



DEPARTMENT OF THE ARMY  
FAMILY AND MORALE, WELFARE AND RECREATION COMMAND  
4700 KING STREET  
ALEXANDRIA VA 22302-4401

IMWR-FP

04 OCT 2010

MEMORANDUM THRU

Assistant Chief of Staff for Installation Management  
Deputy Assistant Secretary of the Army (Civilian Personnel/Quality of Life)

*AS Specialties*  
*5 Nov 2010*

FOR Office of the Deputy Under Secretary of Defense for Military Community and Family Policy

SUBJECT: Domestic Violence and Child Abuse Fatality Review

1. Reference memorandum, Under Secretary of Defense (Personnel and Readiness), 12 Feb 04, subject: Domestic Violence and Child Abuse Fatality Reviews.
2. Headquarters, Department of the Army, conducted a multidisciplinary Domestic Violence and Child Abuse Fatality Review (DVCAFR) of all domestic violence and child abuse fatalities including related suicides that were reported by Army installations during FY08. The review was held at the Family and Morale, Welfare and Recreation (FMWR) Academy, Alexandria, VA, on 7 – 11 Jun 10. The purpose of the review was to determine lessons learned, and identify trends that will aid in the development of policies and recommendations for intervention.
3. The Army's response is at enclosure 1. The installation case summaries are at enclosure 2.
4. Family and Morale, Welfare and Recreation Command (FMWRC) coordinated the annual report with Office of the Judge Advocate General (Mr. Charles Cosgrove, 703-588-6571), US Army Medical Command (Dr. Rene Robichaux, 210-221-7046), Office of the Provost Marshal General (LTC Masayo Mesler, 703-697-7388), FMWRC Judge Advocate (David Starratt, 703-681-7464), and FMWRC Family Programs (Lynn McCollum, 210-424-8580).
5. POC is LTC Ben Clark, (210) 424-8556 or email at [Ben.Clark1@us.army.mil](mailto:Ben.Clark1@us.army.mil).

3 Encls

1. Sixth Annual Report
2. Installation Case Summaries
3. Operational Guidance

*R Jones*  
REUBEN D. JONES  
Major General, USA  
Commanding

**Department of the Army Domestic Violence  
and Child Abuse Fatality Review,  
Sixth Annual Report**

**June 2010**

**Submitted By: Family and Morale, Welfare and Recreation Command,  
Family Programs Directorate, Family Advocacy Program**

**Department of the Army Domestic Violence  
and Child Abuse Fatality Review,  
Sixth Annual Report**

**Table of Contents**

	<b>Page(s)</b>
Executive Summary.....	3-5
Fatality Review Process.....	6
Summary of Significant Findings.....	6-7
Department of Defense (DoD) Recommendations.....	7-9
Department of Army (DA) Recommendations.....	9-11
Findings (Child Abuse/Neglect).....	11-12
Findings (Domestic Violence).....	12-13
HQDA Fatality Review Board Membership.....	13-14

**Department of the Army Domestic Violence  
and Child Abuse Fatality Review,  
Sixth Annual Report**

**EXECUTIVE SUMMARY**

**Background.** Headquarters, Department of the Army (DA) Fatality Review Board (FRB) convened its sixth fatality review on 7-11 June 2010 as required by the Department of Defense (DoD).

**Purpose.** In accordance with DoD Instruction 6400.06, dated 21 August 2007, subject: Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, the DA FRB reviewed the fiscal year 2008 (FY08) child and domestic violence fatalities, including related suicides. The purpose of this review was to formulate lessons learned, and to identify trends and patterns that may assist the DoD in developing policy recommendations for earlier and more effective intervention.

**Requirement.** Although DoD did not specify any formal standard or format for the annual report, the FRB developed a model that included data about victim demographics, injuries, autopsy findings, homicide or suicide methods, weapons, police information, offender demographics, and household/Family information. The model also contained significant case findings and provisions for the development of DoD and DA recommendations based on identified systemic failures. Garrison Commanders conducted installation level domestic violence and child abuse fatality reviews, and forwarded their reports to the Family and Morale, Welfare and Recreation Command (FMWRC) by 1 May 10.

**Background.** A recap of the major FY07 trend data indicates that 13 of the 95 Army installations reported domestic violence and/or child abuse fatalities. The FRB reviewed 26 fatalities (14 children and 12 adults). Forty-four percent of the fatalities involved children; and 78% of the child deaths involved children under the age of four. Seventy-one percent of the adults involved in the child abuse fatalities had active substance abuse and/or behavioral health issues. Six child abuse fatalities occurred while the Soldier was deployed. The FRB recommended 18 DA policy changes to facilitate effective intervention in domestic violence and child abuse cases. Many of the recommendations implemented related to strengthening collaboration between military and civilian response organizations. The FMWRC updates operational procedures annually to ensure increased garrison level cooperation with military and civilian law enforcement agencies and compliance with data reporting requirements for future fatality reviews.

For the period of FY08, 18 of the 95 Army installations reported domestic violence and/or child abuse fatalities. The FRB reviewed 37 fatalities (15 children and 22 adults).

Thirteen (87%) of the 15 child fatalities were unknown to the Army Family Advocacy Program (FAP) prior to the fatality. However, 9 (69%) of the 13 child fatalities involved children from Families which should have been identified as high risk, since these Families were involved with other military and civilian helping agencies and should have been reported to FAP.

Six (40%) of the 15 child fatalities occurred while the Soldier was deployed.

Three (20%) of 15 child fatalities involved adults who had active substance abuse and/or behavioral health issues.

Fifteen (100%) of the 15 child fatalities were children under the age of four. The youngest children are at greatest risk. This statistic is consistent with the latest national report from US Department of Health and Human Services (HHS) in 2003 which indicates that more than three-quarters (78.7%) of children who were killed as a result of abuse were younger than four years of age (HHS Child Maltreatment 2003, Chapter 4, Figure 4-1, Percentage of Child Fatalities by Age, 2003).

During the FY96-FY00 timeframe, Army rates of substantiated child abuse have steadily declined from 7.1% to 5%. During the FY01-FY04 timeframe, the rates increased from 5.2% to 6.2%. During the FY05-FY09 timeframe, the rates decreased from 5.3% to 5.2%. These rates are half of the rates for substantiated child abuse within the US civilian population (12.4%) based upon the latest statistics compiled by HHS.

Twelve (55%) of the 22 domestic violence fatalities occurred within six months of deployment/re-deployment.

Thirteen (60%) of the 22 domestic violence cases contained allegations of infidelity.

**Recommendations.** To facilitate early and effective intervention in domestic violence and child abuse cases, the FRB recommends three new policy changes for the DoD and 12 new DA policy changes. In addition, the FRB reiterated 6 previous recommendations for DoD and 2 previous recommendations for the DA. These recommendations can be found on pages 8 thru 11 of this report.

**Status of Previous Recommendations.** The FRB recognizes it has a responsibility to report actions taken to date to implement prior year recommendations:

- In FY08, the Army continued to revise its guidelines in an attempt to adopt more thorough standards for death investigations. Specifically, in an attempt to collect all pertinent data for Family-related deaths, the Army began to revise its guidance to law enforcement in regard to law enforcement's joint investigations concerning Family-related deaths.

- The Army incorporated Family Advocacy Program (FAP) interventions needed when the unit is not providing the appropriate level of safety for victims of child abuse or domestic violence, the Health Insurance Portability and Accountability Act (HIPAA), and the fatality review process into the Family Advocacy Staff Training (FAST) course taught at the Army Medical Center and School (AMEDDC&S).

- The Army will continue to promote current AMEDD policy regarding Shaken Baby Avoidance at the medical treatment facilities by renewing the Shaken Baby Avoidance Policy for an additional two year period. The policy requires a briefing for both parents prior to the new born's release from the hospital and highlights strategies for soothing a crying baby. The Army has also published guidance drawing medical provider attention to the co-occurrence of child abuse, spouse abuse, and substance abuse issues. These co-occurrence issues have been incorporated into the FAST and Drug and Alcohol courses taught at the AMEDDC&S.

- The Army continues to stress the critical nature of early intervention and has revised the fatality review data sheet to capture New Parent Support Program – Home Visitation (NPSP-HV) involvement with Families with children less than three years of age. It has added a NPSP-HV and an EFMP representative as a consultant member on the FRB, and ensured that the NPSP-HVs received training on motivational interviewing techniques for resistant clients.

- In FY08, the DA required Army garrisons to implement three prior recommendations and to report to the DA concerning their progress in implementing these recommendation. As of 1 June 2010, the implementation rates for these recommendations average 93% across all Army installations. The recommendations were designed to strengthen installation FRC member training, increase commander and key helping agency awareness of the fatality review process, increase membership numbers, and expand outreach efforts to reach Families with special needs children off post.

**Department of the Army Domestic Violence  
and Child Abuse Fatality Review,  
Sixth Annual Report**

**Fatality Review Process:**

The National Defense Authorization Act for Fiscal Year 2000 required the establishment of the Defense Task Force on Domestic Violence (DTFDV). In its third year report, the DTFDV recommended that DoD develop guidance for both formal and informal fatality reviews. Fatality reviews serve as a mechanism for ongoing review of domestic violence and child abuse policies and case practices that may inadvertently contribute to the death of either a victim or offender. The primary objective of fatality review is to contribute to systemic improvements in a military community's response to domestic violence and child abuse.

In accordance with the DoD Instruction 6400.06, dated 21 August 2007, subject: Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, the Headquarters, DA FRB convened its sixth fatality review on 7-11 June 2010 at the Army Family and Morale, Welfare and Recreation Academy, Alexandria, VA. The purpose was to review FY08 domestic violence and child abuse fatalities including related suicides.

The FRB's purpose was to formulate lessons learned, and to identify trends and patterns that assist in developing policy recommendations for earlier and more effective intervention. The FRB used a multi-disciplinary team, whose members represented organizations responsible for the reporting, prevention, intervention, treatment, and the prosecution of incidents of domestic violence and child abuse (see pages 7 thru 13).

On 10 August 2009, the Assistant Chief of Staff for Installation Management (ACSIM), under the Assistant Secretary of the Army (Manpower and Reserve Affairs), tasked the Army Installation Management Command (IMCOM) with the responsibility to require garrisons to identify FY08 domestic violence and child abuse fatalities and related suicides. The Garrison Commanders were responsible for conducting installation fatality reviews, and forwarding their annual reports to the FMWRC by 1 May 10.

Eighteen out of the 95 Army garrisons reported domestic violence and child abuse fatalities and related suicides for FY08. In addition, seven cases (six garrisons) that were not reported by the garrisons were forwarded by CID and reviewed by the FRB. The FRB reviewed 37 fatalities (15 children and 22 adults).

**Summary of Significant Findings:**

Thirty seven individual fatalities (15 children and 22 adults) represent 34 cases (15 child and 19 adult cases). Of the 22 adult fatalities, 10 (45%) were suicides.

Thirteen (87%) of the 15 child fatalities involved children from Families unknown to FAP prior to the fatality. However, nine (69%) of those 13 child fatalities involved children from Families who already received services from military and civilian helping agencies. These children were thus in a high risk category and their Families should have already been referred to FAP for services.

Fifteen (100%) of the 15 child fatalities had more than one known risk factor. Known risk factors include children in the home under the age of four, history of marital problems/domestic violence, substance abuse, behavioral health concerns, prior incidents involving lack of child supervision, depression, suicidal ideations, twins, premature births, infidelity, special needs children, spouse deployed at time of incident, and incidences of prior child abuse.

Six (40%) of the 15 child fatalities occurred while the Soldier was deployed. These incidents are consistent with data regarding the effects of deployment on child maltreatment (abuse and neglect) cases. An analysis of Army Central Registry (ACR) data indicates a significant increase in neglect perpetrated by the spouses of deployed Soldiers.

Fifteen (100%) of the 15 child fatalities involved children under the age of four. Ten (67%) of the 15 children who died were under the age of one. Very young children are therefore the Army Family members most at risk for death. This high number of Army child deaths is consistent with the latest national report from the US Department of Health and Human Services (HHS) which indicates that more than three-quarters (78.7%) of children who were killed in the civilian population were younger than four years of age (HHS Child Maltreatment 2003, Chapter 4, Figure 4-1, Percentage of Child Fatalities by Age, 2003).

Twelve (55%) of the 22 domestic violence fatalities occurred within six months of deployment/re-deployment.

Thirteen (59%) of the 22 domestic violence fatalities related to Families who were unknown to FAP prior to death.

Ten (45%) of the 22 domestic violence fatalities involved firearms.

Eleven (50%) of the 22 domestic violence cases involved couples who were separated as a result of severe marital discord, and contained allegations of infidelity. These circumstances are known precipitators of domestic violence fatalities.

**Department of Defense (DoD) Recommendations:**

**New recommendations:**

- Although DoD has provided policy guidance which allows the Services to conduct local fatality reviews prior to the two year requirement, we recommend DoD publish the new policy in its next revision to DoD Instruction 6400.06, 21 August 2007, subject: Domestic Abuse Involving DoD Military and Certain Affiliated



Personnel. We recommend that the DoD delete the following language, which can be found on page 27 in the last sentence of paragraph 6.9.2, "when all criminal proceedings have been completed." This policy of waiting to conduct a fatality review until after a criminal prosecution concerning that fatality has been completed severely delays the fatality review process, is not recommended by many of the civilian fatality review teams, and possibly contributes to the under-reporting of fatalities. In addition, the failure to conduct a timely local review may place surviving children and adults at risk of death or further serious injury. Recommend the adoption of a policy which permits a timely fatality review at a time and in a manner which has no negative impact on related criminal prosecutions, unless prosecutors determine a fatality review at that time would negatively impact possible pending prosecutions. Action Office: Office of Under Secretary of Defense for Personnel and Readiness [OUSD (P&R)].

- Adopt the following definition for determination of cause and manner of death, "cause and manner of death for purposes of fatality review is determined by the fatality review committee based on cumulative information, including but not limited to, the autopsy report, criminal investigation, and other medical, social services or Family history." Action Office: OUSD (P&R).
- Add questions to the Post Deployment Health Reassessment (PDHRA) that allow the Family members (spouse, intimate partner, parent) to provide information regarding the Service member's well being as it relates to behavioral health issues, e.g., "In the past three to six months, has your redeployed Service member experienced any of the following symptoms: inability to sleep, increased alcohol/drug use, anger outburst, risk taking behaviors, emotional distance, depression or anxiety." Action Office: Assistant Secretary of Defense, Health Affairs [ASD (HA)].

**Recurring recommendations:**

- Coordinate with the National Center for Child Death Review to ensure Garrison Fatality Review Committees are aware of the role of their State Program Director for Child Death Review as a source of specific data regarding off post military cases and procedural issues contributing to the effective functioning of committees (2008). Action Office: OUSD (P&R).
- Add an Emergency Room module to the Armed Forces Health Longitudinal Technology Application (AHLTA), the electronic medical record for DoD. This new module will ensure population of essential data across the spectrum of care (2008). Action Office: ASD (HA).
- Add a provision to the TRICARE contract to require private TRICARE medical providers to provide medical records to military treatment facilities upon request (2008). Action Office: ASD (HA).

- Propose legislation requiring Federal and state law enforcement agencies to report to military law enforcement agencies at the garrison level any child abuse, and domestic violence incidents and deaths involving military service members, Family members or intimate partners, as either offenders or victims (2007). Action Office: OUSD (P&R), Office of Legislative Affairs.
- Modify the AHLTA so that it automatically alerts the healthcare provider at each patient visit to consider any history containing known risk factors for domestic violence or child maltreatment (abuse and neglect) (2007). Action Office: ASD (HA).
- Request DoD distribute the military Service annual Child Abuse and Domestic Violence Fatality Review Reports to each Service (2006). Action Office: OUSD (P&R).

**Department of Army (DA) Recommendations:**

**Commander, Installation Management Command should ensure Garrison Commanders**

**New recommendations:**

- Garrison commanders should continue to ensure that Fatality Review Committees meet quarterly and conduct reviews in accordance with published operational guidance. Action Office: OACSIM.
- Revise DA policy to require that all incidents of animal maltreatment involving Families be reported to FAP. This action is necessary because of the strong correlation between animal maltreatment and other cruel acts, including Family maltreatment. Action Office: OACSIM.

**Commander, U.S. Army Medical Command should:**

**New recommendations:**

- Reiterate current AMEDD policy regarding Shaken Baby Avoidance and add child safety in the home to the briefing provided by the medical treatment facility. Action Office: MEDCOM, Behavioral Health Division.
- Conduct an annual review of the Army Central Registry and perform an assessment of all Family-related deaths, including suicides. Screen all these investigations to determine if these death cases meet criteria for fatality review. Provide a listing of cases that meet criteria to subordinate CID Offices and FMWRC to assist local installations in identifying cases to be reviewed by the FRC. Coordinate with FMWRC to ensure timeline is met. Action Office: MEDCOM, Behavioral Health Division.

**Recurring recommendations:**

- Conduct a thorough FAP assessment of each child and spouse fatality in preparation for a fatality review. This assessment should include the collection and evaluation of all pertinent psychosocial and Family medical history information. This assessment should begin within 30 days of the occurrence of the fatality (2006). Action Office: MEDCOM, Behavioral Health Division.
- Adopt a Health Plan Employer Data and Information Set (HEDIS)-like standard for well baby visits to better identify and assess non-compliant parents. Consideration should include setting a percent compliance threshold rewarded by supplemental budgetary award to the medical treatment facility (MTF) (2008). Action Office: MEDCOM, Behavioral Health Division.

**Commander, Family and Morale, Welfare and Recreation Command should:**

- Revise Fatality Review operational guidance to garrisons to ensure that all necessary records and requested information are provided for future DA fatality reviews, to include mandatory use of intervention timelines surrounding the fatal event. Action Office: FMWRC.
- Summarize the six Fatality Review Annual Reports and present to next year's Board to ensure that trends and patterns are identified. Action Office: FMWRC.
- Ensure that a mandatory Fatality Review block of instruction is incorporated into the next HQDA Family Advocacy Program Conference. Action Office: FMWRC.
- Ensure that Fatality Review information is incorporated into the pre-command slides and garrison commander web-site. Action Office: FMWRC.
- Revise the Fatality Review accreditation standards to reinforce the garrison regulatory requirements including proper documentation, proper case review and significant recommendations. Action Office: FMWRC.
- Coordinate with the Army Safety Office to create a campaign on safe infant sleeping, safe infant bathing, product safety regarding children, and home safety/child proofing. Action Office: FMWRC.
- Develop examples of cases for effective fatality review and an annual report for training and practice at the required local FRC quarterly meetings. Action Office: FMWRC.

**Commander, Criminal Investigation Command should:**

- Continue to conduct an annual review of the Crime Records Center and perform an assessment of all Family-related deaths, including suicides. Screen all of these investigations to determine if these death cases meet criteria for fatality review. To assist local installations in identifying cases to be reviewed by FMWRC, provide a list of cases that meet criteria to subordinate CID Offices and FMWRC. Coordinate with FMWRC to ensure timeline is met. Action Office: HQ USACIDC.

#### **Findings (Child Abuse/Neglect):**

There were 15 child fatalities reported during FY08. Of the 15 fatalities, 6 (40%) victims were male; 9 (60%) victims were female. Of the 15 fatalities, 5 (34%) were African-American, 7 (48%) were Caucasian, 1 (6%) was Hispanic, 1 (6%) was Native American, and 1 (6%) was other.

Of the 15 child fatalities, 3 (20%) were accidental deaths, 6 (40%) were homicides, 4 (27%) were undetermined, and 2 (13%) were natural.

Of the 6 homicides, there were 8 offenders. Of the 8 offenders, 4 (50%) were females and 4 (50%) were males; 3 (37.5%) were African-American, 3 (37.5%) were Caucasian, 1 (13%) was Hispanic, and 1 (13%) was Asian.

Four (67%) of the 6 homicides were the result of physical assault, and 2 (34%) were criminal negligence.

Three (38%) of the 8 offenders were fathers or step-fathers. Three (38%) were the mothers, and 2 (25%) were caregivers.

Six (40%) of the 15 child fatalities were associated with lack of supervision or neglect.

Two (13%) of the 15 child fatalities involved children from Families previously known to FAP.

Thirteen (87%) of the 15 child fatalities involved Families previously unknown to FAP. However, 9 (69%) of the 13 Families should have been identified as high risk, since they were already involved with other military and civilian helping agencies and should have been referred to FAP.

In 2 (13%) of the 15 child fatalities involving cases known to helping agencies, parents refused services and/or discontinued treatment.

In 3 (20%) of the 15 child fatalities, there was a known co-occurrence of domestic abuse.

Fifteen (100%) of the 15 child fatalities had more than one risk factor including, but not limited to, children under the age of four years, history of marital problems or domestic

violence, substance abuse, behavioral health concerns, prior incidences involving lack of child supervision (neglect), depression, suicidal ideation, twins, premature birth, infidelity, special needs children, deployed spouse at time of incident, and prior child abuse.

Seven (47%) of the 15 child fatalities had more than four risk factors.

Three (20%) of the 15 child fatalities involved active substance abuse and/or behavioral health issues with the offenders.

Children under the age of four are at the highest risk for child abuse leading to death. Fifteen (100%) of the 15 child fatalities involved children under of the age of four years; and 10 (67%) of the 15 were under the age of one. In these fatalities it was evident that there was a lack of oversight, coordination and information sharing by military helping agencies which are critical factors in the management of high risk child situations.

Six (40%) of the 15 child fatalities occurred while the Soldier was deployed.

Eight (53%) child fatalities occurred on base, and 7 (47%) child fatalities occurred off base.

#### **Findings (Domestic Violence):**

There were 22 domestic violence fatalities which represented (19 cases) and include suicides. Of the 22 domestic violence fatalities, 11 (50%) of the victims were male and 11 (50%) of the victims were female.

Ten (45%) of the 22 domestic violence fatalities were suicides (8 males and 2 females). Five (50%) were Caucasians, 2 (20%) were Hispanic, and 3 (30%) were African American.

Ten (45%) of the 22 domestic violence fatalities were homicides. Of the 10 homicides, 2 (20%) were male; 8 (80%) were female; 2 (20%) were African-American; 5 (50%) were Caucasian and 2 (20%) were Hispanic; and 1 (10%) Asian.

One (5%) of the 22 domestic violence fatalities was accidental (Caucasian female); and one (5%) of the 22 domestic violence fatalities was undetermined (African American female).

Of the 7 offenders, 5 (71%) were male; 2 (29%) were female; 3 (43%) were African-American; and 3 (43%) were Caucasian; and 1 (14%) was Hispanic.

Nine (41%) of the 22 domestic violence fatalities had a history of substance abuse.

Nine (41%) of the 22 domestic violence cases were known to FAP.

Ten (45%) of the 22 domestic violence fatalities involved firearms.

Twelve (55%) of the 22 domestic violence fatalities were known to have occurred within six months of deployment/re-deployment.

Eleven (50%) of the 22 domestic violence fatalities involved couples separated as a result of severe marital discord.

Thirteen (60%) out of the 22 domestic violence fatalities involved allegations of marital infidelity. This is a known precipitator to domestic violence fatalities.

Five (23%) out of the 22 domestic violence fatalities occurred on base and 17 (77%) domestic violence fatalities occurred off base.

**HQDA Fatality Review Board Membership:**

- [REDACTED], Office of the Provost Marshal General, Pentagon, Washington, DC.

- [REDACTED], Criminal Law Division, Office of The Judge Advocate General, Rosslyn, VA.

- [REDACTED], US Army Attorney Advisor, Family and Morale, Welfare and Recreation Command, Alexandria, VA.

- [REDACTED], Social Work Professional, Behavioral Health Division, Headquarters, US Army Medical Command, Fort Sam Houston, TX.

- [REDACTED], Special Agent, US Army Criminal Investigations Command (CID), Fort Belvoir, VA.

- [REDACTED], Program Analyst, Office of the Assistant Chief of Staff for Installation Management, Arlington, VA.

- [REDACTED], Child, Youth and School Services, Family and Morale, Welfare and Recreation Command, Alexandria, VA.

- [REDACTED], Director, Army Family Advocacy Program, Family and Morale, Welfare and Recreation Command, San Antonio, TX.

- [REDACTED], Chief, Family Advocacy Law Enforcement Training Division, US Army Military Police School, Fort Leonard Wood, MO.

- [REDACTED], Community Hospital, Fort Belvoir, VA.

- [REDACTED] Chaplain, Family and Morale, Welfare and Recreation Command, Alexandria, VA.

- [REDACTED] Army Substance Abuse Program, [REDACTED] Behavioral Health Division, U.S. Army Medical Command, Fort Sam Houston, TX.

- [REDACTED] Transitional Camp Program Manager, Family and Morale, Welfare and Recreation Command, San Antonio, TX.

**Consultants:**

- [REDACTED] Armed Forces Medical Examiner System, Blanchfield Army Community Hospital, Fort Campbell, KY.

- [REDACTED] Deputy, Department of Behavioral Science, Army Medical Center and School, Fort Sam Houston, TX.