

The seal of the Defense Health Board is a circular emblem. It features a central globe with a grid pattern, overlaid with a silhouette of a microscope. Above the microscope is a caduceus, a staff with two snakes and wings. The globe is set against a light blue background. The entire emblem is enclosed in a purple ring with a gold border. The word "DEFENSE" is written in white, serif, uppercase letters along the top arc of the ring, and "HEALTH BOARD" is written along the bottom arc. Two gold stars are positioned on the left and right sides of the ring.

Healthy Military Family Systems: Examining Child Abuse and Neglect

August 27, 2018
Defense Health Board



Overview

- Tasking
- Issue Statement
- Objective and Scope
- Methodology
- Timeline/Way Ahead



Tasking (1 of 2)

On June 15, 2018, the Acting Assistant Secretary of Defense for Health Affairs (ASD(HA)) requested the Defense Health Board (DHB) to **review the policies and practices in place to prevent, detect, assess, and treat abusive behavior and the resulting injuries that occur in military families.**



Tasking (2 of 2)

The DHB should examine unique factors that contribute to child abuse and neglect within military families and **provide recommendations to reduce the stigma and improve the prevention and management of abuse and neglect towards children in the health care setting.** Specifically:

- Identify factors for military families that increase the risk of engaging in abusive and neglectful behavior towards children;
- Review existing support programs for victims of child abuse and neglect in the military health system;
- Determine mechanisms to advocate treatment options in military health care settings; and
- Evaluate the training and educational opportunities available to military health care providers to ensure that they are aware of and utilize the best available practices and resources.



Issue Statement (1 of 3)

- The Military Health System (MHS) recognizes the importance of providing care and support to prevent, detect, assess, and treat child abuse and neglect occurring in military families.
- While many DoD programs exist to support military families coping with abuse and child maltreatment, real or perceived stigma as well as a lack of knowledge about resources can thwart efforts to seek mental health and relationship counseling, and may also adversely affect the reporting of incidents of abuse.
- This stigma and potential lack of knowledge, coupled with a slight upward trend in the rates of child abuse and neglect incidents in military children from fiscal year (FY) 2009 – FY 2014, indicates a need to review the existing policies and practices in place surrounding abuse.



Issue Statement (2 of 3)

- Research suggests that the increased stress associated with deployments and redeployments, combined with medical conditions such as post-traumatic stress disorder and traumatic-brain injury, may contribute to abusive behaviors in Service members and families.
- Health providers caring for military personnel and their families, in collaboration with the larger community, can play an important role in recognizing risk factors and signs of abusive behavior. They can also play an important role in recognizing signs of abuse during patient examinations.
- Sections 574 and 575 of the National Defense Authorization Act (NDAA) for FY 2017 outline requirements for reporting allegations of child abuse in military families.
 - Section 574: Requirement for Annual Family Advocacy Program Report Regarding Child Abuse and Domestic Violence
 - Section 575: Reporting on Allegations of Child Abuse in Military Families and Homes



Issue Statement (3 of 3)

- Additionally, while not included in the Terms of Reference, Section 578 of the NDAA for FY 2019 outlines a requirement for a pilot program for military families on the prevention of child abuse and training on safe childcare practices in order to reduce child abuse and fatalities due to abuse or neglect in covered households.
- There may be opportunities to improve the policies and practices currently in place for health providers caring for military personnel and their families to ensure the incidents of sexual, emotional, and physical abuse in children are detected, assessed, reported, and treated.
- These opportunities may help develop focused maltreatment prevention and intervention efforts at times of increased risk.



Objectives and Scope (1 of 3)

- Identify factors for military families that increase the risk of engaging in abusive and neglectful behavior towards children, as well as demographic and socioeconomic factors that affect the risk of being abused, and evaluate/identify effective interventions and metrics such as Healthy Steps and Adverse Childhood Experiences (ACEs), intended to proactively prevent abuse and aggressive behavior, and promote healthy development.
- Determine mechanisms to advocate treatment options in health care settings that address potential factors for increased risk of child abuse and neglect (i.e., mental health or relationship counseling, nonclinical counseling such as provided by Military OneSource, referral to programs focusing on socioeconomic factors such as food insecurity, etc.).
- Review the policies, protocols, and methods used by health providers and health care teams caring for military families to screen for child abuse and neglect, including recognizing symptoms of physical, emotional, and sexual abuse; identifying patterns indicative of child abuse and neglect; discussing child abuse and neglect; and reporting suspected child abuse and neglect to appropriate programs and authorities.



Objectives and Scope (2 of 3)

- Review the policies related to TRICARE Network healthcare providers regarding identification of and appropriate intervention in cases of child abuse and neglect in purchased care. Assess how Network providers can be incentivized to work with military resources—clinical and nonclinical—to support victims of child abuse.
- Examine current reporting procedures outlined in Talia’s Law and current military health providers’ practices for reporting suspected child abuse and neglect to the appropriate authorities including Family Advocacy Program Offices and state child welfare services agencies, by noting and eliminating barriers and developing recommendations to track reporting compliance.
- Assess how child abuse and neglect victims are identified and treated in the military health care setting, with a focus on consistency within treatment protocols; record keeping; standardized treatments and protocols; medical and mental health treatment programs; and processes to connect victims to appropriate support programs within the MHS or civilian sector, and if there is overlap.



Objectives and Scope (3 of 3)

- Review existing support programs for victims of child abuse and neglect in the MHS, as well as the continuity of care coordination with medical and social services to strengthen the interface between medical and non-medical communities (military and civilian).
- Evaluate the training and educational opportunities available to military health providers to ensure that they are aware of and utilize the best available practices and resources, both before and after an event, and both inside and outside the MHS, to provide care to victims of child abuse and neglect.
- Assess the role and management of rehabilitative treatments/programs and wellness initiatives in place for abusers, including examining the accessibility of programs that provide support, such as mental health treatment programs, home visiting programs, social services such as family and parenting programs, and counseling. This review should include programs provided to military personnel incarcerated for child abuse/neglect crimes in military disciplinary facilities.
- Note opportunities to track health outcomes of children who were abused or neglected, including parents' ACEs, within the Millennium Cohort Family Study to determine the full impact on the MHS.



Methodology

- The Board's assessment will be conducted in compliance with the Federal Advisory Committee Act, Department of Defense Instruction 5101.04, and the DHB Charter.
- The Board's assessment should focus on improving the policies and practices currently in place for military health professionals to ensure that incidents of sexual, emotional, physical abuse, and neglect in children are assessed, detected, reported, and treated appropriately.
- The Board may conduct interviews and site visits as appropriate.
- As appropriate, the Board may seek input from other sources with pertinent knowledge or experience.



Timeline/Way Ahead

- The Board will:
 - Complete its work within one year of receiving the tasking and will deliberate on the report in a public forum.
 - Report to the ASD(HA), who has been delegated the authority to evaluate the independent advice and recommendation received from the DHB and determine, in consultation with the Under Secretary of Defense (Personnel and Readiness), what actions or policy adjustments should be made by DoD in response.
 - Provide progress updates at each DHB meeting.
 - Research/gather information through literature reviews, expert collaboration, and necessary data collection.
 - Hold meetings and teleconferences as required for report development.



Questions?