Abusers Who Re-abused*
Air Force	14,263	1,805

5k. MCA and Military Services: What is your Service’s progress on implementing a coordinated community response process IAW DoDI 6400.06? Outline the process, agencies involved, and their respective responsibilities. How often does the group meet and do they undertake analysis of incidents to identify trends, repeat offenders, or other important indicators? Are commanders tasked, and how, to identify actions taken to hold abusers accountable via administrative or disciplinary action when circumstances warrant such actions?

a. At SECAF’s direction, DAF stood up a quarterly CCR Executive Steering Group chaired by the Asst SECAF, with senior level directors from the Inspector General, Surgeon General, Manpower and Personnel, Logistics, Force Protection, Legal, the Office of Special Trial Counsel (OSTC), the Reserves and National Guard. The inaugural meeting was held on 21 December 2023 and the next meeting will convene on 13 March 2024.

b. At the installation level the AF uses a CCR approach to respond to initial referrals incorporating unit leadership, legal, security forces, medical and victim advocates when imminent safety is a concern (reference HRVRT/CSMRT described above). Cases are later presented at the IDC and FAP metrics are discussed at the both the FAC and the biannual Community Action Board chaired by installation leadership. Trends in administrative or disciplinary actions are reviewed at installation Status of Discipline meetings and the OSTC.

c. Additionally, DAF FAP is working with the MCA to pilot a revamped IDC process that better meets the intent of a community response to domestic, intimate partner and child abuse incidents on DoD installations later this year. The pilot, titled The Installation Coordinated Community Response (ICCR), is similar in composition to that of the IDC but includes Victim Advocates and will meet monthly to address FAP referrals, repeat offenders, risk factors, treatment accountability and victim support.

5l. Military Services: What are the challenges your Service faces in providing adequate victim services access and coverage, particularly at OCONUS and remote locations? For example, what is the personnel staffing situation in regard to the number of DAVAs, clinical providers and special victims counsel? Are you adequately staffed and funded to provide required victim services access and coverage at military installations? What is the situation at your OCONUS and remote installations?

a. Following a DAF FAP Cross Functional review in 2023, the SECAF recently funded 19 new DAVAs and 39 new FAP Program Manager/Clinician positions. The challenge continues to be filling these positions, especially in light of a national shortage of clinicians.

b. Overseas and remote FAP professional staff positions (Licensed Clinical Social Workers, Licensed Marriage/Family Therapists, and licensed Nurses) consistently struggle with only 50-60% filled authorizations. FAP Victim Advocates fare a little better with around 70% filled at any given time.

c. Aside from staffing, turnover and talent retention, perhaps the most difficult challenge at our OCONUS/Remote locations occurs in domestic child safety events where there are no Child Protective Services to intervene so installations result to band-aid supports with limited legal authority and local resources to respond.

5m. MCA and Military Services: The most recent change to DoDI 6400.06, para 4.1, enables the Military Departments to implement mandatory training at a frequency determined by the Military Services instead of annually. Provide information on the number, types, and titles of training your Service conducts, the target audiences for each, the training's frequency, and copies of that training.

a. The installation FAP annually trains installation commanders utilizing the MCA approved training slides. Each commander receives a deskside briefing to address installation and community specific concerns and resources within 90 days of their arrival into command.

b. FAP regularly assists in training installation medical providers, childcare providers, investigation and legal personnel, and DoDEA staff on identifying and reporting suspected adult and child abuse in their respective roles. Training requirements and aids used in these trainings are developed locally in conjunction with the associated professionals. Additionally, the Family Advocacy Nurse is incorporated into medical orientation for expecting parents to brief topics such as “Purple Crying” and community resources.

b. Prevention and education components related to DV/CAN are also incorporated into installation classes such as “How to Avoid Marrying/Dating a Jerk” and “Dads 101”. However, an organized training protocol and requirement similar to what is found in suicide or sexual assault prevention has not been established for the broader Airmen/Guardian population.

4. The Point of Contact (POC) is Lt Col Brandon N. Christensen at 703-681-6862 or email at brandon.n.christensen2.mil@health.mil.

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