

The seal of the Defense Health Board is a circular emblem. It features a central globe with a grid of latitude and longitude lines. Overlaid on the globe is a caduceus, a staff with two snakes entwined around it and wings at the top. Below the globe is a silhouette of a microscope. 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

February 11, 2019
Defense Health Board



Overview

- Membership
- Tasking
- Meetings
- Areas of Interest
- Way Forward



Tasking (1 of 5)

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 5)

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.



Tasking (3 of 5)

Objectives and Scope

- 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.



Tasking (4 of 5)

Objectives and Scope

- 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.



Tasking (5 of 5)

Objectives and Scope

- 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.



Subset Activity Since Last Board Meeting

The Subset has worked to gather information through the following in-person briefings and teleconferences:

October 24, 2018	▪ Kick-off Teleconference
October 31, 2018	▪ First In-person Meeting: Falls Church, VA <ul style="list-style-type: none">○ Family Advocacy Program (FAP)○ Partnering for Readiness and the DoD Connector Program
November 28, 2018	▪ Teleconference: FAP FY 2017 Data
December 19, 2019	▪ Teleconference: The Millennium Cohort Studies
January 10-11, 2019	▪ Meeting: Falls Church, VA <ul style="list-style-type: none">○ HealthySteps, Non-medical Counseling, Military OneSource○ Navy, Army, Air Force: Family and Medical Readiness○ Armed Forces Center for Child Protection
February 11-12, 2019	▪ Next Meeting: Falls Church, VA



Anticipated Areas of Interest

Area of Interest	Preliminary Efforts
Supporting family readiness in the MHS	<ul style="list-style-type: none"> ▪ Determine the role of medical providers in a coordinated approach to child abuse and neglect in DoD ▪ Integrate child abuse and neglect assessment and reporting into routine care ▪ Examine existing training on child abuse and neglect for medical providers
Risk and Protective Factors	<ul style="list-style-type: none"> ▪ The impact of deployment and other challenges unique to military families ▪ Identification of Adverse Childhood Experiences (ACEs) and other metrics to evaluate effective interventions ▪ Resiliency
Prevention & Treatment	<ul style="list-style-type: none"> ▪ Examine best practices for treatment options in healthcare settings such as: <ul style="list-style-type: none"> ○ Existing support programs for victims and abusers ○ Healthy Steps ○ The interface between medical and non-medical communities (military and civilian) ○ Training and educational opportunities for health providers
Reporting & Tracking	<ul style="list-style-type: none"> ▪ Talia's Law and current Military Health System (MHS) reporting policies and protocols ▪ Record-keeping, data, and coding standardization ▪ Millennium Cohort Studies ▪ Tracking efforts of health outcomes for Child Abuse and Neglect cases



Way Ahead

- Research/gather preliminary information through literature reviews and necessary data collection
- Hold meetings and teleconferences to receive briefings from Subject Matter Experts and draft and review report development
- Provide progress updates at DHB meetings
- Present draft report at August 2019 Board meeting



Questions?