

The seal of the Defense Health Board is a circular emblem. It features a central caduceus (a staff with two snakes and wings) superimposed on a globe. The globe is light blue and green, showing the continents. The caduceus is gold. The entire emblem is set within a purple ring with a gold border. The word "DEFENSE" is written in white, serif, uppercase letters along the top arc of the purple ring, and "HEALTH BOARD" is written along the bottom arc. Two gold stars are positioned on the left and right sides of the purple ring.

Healthy Military Family Systems: Examining Child Abuse and Neglect

May 20, 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) **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 (1 of 2)

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

February 11-12, 2019	<ul style="list-style-type: none">▪ Meeting: Falls Church, VA<ul style="list-style-type: none">○ HealthySteps, Non-medical Counseling, Military OneSource○ Army, Navy, and Air Force: Family and Medical Readiness○ Armed Forces Center for Child Protection
February 28, 2019	<ul style="list-style-type: none">▪ Teleconference:<ul style="list-style-type: none">○ Marine Corps: Family and Medical Readiness○ Offender Treatment: Army, Navy, and Military OneSource
March 19, 2019	<ul style="list-style-type: none">▪ Teleconference: Report Development
March 22, 2019	<ul style="list-style-type: none">▪ Teleconference:<ul style="list-style-type: none">○ TRICARE○ Air Force Medical Care



Subset Activity Since Last Board Meeting (2 of 2)

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

April 11-12, 2019	<ul style="list-style-type: none">▪ Meeting: Falls Church, VA<ul style="list-style-type: none">○ Report Development○ Walter Reed National Military Medical Center Standard Operating Procedures for child abuse and neglect○ Adverse Childhood Experiences (ACEs)○ DHA Clinical Communities○ Futures Without Violence○ Strength at Home Program○ Offender Treatment○ US Coast Guard Medical Care and Family Readiness
May 13, 2019	<ul style="list-style-type: none">▪ Teleconference: Report Development



Anticipated Areas of Interest

Area of Interest	Preliminary Efforts
Unique Risk & Protective Factors within the Military	<ul style="list-style-type: none"> ▪ The impact of deployment and other challenges unique to military families ▪ Identification of ACEs and other metrics to evaluate effective interventions, to include prevention-focused approaches ▪ Resiliency
MHS's Role in Prevention, Identification, and Treatment & Coordination with FAP	<ul style="list-style-type: none"> ▪ Examination of best practices for promoting treatment options, such as HealthySteps ▪ Determination of the role of medical providers in a coordinated approach to child abuse and neglect in DoD, including the use of experts, such as Child Abuse Pediatricians (CAPs) ▪ Integration of child abuse and neglect screening and assessment into routine care ▪ Standardize child abuse and neglect training for medical providers
Coordinated Community Response	<ul style="list-style-type: none"> ▪ Examination of best practices for improving care coordination, such as: <ul style="list-style-type: none"> ○ The interface between medical and non-medical communities (military and civilian) ○ Training and educational opportunities for health providers related to community resources ○ Memoranda of Agreement to strengthen military-civilian coordination
Data Capture	<ul style="list-style-type: none"> ▪ Record-keeping, data, and coding standardization, including leveraging additional decision-making tools in the Electronic Health Record (EHR) ▪ Millennium Cohort Studies ▪ The tracking of health outcomes for child abuse and neglect cases
Universal Prevention	<ul style="list-style-type: none"> ▪ Greater societal gain by achieving a small reduction in a problem or disease within the larger group ▪ Normalization of the issue to empower providers, better inform patients about the connections between ACEs/trauma, health, and parenting, and teach self-regulating techniques ▪ A coordinated, multi-sectoral approach to prevention to change social norms, provide quality education, including parenting skills, and to intervene early



Way Ahead

- Continue to research/gather information through literature reviews and necessary data collection
- Continue teleconferences and meetings to receive briefings and review draft report sections
- Develop and refine findings and recommendations
- Present draft report at August 2019 Board meeting



Questions?